AMERICAN VIBE CHECK



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Contemporary American Society

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This text was compiled on 04/16/2026

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CHAPTER OVERVIEW

1: The Sociological Perspective

Sociology is the scientific study of society, including its origins and development, how it's organized, and what institutions it includes. It is a social science that uses various methods of empirical investigation and critical analysis to develop a body of knowledge about social order, group dynamics, and societal change. Many sociologists aim to conduct research that may be applied directly to social policy in order to benefit people, while others focus primarily on refining our theoretical understanding of social processes. Subject matter ranges from the micro level of individual agency and small group interaction, to the macro level of systems and broad social structures.

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Thumbnail: Inside view of Ruca Che arena in Neuquén, Argentina, during a rock concert. (Public domain; Diegoluciano)

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1.1: Introduction



Figure 1.1: Every day, 7.5 million people use the railways around Mumbai, India. The vast majority of them don't know each other, but they share much in common as they move together. (Credit: Rajarshi MITRA/flickr)

Chapter Outline

1.1 What Is Sociology?
1.2 The History of Sociology
1.3 Theoretical Perspectives in Sociology
1.4 Why Study Sociology?

A busy commuter train station might seem like a very individualized place. Tens of thousands or hundreds of thousands of strangers flow through with a singular purpose: to get where they need to go. Whether walking through main doors at a pace of a dozen people each second, or arriving by train hundreds at a time, the station can feel a bit like a balloon being pumped too full. Throngs of people cluster in tight bottlenecks until they burst through corridors and stairways and tunnels to reach the next stage of their journey. In some stations, walking against the crowd can be a tedious, nearly impossible process. And cutting across a river of determined commuters can be almost dangerous. Things are fast, relentless, and necessary.

But are those hundred thousand or half a million or, in the case of Tokyo's Shinjuku station, 3.5 million people really acting individually? It may seem surprising, but even with those numbers, strangers from across cities can synch up on the same schedules, use the same doors, take one leg of the trip together every day before separating into different directions. After just a few months, faces can become familiar, and senses can be tuned. An experienced commuter can tell where another person is going according to their pace and whatever announcement just went out; they may slow up a bit to let the other person pass, or hold a door open just a bit longer than usual, certain that someone will grab the handle behind them. Many regulars don't need to check the schedule board; they sense whether a train is running late or whether a track has changed simply by the movement of the crowd.

And then the customs develop: Which side to walk on, how fast to go, where to stand, how much space to leave between people on the escalator. When you board early, which seat should you take? When you see someone running for the train, do you jam the closing door with your foot? How does the crowd treat people who ask for food or money? What's the risk level in telling someone to be quiet?

Very few of these behaviors are taught. None are written down. But the transit hub, that pocket of constant flow, is an echo of its society. It takes on some aspects of the city and country around it, but its people also form an informal group of their own. Sociologists, as you will learn, may study these people. Sociologists may seek to understand how they feel about their trip, be it proud or annoyed or just plain exhausted. Sociologists might study how length of commute relates to job satisfaction or family relationships. They may study the ways that conditions of a train station affect attitudes about government, or how the difficulty of commuting may lead people to relocate. This understanding isn't just a collection of interesting facts; it can influence government policy and spending decisions, employer interventions, and healthcare practices. The work sociologists do to understand our society, and the work you will do in learning about it, is meaningful to our lives and our futures.

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1.2: What Is Sociology?

Learning Objectives

By the end of this section, you should be able to:

- Explain concepts central to sociology.
- Describe how different sociological perspectives have developed.

What Are Society and Culture?



Figure 1.2: Sociologists learn about society while studying one-to-one and group interactions. (Credit: GlacierNPS/Flickr)

Sociology is the scientific and systematic study of groups and group interactions, societies and social interactions, from small and personal groups to very large groups. A group of people who live in a defined geographic area, who interact with one another, and who share a common culture is what sociologists call a society.

Sociologists study all aspects and levels of society. Sociologists working from the micro-level study small groups and individual interactions, while those using macro-level analysis look at trends among and between large groups and societies. For example, a micro-level study might look at the accepted rules of conversation in various groups such as among teenagers or business professionals. In contrast, a macro-level analysis might research the ways that language use has changed over time or in social media outlets.

The term culture refers to the group's shared practices, values, and beliefs. Culture encompasses a group's way of life, from routine, everyday interactions to the most important parts of group members' lives. It includes everything produced by a society, including all the social rules.

Sociologists often study culture using the sociological imagination, which pioneer sociologist C. Wright Mills described as an awareness of the relationship between a person's behavior and experience and the wider culture that shaped the person's choices and perceptions. It's a way of seeing our own and other people's behavior in relationship to history and social structure (1959). One illustration of this is a person's decision to marry. In the United States, this choice is heavily influenced by individual feelings. However, the social acceptability of marriage relative to the person's circumstances also plays a part.

Remember, though, that culture is a product of the people in a society. Sociologists take care not to treat the concept of "culture" as though it were alive and real. The error of treating an abstract concept as though it has a real, material existence is known as reification (Sahn, 2013).

Studying Patterns: How Sociologists View Society

All sociologists are interested in the experiences of individuals and how those experiences are shaped by interactions with social groups and society. To a sociologist, the personal decisions an individual makes do not exist in a vacuum. Cultural patterns, social forces and influences put pressure on people to select one choice over another. Sociologists try to identify these general patterns by examining the behavior of large groups of people living in the same society and experiencing the same societal pressures.

Consider the changes in U.S. families. The “typical” family in past decades consisted of married parents living in a home with their unmarried children. Today, the percent of unmarried couples, same-sex couples, single-parent and single-adult households is increasing, as well as is the number of expanded households, in which extended family members such as grandparents, cousins, or adult children live together in the family home. While 15 million mothers still make up the majority of single parents, 3.5 million fathers are also raising their children alone (U.S. Census Bureau, 2020). Increasingly, single people and cohabitating couples are choosing to raise children outside of marriage through surrogates or adoption.

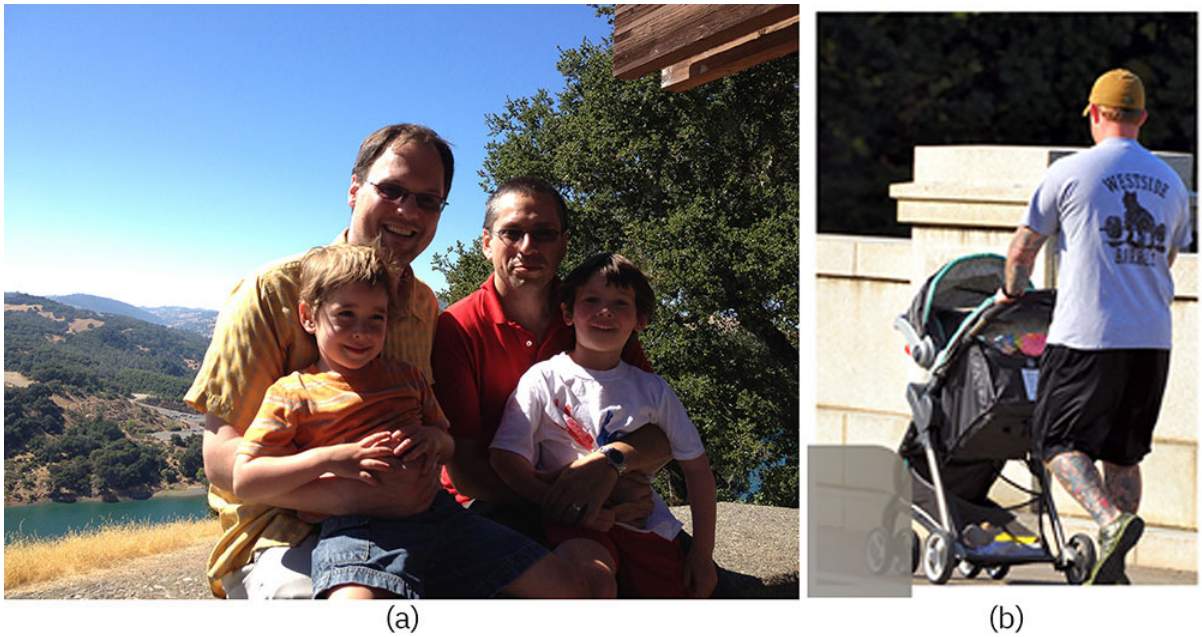


Figure 1.3: Modern U.S. families may be very different in makeup from what was historically typical. (Credit A: Paul Brody/flickr; B: Tony Alter/Wikimedia Commons)

Some sociologists study social facts—the laws, morals, values, religious beliefs, customs, fashions, rituals, and cultural rules that govern social life—that may contribute to these changes in the family. Do people in the United States view marriage and family differently over the years? Do they view them differently than Peruvians? Do employment and economic conditions play a role in families? Other sociologists are studying the consequences of these new patterns, such as the ways children influence and are influenced by them and/or the changing needs for education, housing, and healthcare.

Sociologists identify and study patterns related to all kinds of contemporary social issues. The “Stop and Frisk” policy, the emergence of new political factions, how Twitter influences everyday communication—these are all examples of topics that sociologists might explore.

Studying Part and Whole: How Sociologists View Social Structures

A key component of the sociological perspective is the idea that the individual and society are inseparable. It is impossible to study one without the other. German sociologist Norbert Elias called the process of simultaneously analyzing the behavior of individuals and the society that shapes that behavior figuration.

Consider religion. While people experience religion in a distinctly individual manner, religion exists in a larger social context as a social institution. For instance, an individual’s religious practice may be influenced by what government dictates, holidays, teachers, places of worship, rituals, and so on. These influences underscore the important relationship between individual practices of religion and social pressures that influence that religious experience (Elias, 1978). In simpler terms, figuration means that as one

analyzes the social institutions in a society, the individuals using that institution in any fashion need to be ‘figured’ in to the analysis.

Sociology in the Real World: Individual-Society Connections

When sociologist Nathan Kierns spoke to his friend Ashley (a pseudonym) about the move she and her partner had made from an urban center to a small Midwestern town, he was curious about how the social pressures placed on a lesbian couple differed from one community to the other. Ashley said that in the city they had been accustomed to getting looks and hearing comments when she and her partner walked hand in hand. Otherwise, she felt that they were at least being tolerated. There had been little to no outright discrimination.

Things changed when they moved to the small town for her partner’s job. For the first time, Ashley found herself experiencing direct discrimination because of her sexual orientation. Some of it was particularly hurtful. Landlords would not rent to them. Ashley, who is a highly trained professional, had a great deal of difficulty finding a new job.

When Nathan asked Ashley if she and her partner became discouraged or bitter about this new situation, Ashley said that rather than letting it get to them, they decided to do something about it. Ashley approached groups at a local college and several churches in the area. Together they decided to form the town's first Gay-Straight Alliance.

The alliance has worked successfully to educate their community about same-sex couples. It also worked to raise awareness about the kinds of discrimination that Ashley and her partner experienced in the town and how those could be eliminated. The alliance has become a strong advocacy group, and it is working to attain equal rights for lesbian, gay, bisexual, and transgender, or LGBTQ individuals.

Kierns observed that this is an excellent example of how negative social forces can result in a positive response from individuals to bring about social change (Kierns, 2011).

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1.3: The History of Sociology

Learning Objectives

By the end of this section, you should be able to:

- Explain why sociology emerged when it did
- Describe how sociology became a separate academic discipline



(a) (b) (c) (d) (e)

Figure 1.4: People have been thinking like sociologists long before sociology became a distinct academic discipline: Plato and Aristotle, Confucius, Khaldun, Voltaire, and Mary Wollenscraft set the stage for modern sociology. (Credit: A, B, C, and E Wikimedia Commons; D: publicdomainfiles.com.)

For millennia, people have been fascinated by the relationships between individuals and societies. Many topics studied by ancient philosophers in their desire to describe an ideal society are still studied in modern sociology, including theories of social conflict, economics, social cohesion, and power in a continued attempt to describe an ideal society (Hannoum, 2003). Although we are more familiar with western philosophers like Plato and his student, Aristotle, eastern philosophers also thought about social issues.

Until recently, we have very few texts that are non-religious in nature that theorize about social life. From 4th century through the 19th century, the Catholic Church was the seat of power from today's Turkey in the east to western and northern Europe, including the British Isles. Only monks who were charged with rewriting holy texts by hand and the aristocracy were literate. Moreover, the Church consolidated power. In the year 800, Pope Leo III named Charlemagne, the king of Francia (today's France, Belgium, Netherlands and Germany) emperor of the Holy Roman Empire, giving one individual control over most of Europe. Doing so gave the Catholic Church the power to maintain its own traditions safeguard them from the influence of people practicing other religions. If any social patterns challenged any belief of the Church, those practitioners were massacred, burned at the stake, or labeled heretics. As a result, the records that we have are extremely subjective and do not offer an unbiased view of social practice.

In the 13th century, Ma Tuan-Lin, a Chinese historian, was the first to record, in his seminal encyclopedia titled *General Study of Literary Remains*, the social dynamics underlying and generating historical development.

In the 14th century, the Tunisian historian Ibn Khaldun (1332–1406) set the foundation for both modern sociology and economics. Khaldun proposed a theory of social conflict and provided a comparison of nomadic and sedentary life, an analysis of political economy, and a study connecting a tribe's social cohesion to its capacity for power (Hannoum, 2003). Khaldun often challenged authorities. As sociologists continue to study and report on social issues and problems, they often find themselves in the center of controversy.

From 1347 to 1522, the bubonic plague ravaged Europe, killing up to 35% of population (Armstrong, 2019). The plague dealt a major blow to the credibility of the Catholic Church. Out of this chaos emerged the the work of Copernicus, Galileo, Leonardo, Newton, Linnaeus, and other philosophers whose work sometimes contradicted church teachings. Events once held to be the product of the divine hand could be analyzed by human reason and observation and could be explained by scientific, testable, and retestable hypotheses. As literacy spread through conquests and colonization, more records and literature became available for sociologists and historians to put social puzzles together.

In the 18th century, Enlightenment philosophers developed general principles that could be used to explain social life. Thinkers such as John Locke, François-Marie Arouet (Voltaire), Immanuel Kant, and Thomas Hobbes responded to what they saw as social ills by writing on topics that they hoped would lead to social reform. Mary Wollstonecraft (1759–1797) wrote about women's conditions in society. Like Harriet Martineau and Jane Addams, her works were long ignored by the male academic structure, but since the 1970s, Wollstonecraft has been widely considered the first feminist thinker of consequence. Ideas about economic systems, the family, health and hygiene, national offense and defense, were among the many concerns of social life.

The early 19th century saw great changes with the Industrial Revolution, increased mobility, and new kinds of employment. It was also a period of increased trade, travel, and globalization that exposed many people — for the first time—to societies and cultures other than their own. Millions of people moved into cities and many people turned away from their traditional religious beliefs. Ideas spread rapidly, groups were created, political decisions became public decisions. Among a new generation of philosophers, there were some who believed they could make sense of it all.

Creating a Discipline: European Theorists



Figure 1.5: Early major European theorists. Top row, left to right: Auguste Comte, Harriet Martineau, and Herbert Spencer. Bottom row, left to right: Georg Simmel, Émile Durkheim, and Max Weber. (Credit: Wikimedia Commons; Julius Cornelius Schaarwächter/Public domain.)

Auguste Comte (1798 – 1857)

The term sociology was first coined in 1780 by the French essayist Emmanuel-Joseph Sieyès (1748–1836) in an unpublished manuscript (Fauré et al. 1999). In 1838, the term was reintroduced by Auguste Comte (1798–1857). Comte originally studied to be an engineer, but later became a pupil of social philosopher Claude Henri de Rouvroy Comte de Saint-Simon (1760–1825). They both thought that social scientists could study society using the same scientific methods utilized in natural sciences. Comte also believed in the potential of social scientists to work toward the betterment of society. He held that once scholars identified the laws that governed society, sociologists could address problems such as poor education and poverty (Abercrombie et al. 2000).

Comte named the scientific study of social patterns positivism. He described his philosophy in a series of books called *The Course in Positive Philosophy* (1830–1842) and *A General View of Positivism* (1848). He believed that revealing the laws by which societies and individuals interact would usher in a new "positivist" age of history. While the field and its terminology have grown, sociologists still believe in the positive impact of their work.

Harriet Martineau (1802 – 1876)

Harriet Martineau introduced sociology to English speaking scholars through her translation of Comte's writing from French to English. She was an early analyst of social practices, including economics, social class, religion, suicide, government, and women's rights. Her career began with *Illustrations of Political Economy*, a work educating ordinary people about the principles of economics (Johnson, 2003). She later developed the first systematic methodological international comparisons of social institutions in two of her most famous sociological works: *Society in America* (1837) and *Retrospect of Western Travel* (1838).

Martineau found the workings of capitalism at odds with the professed moral principles of people in the United States. She pointed out the faults with the free enterprise system in which workers were exploited and impoverished while business owners became wealthy. She further noted that the belief that all are created equal was inconsistent with the lack of women's rights. Much like Mary Wollstonecraft, Martineau was often discounted in her own time because academic sociology was a male-dominated profession.

Karl Marx (1818-1883)

Karl Marx was a German philosopher and economist. In 1848, he and Friedrich Engels (1820–1895) coauthored the *Communist Manifesto*. This book is one of the most influential political manuscripts in history. It also presents Marx's theory of society, which differed from what Comte proposed.

Marx rejected Comte's positivism. He believed that societies grew and changed as a result of the struggles of different social classes over the means of production. At the time he was developing his theories, the Industrial Revolution and the rise of capitalism led to great disparities in wealth between the owners of the factories and workers. Capitalism, an economic system characterized by private or corporate ownership of goods and the means to produce them, had developed in many nations.

Marx predicted that inequalities of capitalism would become so extreme that workers would eventually revolt. This would lead to the collapse of capitalism, which would be replaced by communism. Communism is an economic system under which there is no private or corporate ownership: everything is owned communally and distributed as needed. Marx believed that communism was a more equitable system than capitalism.

While his economic predictions did not materialize in the time frame he predicted, Marx's idea that social conflict leads to change in society is still one of the major theories used in modern sociology.

Herbert Spencer (1820–1903)

In 1873, the English philosopher Herbert Spencer published *The Study of Sociology*, the first book with the term "sociology" in the title. Spencer rejected much of Comte's philosophy as well as Marx's theory of class struggle and his support of communism. Instead, he favored a form of government that allowed market forces to control capitalism. His work influenced many early sociologists including Émile Durkheim (1858–1917). Spencer, using Charles Darwin's work as a comparison said, "This survival of the fittest, which I have here sought to express in mechanical terms, is that which Mr. Darwin has called 'natural selection,' or the preservation of favoured races in the struggle for life." (Spencer, 1864) The statement is often misinterpreted and adopted by those who believe in the superiority of one race over another.

Georg Simmel (1858–1918)

Georg Simmel was a German art critic who wrote widely on social and political issues as well. Simmel took an anti-positivism stance and addressed topics such as social conflict, the function of money, individual identity in city life, and the European fear of outsiders (Stapley 2010). Much of his work focused on micro-level theories and analyzed the dynamics of two-person and three-person groups. His work also emphasized individual culture as the creative capacities of individuals (Ritzer and Goodman 2004).

Émile Durkheim (1858–1917)

Émile Durkheim helped establish sociology as a formal academic discipline by establishing the first European department of sociology at the University of Bordeaux in 1895 and by publishing his *Rules of the Sociological Method* in 1895. In *Division of Labour in Society* (1893), Durkheim further laid out his theory on how societies transformed from a primitive state into a capitalist, industrial society. According to Durkheim, people rise to their proper levels in society based on merit.

Durkheim believed that sociologists could study objective social facts (Poggi, 2000). He also believed that through such studies it would be possible to determine if a society was "healthy" or "pathological." Healthy societies were stable while pathological societies experienced a breakdown in social norms.

In 1897, Durkheim attempted to demonstrate the effectiveness of his rules of social research when he published a work titled *Suicide*. Durkheim examined suicide statistics in different police districts to research differences between Catholic and Protestant communities. He attributed the differences to socio-religious forces rather than to individual or psychological causes.

Max Weber (1864–1920)

Prominent sociologist Max Weber established a sociology department in Germany at the Ludwig Maximilians University of Munich in 1919. Weber wrote on many topics related to sociology including political change in Russia and social forces that affect factory workers. He is known best for his 1904 book, *The Protestant Ethic and the Spirit of Capitalism*. The theory that Weber sets forth in this book is still controversial. Some believe that Weber argued that the beliefs of many Protestants, especially Calvinists, led to the rise of capitalism. Others interpret it as simply claiming that the ideologies of capitalism and Protestantism are complementary.

Weber believed that it was difficult, if not impossible, to use standard scientific methods to accurately predict the behavior of groups as some sociologists hoped to do. Weber argued that the influence of culture on human behavior had to be taken into account. This even applied to the researchers themselves, who should be aware of how their own cultural biases could influence their research. To deal with this problem, Weber and Wilhelm Dilthey introduced the concept of *verstehen*, a German word that means to understand in a deep way. In seeking *verstehen*, outside observers of a social world—an entire culture or a small setting—attempt to understand it from an insider's point of view.

In *The Nature of Social Action*, Weber described sociology as striving to "… interpret the meaning of social action and thereby give a causal explanation of the way in which action proceeds and the effects it produces." He and other like-minded sociologists proposed a philosophy of anti-positivism whereby social researchers would strive for subjectivity as they worked to represent social processes, cultural norms, and societal values. This approach led to some research methods whose aim was not to generalize or predict (traditional in science), but to systematically gain an in-depth understanding of social worlds.

The different approaches to research based on positivism or anti-positivism are often considered the foundation for the differences found today between quantitative sociology and qualitative sociology. Quantitative sociology uses statistical methods such as surveys with large numbers of participants. Researchers analyze data using statistical techniques to see if they can uncover patterns of human behavior. Qualitative sociology seeks to understand human behavior by learning about it through in-depth interviews, focus groups, and analysis of content sources (like books, magazines, journals, and popular media).

Social Policy and Debate: Should We Raise the Minimum Wage?

During his hard-fought 2020 campaign, President Joe Biden promised Americans that he would raise the federal minimum wage. Opponents of raising the minimum wage argue that some workers would get larger paychecks while others would lose their jobs, and companies would be less likely to hire new workers because of the increased cost of paying them. Biden and other proponents of raising the minimum wage contend that some job loss would be greatly offset by the positive effects on the standard of living of low-wage workers and reducing the income gap between the rich and poor.

Sociologists may consider the minimum wage issue from differing perspectives as well. How much of an impact would a minimum wage raise have for a single mother? Some might study the economic effects, such as her ability to pay bills and keep food on the table. Others might look at how reduced economic stress could improve family relationships. Some sociologists might research the impact on the status of small business owners. These could all be examples of public sociology, a branch of sociology that strives to bring sociological dialogue to public forums. The goals of public sociology are to increase understanding of the social factors that underlie social problems and assist in finding solutions. According to Michael Burawoy (2005), the challenge of public sociology is to engage multiple publics in multiple ways.

Applying the Discipline: American Theorists and Practitioners

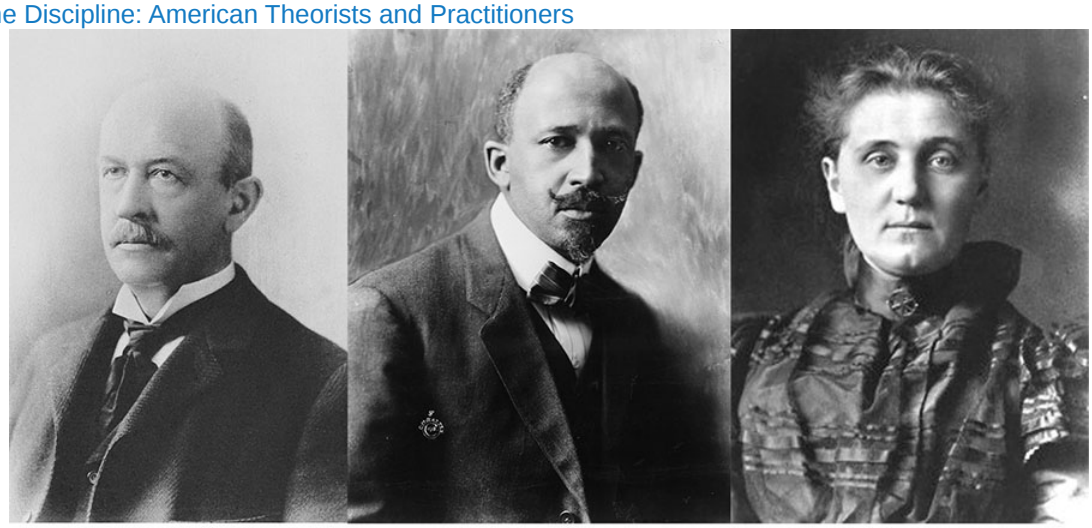


Figure 1.6: From left to right, William Sumner, W.E.B. Du Bois, and Jane Adams. (Credit A, B, and C: Wikimedia Commons.)

In the early 1900s, sociology reached universities in the United States. William Sumner held the first professorship in sociology (Yale University), Franklin Giddings was the first full professor of Sociology (Columbia University), and Albion Small wrote the first sociology textbook. Early American sociologists tested and applied the theories of the Europeans and became leaders in social research. Lester Ward (1841 – 1913) developed social research methods and argued for the use of the scientific method and quantitative data (Chapter 2) to show the effectiveness of policies. In order for sociology to gain respectability in American academia, social researchers understood that they must adopt empirical approaches.

W.E.B. Du Bois (1868-1963)

William Edward Burghardt (W.E.B.) Du Bois, a Harvard-trained historian, pioneered the use of rigorous empirical methodology into sociology. His groundbreaking 1896-1897 study of the African American community in Philadelphia incorporated hundreds of interviews Du Bois conducted in order to document the familial and employment structures and assess the chief challenges of the community. These new, comprehensive research methods stood in stark contrast to the less scientific practices of the time, which Du Bois critiqued as being similar to doing research as if through the window of a moving car. His scientific approach became highly influential to entire schools of sociological study, and is considered a forerunner to contemporary practices. Additionally, Du Bois' 1899 publication provided empirical evidence to challenge pseudoscientific ideas of biological racism (Morris, 2015; Green & Wortham, 2018), which had been used as justification to oppress people of different races.

Du Bois also played a prominent role in the effort to increase rights for Black people. Concerned at the slow pace of progress and advice from some Black leaders to be more accommodating of racism, Du Bois became a leader in what would later be known as the Niagara Movement. In 1905, he and others drafted a declaration that called for immediate political, economic, and social equality for African Americans. A few years later, he helped found the National Association for the Advancement of Colored People (NAACP) and served as its director of publications.

Thorstein Veblen (1857 – 1929)

After a brief stint as an unemployed college graduate, Thorstein Veblen began to study the economy through a social lens, writing about the leisure class, the business class, and other areas that touched on the idea of 'working' itself. He researched the chronically

unemployed, the currently unemployed, the working classes, and the impact of technology and business within society. Veblen is known as a co-founder of the branch (or school) of institutional economics.

Jane Addams (1860-1935)

Jane Addams founded *Hull House*, a center that served needy immigrants through social and educational programs while providing extensive opportunities for sociological research. Founded in Chicago, Addams worked closely with University of Chicago's Chicago School of Sociology. This school of thought places much importance on environment in which relationships and behaviors develop. Research conducted at Hull House informed child labor, immigration, health care, and other areas of public policy.

Charles Horton Cooley (1864-1929)

Charles Horton Cooley posited that individuals compare themselves to others in order to check themselves against social standards and remain part of the group. Calling this idea 'the looking-glass self,' Cooley argued that we 'see' ourselves by the reactions of others with whom we interact. If someone reacts positively to our behavior, theoretically we will continue that behavior. He wrote substantially on what he saw as the order of life in *Human Nature and the Social Order* (1902) followed by *Social Organization* in 1909. He was very concerned with the increasing individualism and competitiveness of US society, fearing it would disrupt families as primary groups lost their importance.

George Herbert Mead (1863–1931)

George Herbert Mead was a philosopher and sociologist whose work focused on the ways in which the mind and the self were developed as a result of social processes (Cronk, n.d.). He argued that how an individual comes to view himself or herself is based to a very large extent on interactions with others. Though Mead adopted Cooley's concept of 'looking-glasses,' Mead felt that an individual's reaction to a positive or negative reflection depended on who the 'other' was. Individuals that had the greatest impact on a person's life were significant others while generalized others were the organized and generalized attitude of a social group. Mead often shares the title of father of symbolic interactionism with Cooley and Erving Goffman.

Robert E. Park (1864-1944)

Robert E. Park is best known as the founder of social ecology. Attached to the Chicago School, Park focused on how individuals lived within their environment. One of the first sociologists to focus on ethnic minorities, he wrote on the Belgian oppression of the Congolese. When he returned to the US, he and Ernest Burgess researched the inner city to show that no matter who lived there, social chaos was prevalent. As such, it was not the residents who caused the chaos but the environment.

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1.4: Theoretical Perspectives

Learning Objectives

By the end of this section you should be able to:

- Describe the ways that sociological theories are used to explain social institutions.
- Differentiate between functionalism, conflict theory, and symbolic interactionism.



Figure 1.7: Sociologists develop theories to explain social occurrences such as protest rallies. (Credit: David Shankbone/flickr)

Sociologists study social events, interactions, and patterns, and they develop theories to explain why things work as they do. In sociology, a theory is a way to explain different aspects of social interactions and to create a testable proposition, called a hypothesis, about society (Allan 2006).

For example, although suicide is generally considered an individual phenomenon, Émile Durkheim was interested in studying the social factors that affect it. He studied social solidarity, social ties within a group, and hypothesized that differences in suicide rates might be explained by religious differences. Durkheim gathered a large amount of data about Europeans and found that Protestants were more likely to commit suicide than Catholics. His work supports the utility of theory in sociological research.

Theories vary in scope depending on the scale of the issues that they are meant to explain. Macro-level theories relate to large-scale issues and large groups of people, while micro-level theories look at very specific relationships between individuals or small groups. Grand theories attempt to explain large-scale relationships and answer fundamental questions such as why societies form and why they change. Sociological theory is constantly evolving and should never be considered complete. Classic sociological theories are still considered important and current, but new sociological theories build upon the work of their predecessors and add to them (Calhoun, 2002).

In sociology, a few theories provide broad perspectives that help explain many different aspects of social life, and these are called paradigms. Paradigms are philosophical and theoretical frameworks used within a discipline to formulate theories, generalizations, and the experiments performed in support of them. Three paradigms have come to dominate sociological thinking because they provide useful explanations: structural functionalism, conflict theory, and symbolic interactionism.

Table 1.1 Sociological Theories or Perspectives: Different sociological perspectives enable sociologists to view social issues through a variety of useful lenses.

Sociological Theories/Paradigms	Level of Analysis	Focus	Analogies	Questions that might be asked
Structural Functionalism	Macro or Mid	The way each part of society functions together to contribute to the functioning of the whole.	How each organ works to keep your body healthy (or not.)	How does education work to transmit culture?
Conflict Theory	Macro	The way inequities and inequalities contribute to social, political, and power differences and how they perpetuate power.	The ones with the most toys wins and they will change the rules to the games to keep winning.	Does education transmit only the values of the most dominant groups?
Symbolic Interactionism	Micro	The way one-on-one interactions and communications behave.	What's it mean to be an X?	How do students react to cultural messages in school?

Functionalism

Functionalism, also called structural-functional theory, sees society as a structure with interrelated parts designed to meet the biological and social needs of the individuals in that society. Functionalism grew out of the writings of English philosopher and biologist, Herbert Spencer, who saw similarities between society and the human body. He argued that just as the various organs of the body work together to keep the body functioning, the various parts of society work together to keep society functioning (Spencer, 1898). The parts of society that Spencer referred to were the social institutions, or patterns of beliefs and behaviors focused on meeting social needs, such as government, education, family, healthcare, religion, and the economy.

Émile Durkheim applied Spencer's theory to explain how societies change and survive over time. Durkheim believed that society is a complex system of interrelated and interdependent parts that work together to maintain stability (Durkheim, 1893), and that society is held together by shared values, languages, and symbols. He believed that to study society, a sociologist must look beyond individuals to social facts such as laws, morals, values, religious beliefs, customs, fashion, and rituals, which all serve to govern social life (Durkheim, 1895). Alfred Radcliff-Brown (1881–1955) defined the function of any recurrent activity as the part it played in social life as a whole, and therefore the contribution it makes to social stability and continuity (Radcliff-Brown 1952). In a healthy society, all parts work together to maintain stability, a state called dynamic equilibrium by later sociologists such as Parsons (1961).

Durkheim believed that individuals may make up society, but in order to study society, sociologists have to look beyond individuals to social facts. . Each of these social facts serves one or more functions within a society. For example, one function of a society's laws may be to protect society from violence, while another is to punish criminal behavior, while another is to preserve public health.

Another noted structural functionalist, Robert Merton (1910–2003), pointed out that social processes often have many functions. Manifest functions are the consequences of a social process that are sought or anticipated, while latent functions are the unsought consequences of a social process. A manifest function of a college education, for example, includes gaining knowledge, preparing for a career, and finding a good job that utilizes that education. Latent functions of your college years include meeting new people, participating in extracurricular activities, or even finding a spouse or partner. Another latent function of education is creating a hierarchy of employment based on the level of education attained. Latent functions can be beneficial, neutral, or harmful. Social processes that have undesirable consequences for the operation of society are called dysfunctions. In education, examples of dysfunction include getting bad grades, truancy, dropping out, not graduating, and not finding suitable employment.

Criticism

One criticism of the structural-functional theory is that it can't adequately explain social change even though the functions are processes. Also problematic is the somewhat circular nature of this theory: repetitive behavior patterns are assumed to have a function, yet we profess to know that they have a function only because they are repeated. Furthermore, dysfunctions may continue, even though they don't serve a function, which seemingly contradicts the basic premise of the theory. Many sociologists now believe that functionalism is no longer useful as a macro-level theory, but that it does serve a useful purpose in some mid-level analyses.

Big Picture: A Global Culture?



Figure 1.8: Some sociologists see the online world contributing to the creation of an emerging global culture. Are you a part of any global communities? This Indiana rabbi is participating in what was recognized as the longest Zoom meeting, which started in Australia after the Sabbath and proceeded through each of the world's time zones, effectively lasting much longer than a day. (Credit: Chabad Lubavitch/flickr)

Sociologists around the world look closely for signs of what would be an unprecedented event: the emergence of a global culture. In the past, empires such as those that existed in China, Europe, Africa, and Central and South America linked people from many different countries, but those people rarely became part of a common culture. They lived too far from each other, spoke different languages, practiced different religions, and traded few goods. Today, increases in communication, travel, and trade have made the world a much smaller place. More and more people are able to communicate with each other instantly—wherever they are located—by telephone, video, and text. They share movies, television shows, music, games, and information over the Internet. Students can study with teachers and pupils from the other side of the globe. Governments find it harder to hide conditions inside their countries from the rest of the world.

Sociologists research many different aspects of this potential global culture. Some explore the dynamics involved in the social interactions of global online communities, such as when members feel a closer kinship to other group members than to people residing in their own countries. Other sociologists study the impact this growing international culture has on smaller, less-powerful local cultures. Yet other researchers explore how international markets and the outsourcing of labor impact social inequalities. Sociology can play a key role in people's abilities to understand the nature of this emerging global culture and how to respond to it.

Conflict Theory

Conflict theory looks at society as a competition for limited resources. This perspective is a macro-level approach most identified with the writings of German philosopher and economist Karl Marx, who saw society as being made up of individuals in different social classes who must compete for social, material, and political resources such as food and housing, employment, education, and leisure time. Social institutions like government, education, and religion reflect this competition in their inherent inequalities and help maintain the unequal social structure. Some individuals and organizations are able to obtain and keep more resources than others, and these "winners" use their power and influence to maintain social institutions. The perpetuation of power results in the perpetuation of oppression.

Several theorists suggested variations on this basic theme like Polish-Austrian sociologist Ludwig Gumplowicz (1838–1909) who expanded on Marx's ideas by arguing that war and conquest are the bases of civilizations. He believed that cultural and ethnic conflicts led to states being identified and defined by a dominant group that had power over other groups (Irving, 2007).

German sociologist Max Weber (1864–1920) agreed with Marx but also believed that, in addition to economic inequalities, inequalities of political power and social structure cause conflict. Weber noted that different groups were affected differently based on education, race, and gender, and that people's reactions to inequality were moderated by class differences and rates of social mobility, as well as by perceptions about the legitimacy of those in power. A reader of Marx, Georg Simmel believed that conflict can help integrate and stabilize a society. He said that the intensity of the conflict varies depending on the emotional involvement of the parties, the degree of solidarity within the opposing groups, and the clarity and limited nature of the goals. Simmel also showed that groups work to create internal solidarity, centralize power, and reduce dissent. The stronger the bond, the weaker the discord. Resolving conflicts can reduce tension and hostility and can pave the way for future agreements.

In the 1930s and 1940s, German philosophers, known as the Frankfurt School, developed critical theory as an elaboration on Marxist principles. Critical theory is an expansion of conflict theory and is broader than just sociology, incorporating other social sciences and philosophy. A critical theory is a holistic theory and attempts to address structural issues causing inequality. It must explain what's wrong in current social reality, identify the people who can make changes, and provide practical goals for social transformation (Horkeimer, 1982).

More recently, inequality based on gender or race has been explained in a similar manner and has identified institutionalized power structures that help to maintain inequality between groups. Janet Saltzman Chafetz (1941–2006) presented a model of feminist theory that attempts to explain the forces that maintain gender inequality as well as a theory of how such a system can be changed (Turner, 2003). Similarly, critical race theory grew out of a critical analysis of race and racism from a legal point of view. Critical race theory looks at structural inequality based on white privilege and associated wealth, power, and prestige.

Sociology in the Real World: Farming and Locavores: How Sociological Perspectives Might View Food Consumption

The consumption of food is a commonplace, daily occurrence. Yet, it can also be associated with important moments in our lives. Eating can be an individual or a group action, and eating habits and customs are influenced by our cultures. In the context of society, our nation's food system is at the core of numerous social movements, political issues, and economic debates. Any of these factors might become a topic of sociological study.

A structural-functional approach to the topic of food consumption might analyze the role of the agriculture industry within the nation's economy and how this has changed from the early days of manual-labor farming to modern mechanized production. Another might study the different functions of processes in food production, from farming and harvesting to flashy packaging and mass consumerism.

A conflict theorist might be interested in the power differentials present in the regulation of food, by exploring where people's right to information intersects with corporations' drive for profit and how the government mediates those interests. Or a conflict theorist might examine the power and powerlessness experienced by local farmers versus large farming conglomerates, such as the documentary Food Inc., which depicts as resulting from Monsanto's patenting of seed technology. Another topic of study might be how nutrition varies between different social classes.

A sociologist viewing food consumption through a symbolic interactionist lens would be more interested in microlevel topics, such as the symbolic use of food in religious rituals, or the role it plays in the social interaction of a family dinner. This

perspective might also explore the interactions among group members who identify themselves based on their sharing a particular diet, such as vegetarians (people who don't eat meat) or locavores (people who strive to eat locally produced food).

Criticism

Just as structural functionalism was criticized for focusing too much on the stability of societies, conflict theory has been criticized because it tends to focus on conflict to the exclusion of recognizing stability. Many social structures are extremely stable or have gradually progressed over time rather than changing abruptly as conflict theory would suggest.

Symbolic Interactionist Theory

Symbolic interactionism is a micro-level theory that focuses on the relationships among individuals within a society. Communication—the exchange of meaning through language and symbols—is believed to be the way in which people make sense of their social worlds. Theorists Herman and Reynolds (1994) note that this perspective sees people as being active in shaping the social world rather than simply being acted upon.

George Herbert Mead is considered a founder of symbolic interactionism though he never published his work on it (LaRossa and Reitzes, 1993). Mead's student, Herbert Blumer (1900-1987), coined the term "symbolic interactionism" and outlined these basic premises: humans interact with things based on meanings ascribed to those things; the ascribed meaning of things comes from our interactions with others and society; the meanings of things are interpreted by a person when dealing with things in specific circumstances (Blumer 1969). If you love books, for example, a symbolic interactionist might propose that you learned that books are good or important in the interactions you had with family, friends, school, or church. Maybe your family had a special reading time each week, getting your library card was treated as a special event, or bedtime stories were associated with warmth and comfort.

Social scientists who apply symbolic-interactionist thinking look for patterns of interaction between individuals. Their studies often involve observation of one-on-one interactions. For example, while a conflict theorist studying a political protest might focus on class difference, a symbolic interactionist would be more interested in how individuals in the protesting group interact, as well as the signs and symbols protesters use to communicate their message.

The focus on the importance of symbols in building a society led sociologists like Erving Goffman (1922-1982) to develop a technique called dramaturgical analysis. Goffman used theater as an analogy for social interaction and recognized that people's interactions showed patterns of cultural "scripts." He argued that individuals were actors in a play. We switched roles, sometimes minute to minute—for example, from student or daughter to dog walker. Because it can be unclear what part a person may play in a given situation, he or she has to improvise his or her role as the situation unfolds (Goffman, 1958).

Studies that use the symbolic interactionist perspective are more likely to use qualitative research methods, such as in-depth interviews or participant observation, because they seek to understand the symbolic worlds in which research subjects live.

Constructivism is an extension of symbolic interaction theory which proposes that reality is what humans cognitively construct it to be. We develop social constructs based on interactions with others, and those constructs that last over time are those that have meanings which are widely agreed-upon or generally accepted by most within the society. This approach is often used to examine what's defined as deviant within a society. There is no absolute definition of deviance, and different societies have constructed different meanings for deviance, as well as associating different behaviors with deviance.

One situation that illustrates this is what you believe you're to do if you find a wallet in the street. In the United States, turning the wallet in to local authorities would be considered the appropriate action, and to keep the wallet would be seen as deviant. In contrast, many Eastern societies would consider it much more appropriate to keep the wallet and search for the owner yourself. Turning it over to someone else, even the authorities, would be considered deviant behavior.

Criticism

Research done from this perspective is often scrutinized because of the difficulty of remaining objective. Others criticize the extremely narrow focus on symbolic interaction. Proponents, of course, consider this one of its greatest strengths.

Sociological Theory Today

These three approaches still provide the main foundation of modern sociological theory though they have evolved. Structural-functionalism was a dominant force after World War II and until the 1960s and 1970s. At that time, sociologists began to feel that structural-functionalism did not sufficiently explain the rapid social changes happening in the United States at that time. The women's movement and the Civil Rights movement forced academics to develop approaches to study these emerging social practices.

Conflict theory then gained prominence, with its emphasis on institutionalized social inequality. Critical theory, and the particular aspects of feminist theory and critical race theory, focused on creating social change through the application of sociological principles. The field saw a renewed emphasis on helping ordinary people understand sociology principles, in the form of public sociology.

Gaining prominence in the wake of Mead's work in the 1920s and 1930s, symbolic interactionism declined in influence during the 1960s and 1970s only to be revitalized at the turn of the twenty-first century (Stryker, 1987). Postmodern social theory developed in the 1980s to look at society through an entirely new lens by rejecting previous macro-level attempts to explain social phenomena. Its growth in popularity coincides with the rise of constructivist views of symbolic interactionism.

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1.5: Why Study Sociology?

Learning Objectives

By the end of this section, you should be able to:

- Explain why it is worthwhile to study sociology.
- Identify ways sociology is applied in the real world.



Figure 1.9: The research of Kenneth and Mamie Clark helped the Supreme Court decide to end "separate but equal" racial segregation in schools in the United States. (Credit: University of Texas)

When Elizabeth Eckford tried to enter Central High School in Little Rock, Arkansas, in September 1957, she was met by an angry crowd and was turned away by authorities. But she knew she had the law on her side. Three years earlier in the landmark *Brown vs. the Board of Education* decision, the U.S. Supreme Court had overturned twenty-one state laws that allowed Black and White people to be taught in separate school systems as long as the school systems were "equal." The decision was nothing short of momentous, not only for education, but for a number of other segregation and discrimination issues that have lasted into this decade. And in that momentous decision, the Supreme Court cited the research of the husband-and-wife team of social scientists, Kenneth and Mamie Clark, as evidence that segregation generates in minority students a feeling of inferiority. In the 'doll test,' for example, the Clarks showed children four dolls, two with white skin and yellow hair and two with brown skin and black hair. When asked which doll they preferred, the majority of Black children chose the doll with the light skin doll, and they assigned positive characteristics to it. Most of the Black children discarded the doll with the brown skin—the one that had a closer resemblance to themselves.

When asked to choose the doll that looked like them, many children left the room, started to cry, and/or became depressed. The Clarks' research contributed to the Supreme Court's conclusion that separate but equal was damaging to students, and that separate facilities are unequal.

Sociology and a Better Society

Since it was first founded, many people interested in sociology have been driven by the scholarly desire to contribute knowledge to this field, while others have seen it as way not only to study society but also to improve it. Besides desegregation, sociology has played a crucial role in many important social reforms, such as equal opportunity for women in the workplace, improved treatment for individuals with mental illnesses or learning disabilities, increased accessibility and accommodation for people with physical disabilities, the right of native populations to preserve their land and culture, and prison system reforms.

The predominant American sociologist, the late Peter L. Berger (1929–2017), in his 1963 book, *Invitation to Sociology: A Humanistic Perspective*, describes a sociologist as "someone concerned with understanding society in a disciplined way." He

asserts that sociologists have a natural interest in the monumental moments of people's lives, as well as a fascination with banal, everyday occurrences. Berger also describes the "aha" moment when a sociological theory becomes applicable and understood:

> *[T]here is a deceptive simplicity and obviousness about some sociological investigations. One reads them, nods at the familiar scene, remarks that one has heard all this before and don't people have better things to do than to waste their time on truisms—until one is suddenly brought up against an insight that radically questions everything one had previously assumed about this familiar scene. This is the point at which one begins to sense the excitement of sociology. (Berger, 1963)*

Sociology can be exciting because it teaches people ways to recognize how they fit into the world and how others perceive them. Looking at themselves and society from a sociological perspective helps people see where they connect to different groups based on the many different ways they classify themselves and how society classifies them in turn. It raises awareness of how those classifications—such as economic and status levels, education, ethnicity, or sexual orientation—affect perceptions.

Sociology teaches people not to accept easy explanations. It teaches them a way to organize their thinking so that they can ask better questions and formulate better answers. It makes people more aware that there are many different kinds of people in the world who do not necessarily think the way they do. It increases their willingness and ability to try to see the world from other people's perspectives. This prepares them to live and work in an increasingly diverse and integrated world.

Sociology in the Workplace

Employers continue to seek people with what are called "transferable skills." This means that they want to hire people whose knowledge and education can be applied in a variety of settings and whose skills will contribute to various tasks.

Studying sociology can provide people with this wide knowledge and a skill set that can contribute to many workplaces, including

- an understanding of social systems and large bureaucracies;
- the ability to devise and carry out research projects to assess whether a program or policy is working;
- the ability to collect, read, and analyze statistical information from polls or surveys;
- the ability to recognize important differences in people's social, cultural, and economic backgrounds;
- skills in preparing reports and communicating complex ideas; and
- the capacity for critical thinking about social issues and problems that confront modern society. (Department of Sociology, University of Alabama-Huntsville)

Sociology prepares people for a wide variety of careers. Besides actually conducting social research or training others in the field, people who graduate from college with a degree in sociology are hired by government agencies and corporations in fields such as social services, counseling (e.g., family planning, career, substance abuse), community planning, health services, marketing, market research, and human resources. Even a small amount of training in sociology can be an asset in careers like sales, public relations, journalism, teaching, law, and criminal justice.

Sociology in the Real World: Social Networking Consequences

You've probably heard a cautionary story that goes something like this: A high school student spent years working hard, engaging in their community, helping others, and generally growing into a positive and promising young adult. During senior year, they start the college application process, and after a couple of interviews and other interactions, things are looking bright at several of their top choices. But when the time arrives for those fateful notifications about acceptance or rejection, the student and their family are shocked to get rejected from all schools but one. Inquiries from family members and guidance counselors had no results. The only news came in the form of a letter three weeks later from the one school that had accepted the student.

"...After an initial investigation, the University has determined that several posts attributed to you violate our policies, and are offensive and troubling..."

The letter's remaining two pages detailed the ongoing investigation and outlined the potential outcomes. But that one statement said it all: The student had posted something offensive on social media, and their prospective colleges had found it.

Two years earlier, at the beginning of sophomore year, the student had posted two comments and a meme that mocked a classmate who had been assaulted at a party. Even thought the student had removed them within a few days, the posts lived on in other forums and on a few friends' pages; there was also the possibility that someone had screen-grabbed them. While social media posts are protected forms of speech in relation to the government, colleges can review them as they evaluate applicants. Employers can do the same, as can romantic partners or even volunteer organizations.

You may believe that a 15-year-old's social media comments should not impact them years later. Or you may feel that someone who jokes about assault may be a risk to commit a similar act or fail to stop or report one. Sociologists may consider all of those assumptions, and may seek answers or information through research to uncover the impacts, risks, tendencies, and outcomes on the different groups involved. For example, a sociologist might work to discover answers to the following questions:

- Is abusive speech or assault less likely to occur at colleges that screen applicants' social media posts?
- Do sensitivity trainings or cultural competency programs have an effect on online speech?
- Do colleges treat all community members equally when they discover someone has posted offensive comments or other content?
- Are algorithms and artificial intelligence used to detect problematic comments biased against certain people or communities?

None of these questions could be answered by a single study or even a group of them. But like the Supreme Court's use of Mamie and Kenneth Clarke's research, college administrators, high school counselors, and technology companies can use the outcomes of research and analysis to make decisions or implement programs.

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1.6: Key Terms

antipositivism | the view that social researchers should strive for subjectivity as they worked to represent social processes, cultural norms, and societal values

conflict theory | a theory that looks at society as a competition for limited resources

constructivism | an extension of symbolic interaction theory which proposes that reality is what humans cognitively construct it to be

culture | a group's shared practices, values, and beliefs

dramaturgical analysis | a technique sociologists use in which they view society through the metaphor of theatrical performance

dynamic equilibrium | a stable state in which all parts of a healthy society work together properly

dysfunctions | social patterns that have undesirable consequences for the operation of society

figuration | the process of simultaneously analyzing the behavior of an individual and the society that shapes that behavior

function | the part a recurrent activity plays in the social life as a whole and the contribution it makes to structural continuity

functionalism | a theoretical approach that sees society as a structure with interrelated parts designed to meet the biological and social needs of individuals that make up that society

generalized others | the organized and generalized attitude of a social group

grand theories | an attempt to explain large-scale relationships and answer fundamental questions such as why societies form and why they change

hypothesis | a testable proposition

latent functions | the unrecognized or unintended consequences of a social process

macro-level | a wide-scale view of the role of social structures within a society

manifest functions | sought consequences of a social process

micro-level theories | the study of specific relationships between individuals or small groups

paradigms | philosophical and theoretical frameworks used within a discipline to formulate theories, generalizations, and the experiments performed in support of them

positivism | the scientific study of social patterns

qualitative sociology | in-depth interviews, focus groups, and/or analysis of content sources as the source of its data

quantitative sociology | statistical methods such as surveys with large numbers of participants

reification | an error of treating an abstract concept as though it has a real, material existence

significant others | specific individuals that impact a person's life

social facts | the laws, morals, values, religious beliefs, customs, fashions, rituals, and all of the cultural rules that govern social life

social institutions | patterns of beliefs and behaviors focused on meeting social needs

social solidarity | the social ties that bind a group of people together such as kinship, shared location, and religion

society | a group of people who live in a defined geographical area who interact with one another and who share a common culture

sociological imagination | the ability to understand how your own past relates to that of other people, as well as to history in general and societal structures in particular

sociology | the systematic study of society and social interaction

symbolic interactionism | a theoretical perspective through which scholars examine the relationship of individuals within their society by studying their communication (language and symbols)

theory | a proposed explanation about social interactions or society

verstehen | a German word that means to understand in a deep way

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1.7: Section Summary

1.1 What Is Sociology?

Sociology is the systematic and scientific study of society and social interaction. In order to carry out their studies, sociologists identify cultural patterns and social forces and determine how they affect individuals and groups. They also develop ways to apply their findings to the real world.

1.2 The History of Sociology

Sociology was developed as an academic and scientific way to study and theorize about the changes to society brought on by the Industrial Revolution in the eighteenth and nineteenth centuries. Some of the earliest sociologists thought that societies and individuals' roles in society could be studied using the same scientific methodologies that were used in the natural sciences, while others believed that is was impossible to predict human behavior scientifically, and still others debated the value of such predictions. Those perspectives continue to be represented within sociology today.

1.3 Theoretical Perspectives in Sociology

Sociologists develop theories to explain social events, interactions, and patterns. A theory is a proposed explanation of those social interactions. Theories have different scales. Macro-level theories, such as structural functionalism and conflict theory, attempt to explain how societies operate as a whole. Micro-level theories, such as symbolic interactionism, focus on interactions between individuals.

1.4 Why Study Sociology?

Studying sociology is beneficial both for the individual and for society. By studying sociology people learn how to think critically about social issues and problems that confront our society. The study of sociology enriches students' lives and prepares them for careers in an increasingly diverse world. Society benefits because people with sociological training are better prepared to make informed decisions about social issues and take effective action to deal with them.

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1.8: Section Quiz

1.1 What Is Sociology?

1.

Which of the following best describes sociology as a subject?

a. The study of individual behavior
b. The study of cultures
c. The study of society and social interaction
d. The study of economics

2.

C. Wright Mills once said that sociologists need to develop a sociological _____ to study how society affects individuals.

a. culture
b. imagination
c. method
d. tool

3.

A sociologist defines society as a group of people who reside in a defined area, share a culture, and who:

a. interact
b. work in the same industry
c. speak different languages
d. practice a recognized religion

4.

Seeing patterns means that a sociologist needs to be able to:

a. compare the behavior of individuals from different societies
b. compare one society to another
c. identify similarities in how social groups respond to social pressure
d. compare individuals to groups

1.2 The History of Sociology

5.

Which of the following was a topic of study in early sociology?

a. Astrology
b. Economics
c. Physics
d. History

6.

Which founder of sociology believed societies changed due to class struggle?

a. Emile Comte
b. Karl Marx
c. Plato
d. Herbert Spencer

7.

Weber believed humans could not be studied purely objectively because they were influenced by:

a. drugs

b. their culture
c. their genetic makeup
d. the researcher

1.3 Theoretical Perspectives in Sociology

8.

Which of these theories is most likely to look at the social world on a micro level?

a. Structural functionalism
b. Conflict theory
c. Positivism
d. Symbolic interactionism

9.

Who believed that the history of society was one of class struggle?

a. Emile Durkheim
b. Karl Marx
c. Erving Goffmann
d. George Herbert Mead

10.

Who coined the phrase symbolic interactionism?

a. Herbert Blumer
b. Max Weber
c. Lester F. Ward
d. W. I. Thomas

11.

A symbolic interactionist may compare social interactions to:

a. behaviors
b. conflicts
c. human organs
d. theatrical roles

12.

Which research technique would most likely be used by a symbolic interactionist?

a. Surveys
b. Participant observation
c. Quantitative data analysis
d. None of the above

1.4 Why Study Sociology?

13.

Kenneth and Mamie Clark used sociological research to show that segregation was:

a. beneficial
b. harmful
c. illegal
d. of no importance

14.

What did the Clark's use in their experiment noted in question 15?

a. children and dogs
b. adults and dolls
c. children and dolls
d. adults and pets

15.

Studying sociology helps people analyze data because they learn:

a. interview techniques
b. to apply statistics
c. to generate theories
d. all of the above

16.

Berger describes sociologists as concerned with:

a. monumental moments in people's lives
b. common everyday life events
c. both a and b
d. none of the above

17.

Berger writes that sociology

a. is not an academic discipline
b. makes the strange familiar
c. makes the familiar strange
d. is not a science

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1.9: Short Answer

1.1 What Is Sociology?

1.

What do you think C. Wright Mills meant when he said that to be a sociologist, one had to develop a sociological imagination?

2.

Describe a situation in which a choice you made was influenced by societal pressures.

1.2 The History of Sociology

3.

What do you make of Karl Marx's contributions to sociology? What perceptions of Marx have you been exposed to in your society, and how do those perceptions influence your views?

4.

Do you tend to place more value on qualitative or quantitative research? Why? Does it matter what topic you are studying?

1.3 Theoretical Perspectives in Sociology

5.

Which theory do you think better explains how societies operate—structural functionalism or conflict theory? Why?

6.

Do you think the way people behave in social interactions is more like the behavior of animals or more like actors playing a role in a theatrical production? Why?

1.4 Why Study Sociology?

7.

How do you think taking a sociology course might affect your social interactions?

8.

What sort of career are you interested in? How could studying sociology help you in this career?

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1.10: Further Research

1.1 What Is Sociology?

Sociology is a broad discipline. Different kinds of sociologists employ various methods for exploring the relationship between individuals and society. Check out more about sociology at this website..

1.2 The History of Sociology

Many sociologists helped shape the discipline. To learn more, check out this site featuring prominent sociologists and how they changed sociology.

1.3 Theoretical Perspectives in Sociology

People often think of all conflict as violent, but many conflicts can be resolved nonviolently. To learn more about nonviolent methods of conflict resolution check out the Albert Einstein Institution.

1.4 Why Study Sociology?

Social communication is rapidly evolving due to ever improving technologies. Check out this website to learn more about how sociologists study the impact of these changes

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CHAPTER OVERVIEW

2: Social Research Methods

Social research is research conducted by social scientists following a systematic plan. Social research methodologies can be classified along a quantitative/qualitative dimension.

2.1: Introduction
2.2: Approaches to Sociological Research
2.3: Research Methods
2.4: Ethical Concerns
2.5: Key Terms
2.6: Section Summary
2.7: Section Quiz
2.8: Short Answer
2.9: Further Research
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2.1: Introduction



Figure 2.1: Many believe that crime rates go up during the full moon, but scientific research does not support this conclusion. (Credit: Arman Thanvir/flickr.)

Chapter Outline

2.1 Approaches to Sociological Research
2.2 Research Methods
2.3 Ethical Concerns

As sociology made its way into American universities, scholars developed it into a science that relies on research to build a body of knowledge. Sociologists began collecting data (observations and documentation) and applying the scientific method or an interpretative framework to increase understanding of societies and social interactions.

Our observations about social situations often incorporate biases based on our own views and limited data. To avoid subjectivity, sociologists conduct experiments or studies that gather and analyze empirical evidence from direct experience. Peers review the conclusions from this research and often repeat the experiments or studies or apply them to other contexts in order to validate these conclusions. Examples of peer-reviewed research are found in scholarly journals.

Consider a study on the relationship between COVID-19 and crime rates published in *Crime Science*, a scholarly journal. Researchers hypothesized that COVID-19 stay-at-home restrictions would lead to a drop both in street crimes and home burglaries. Researchers collected the data Swedish police used to track and project future crimes. They found that assaults, pickpocketing and burglary had decreased significantly (Gerell, Kardell, and Kindgren, 2020). In this way, researchers used empirical evidence and statistical analysis to answer the question how did COVID-19 restrictions impact crime rates. In this chapter, we will explore the approaches and methods sociologists use to conduct studies like this one.

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2.2: Approaches to Sociological Research

Learning Objectives

By the end of this section, you should be able to:

- Define and describe the scientific method.
- Explain how the scientific method is used in sociological research.
- Describe the function and importance of an interpretive framework.
- Describe the differences in accuracy, reliability and validity in a research study.

When sociologists apply the sociological perspective and begin to ask questions, no topic is off limits. Every aspect of human behavior is a source of possible investigation. Sociologists question the world that humans have created and live in. They notice patterns of behavior as people move through that world. Using sociological methods and systematic research within the framework of the scientific method and a scholarly interpretive perspective, sociologists have discovered social patterns in the workplace that have transformed industries, in families that have enlightened family members, and in education that have aided structural changes in classrooms.

Sociologists often begin the research process by asking a question about how or why things happen in this world. It might be a unique question about a new trend or an old question about a common aspect of life. Once the question is formed, the sociologist proceeds through an in-depth process to answer it. In deciding how to design that process, the researcher may adopt a scientific approach or an interpretive framework. The following sections describe these approaches to knowledge.

The Scientific Method

Sociologists make use of tried and true methods of research, such as experiments, surveys, and field research. But humans and their social interactions are so diverse that these interactions can seem impossible to chart or explain. It might seem that science is about discoveries and chemical reactions or about proving ideas right or wrong rather than about exploring the nuances of human behavior.

However, this is exactly why scientific models work for studying human behavior. A scientific process of research establishes parameters that help make sure results are objective and accurate. Scientific methods provide limitations and boundaries that focus a study and organize its results.

The scientific method involves developing and testing theories about the social world based on empirical evidence. It is defined by its commitment to systematic observation of the empirical world and strives to be objective, critical, skeptical, and logical. It involves a series of six prescribed steps that have been established over centuries of scientific scholarship.

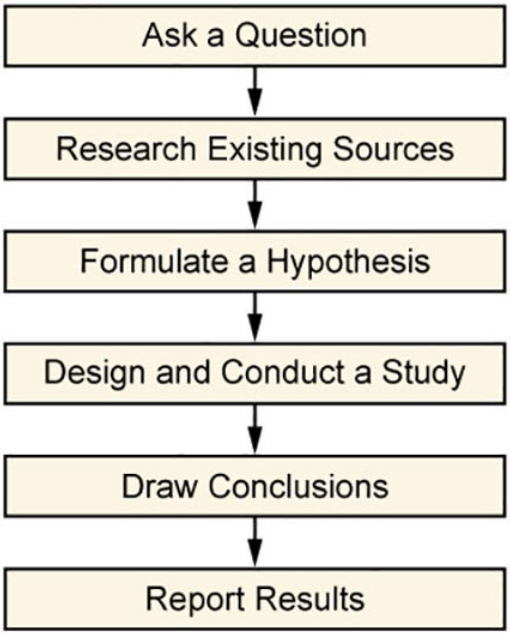


Figure 2.2: The Scientific Method. 6 steps of the scientific method are an essential tool in research.

Sociological research does not reduce knowledge to right or wrong facts. Results of studies tend to provide people with insights they did not have before—explanations of human behaviors and social practices and access to knowledge of other cultures, rituals and beliefs, or trends and attitudes.

In general, sociologists tackle questions about the role of social characteristics in outcomes or results. For example, how do different communities fare in terms of psychological well-being, community cohesiveness, range of vocation, wealth, crime rates, and so on? Are communities functioning smoothly? Sociologists often look between the cracks to discover obstacles to meeting basic human needs. They might also study environmental influences and patterns of behavior that lead to crime, substance abuse, divorce, poverty, unplanned pregnancies, or illness. And, because sociological studies are not all focused on negative behaviors or challenging situations, social researchers might study vacation trends, healthy eating habits, neighborhood organizations, higher education patterns, games, parks, and exercise habits.

Sociologists can use the scientific method not only to collect but also to interpret and analyze data. They deliberately apply scientific logic and objectivity. They are interested in—but not attached to—the results. They work outside of their own political or social agendas. This does not mean researchers do not have their own personalities, complete with preferences and opinions. But sociologists deliberately use the scientific method to maintain as much objectivity, focus, and consistency as possible in collecting and analyzing data in research studies.

With its systematic approach, the scientific method has proven useful in shaping sociological studies. The scientific method provides a systematic, organized series of steps that help ensure objectivity and consistency in exploring a social problem. They provide the means for accuracy, reliability, and validity. In the end, the scientific method provides a shared basis for discussion and analysis (Merton 1963). Typically, the scientific method has 6 steps which are described below.

Step 1: Ask a Question or Find a Research Topic

The first step of the scientific method is to ask a question, select a problem, and identify the specific area of interest. The topic should be narrow enough to study within a geographic location and time frame. “Are societies capable of sustained happiness?” would be too vague. The question should also be broad enough to have universal merit. “What do personal hygiene habits reveal about the values of students at XYZ High School?” would be too narrow. Sociologists strive to frame questions that examine well-defined patterns and relationships.

In a hygiene study, for instance, hygiene could be defined as “personal habits to maintain physical appearance (as opposed to health),” and a researcher might ask, “How do differing personal hygiene habits reflect the cultural value placed on appearance?”

Step 2: Review the Literature/Research Existing Sources

The next step researchers undertake is to conduct background research through a literature review, which is a review of any existing similar or related studies. A visit to the library, a thorough online search, and a survey of academic journals will uncover existing research about the topic of study. This step helps researchers gain a broad understanding of work previously conducted, identify gaps in understanding of the topic, and position their own research to build on prior knowledge. Researchers—including student researchers—are responsible for correctly citing existing sources they use in a study or that inform their work. While it is fine to borrow previously published material (as long as it enhances a unique viewpoint), it must be referenced properly and never plagiarized.

To study crime, a researcher might also sort through existing data from the court system, police database, prison information, interviews with criminals, guards, wardens, etc. It's important to examine this information in addition to existing research to determine how these resources might be used to fill holes in existing knowledge. Reviewing existing sources educates researchers and helps refine and improve a research study design.

Step 3: Formulate a Hypothesis

A hypothesis is an explanation for a phenomenon based on a conjecture about the relationship between the phenomenon and one or more causal factors. In sociology, the hypothesis will often predict how one form of human behavior influences another. For example, a hypothesis might be in the form of an "if, then statement." Let's relate this to our topic of crime: If unemployment increases, then the crime rate will increase.

In scientific research, we formulate hypotheses to include an independent variables (IV), which are the *cause* of the change, and a dependent variable (DV), which is the *effect*, or thing that is changed. In the example above, unemployment is the independent variable and the crime rate is the dependent variable.

In a sociological study, the researcher would establish one form of human behavior as the independent variable and observe the influence it has on a dependent variable. How does gender (the independent variable) affect rate of income (the dependent variable)? How does one's religion (the independent variable) affect family size (the dependent variable)? How is social class (the dependent variable) affected by level of education (the independent variable)?

Table 2.1 Examples of Dependent and Independent Variables: Typically, the independent variable causes the dependent variable to change in some way.

Hypothesis	Independent Variable	Dependent Variable
The greater the availability of affordable housing, the lower the homeless rate.	Affordable Housing	Homeless Rate
The greater the availability of math tutoring, the higher the math grades.	Math Tutoring	Math Grades
The greater the police patrol presence, the safer the neighborhood.	Police Patrol Presence	Safer Neighborhood
The greater the factory lighting, the higher the productivity.	Factory Lighting	Productivity
The greater the amount of media coverage, the higher the public awareness.	Observation	Public Awareness

Taking an example from Table 12.1, a researcher might hypothesize that teaching children proper hygiene (the independent variable) will boost their sense of self-esteem (the dependent variable). Note, however, this hypothesis can also work the other way around. A sociologist might predict that increasing a child's sense of self-esteem (the independent variable) will increase or improve habits of hygiene (now the dependent variable). Identifying the independent and dependent variables is very important. As the hygiene example shows, simply identifying related two topics or variables is not enough. Their prospective relationship must be part of the hypothesis.

Step 4: Design and Conduct a Study

Researchers design studies to maximize reliability, which refers to how likely research results are to be replicated if the study is reproduced. Reliability increases the likelihood that what happens to one person will happen to all people in a group or what will happen in one situation will happen in another. Cooking is a science. When you follow a recipe and measure ingredients with a cooking tool, such as a measuring cup, the same results is obtained as long as the cook follows the same recipe and uses the same type of tool. The measuring cup introduces accuracy into the process. If a person uses a less accurate tool, such as their hand, to measure ingredients rather than a cup, the same result may not be replicated. Accurate tools and methods increase reliability.

Researchers also strive for validity, which refers to how well the study measures what it was designed to measure. To produce reliable and valid results, sociologists develop an operational definition, that is, they define each concept, or variable, in terms of the physical or concrete steps it takes to objectively measure it. The operational definition identifies an observable condition of the concept. By operationalizing the concept, all researchers can collect data in a systematic or replicable manner. Moreover, researchers can determine whether the experiment or method validly represent the phenomenon they intended to study.

A study asking how tutoring improves grades, for instance, might define "tutoring" as "one-on-one assistance by an expert in the field, hired by an educational institution." However, one researcher might define a "good" grade as a C or better, while another uses a B+ as a starting point for "good." For the results to be replicated and gain acceptance within the broader scientific community, researchers would have to use a standard operational definition. These definitions set limits and establish cut-off points that ensure consistency and replicability in a study.

We will explore research methods in greater detail in the next section of this chapter.

Step 5: Draw Conclusions

After constructing the research design, sociologists collect, tabulate or categorize, and analyze data to formulate conclusions. If the analysis supports the hypothesis, researchers can discuss the implications of the results for the theory or policy solution that they were addressing. If the analysis does not support the hypothesis, researchers may consider repeating the experiment or think of ways to improve their procedure.

However, even when results contradict a sociologist's prediction of a study's outcome, these results still contribute to sociological understanding. Sociologists analyze general patterns in response to a study, but they are equally interested in exceptions to patterns. In a study of education, a researcher might predict that high school dropouts have a hard time finding rewarding careers. While many assume that the higher the education, the higher the salary and degree of career happiness, there are certainly exceptions. People with little education have had stunning careers, and people with advanced degrees have had trouble finding work. A sociologist prepares a hypothesis knowing that results may substantiate or contradict it.

Sociologists carefully keep in mind how operational definitions and research designs impact the results as they draw conclusions. Consider the concept of "increase of crime," which might be defined as the percent increase in crime from last week to this week, as in the study of Swedish crime discussed above. Yet the data used to evaluate "increase of crime" might be limited by many factors: who commits the crime, where the crimes are committed, or what type of crime is committed. If the data is gathered for "crimes committed in Houston, Texas in zip code 77021," then it may not be generalizable to crimes committed in rural areas outside of major cities like Houston. If data is collected about vandalism, it may not be generalizable to assault.

Step 6: Report Results

Researchers report their results at conferences and in academic journals. These results are then subjected to the scrutiny of other sociologists in the field. Before the conclusions of a study become widely accepted, the studies are often repeated in the same or different environments. In this way, sociological theories and knowledge develops as the relationships between social phenomenon are established in broader contexts and different circumstances.

Interpretive Framework

While many sociologists rely on empirical data and the scientific method as a research approach, others operate from an interpretive framework. While systematic, this approach doesn't follow the hypothesis-testing model that seeks to find generalizable results. Instead, an interpretive framework, sometimes referred to as an *interpretive perspective*, seeks to understand

social worlds from the point of view of participants, which leads to in-depth knowledge or understanding about the human experience.

Interpretive research is generally more descriptive or narrative in its findings. Rather than formulating a hypothesis and method for testing it, an interpretive researcher will develop approaches to explore the topic at hand that may involve a significant amount of direct observation or interaction with subjects including storytelling. This type of researcher learns through the process and sometimes adjusts the research methods or processes midway to optimize findings as they evolve.

Critical Sociology

Critical sociology focuses on deconstruction of existing sociological research and theory. Informed by the work of Karl Marx, scholars known collectively as the Frankfurt School proposed that social science, as much as any academic pursuit, is embedded in the system of power constituted by the set of class, caste, race, gender, and other relationships that exist in the society. Consequently, it cannot be treated as purely objective. Critical sociologists view theories, methods, and the conclusions as serving one of two purposes: they can either legitimate and rationalize systems of social power and oppression or liberate humans from inequality and restriction on human freedom. Deconstruction can involve data collection, but the analysis of this data is not empirical or positivist.

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2.3: Research Methods

Learning Objectives

By the end of this section, you should be able to:

- Recall the 6 Steps of the Scientific Method
- Differentiate between four kinds of research methods: surveys, field research, experiments, and secondary data analysis.
- Explain the appropriateness of specific research approaches for specific topics.

Sociologists examine the social world, see a problem or interesting pattern, and set out to study it. They use research methods to design a study. Planning the research design is a key step in any sociological study. Sociologists generally choose from widely used methods of social investigation: **primary source data collection** such as survey, participant observation, ethnography, case study, unobtrusive observations, experiment, and secondary data analysis, or use of existing sources. Every research method comes with plusses and minuses, and the topic of study strongly influences which method or methods are put to use. When you are conducting research think about the best way to gather or obtain knowledge about your topic, think of yourself as an architect. An architect needs a blueprint to build a house, as a sociologist your blueprint is your research design including your data collection method.

When entering a particular social environment, a researcher must be careful. There are times to remain anonymous and times to be overt. There are times to conduct interviews and times to simply observe. Some participants need to be thoroughly informed; others should not know they are being observed. A researcher wouldn't stroll into a crime-ridden neighborhood at midnight, calling out, "Any gang members around?"

Making sociologists' presence invisible is not always realistic for other reasons. That option is not available to a researcher studying prison behaviors, early education, or the Ku Klux Klan. Researchers can't just stroll into prisons, kindergarten classrooms, or Klan meetings and unobtrusively observe behaviors or attract attention. In situations like these, other methods are needed. Researchers choose methods that best suit their study topics, protect research participants or subjects, and that fit with their overall approaches to research.

Surveys

As a research method, a survey collects data from subjects who respond to a series of questions about behaviors and opinions, often in the form of a questionnaire or an interview. The survey is one of the most widely used scientific research methods. The standard survey format allows individuals a level of anonymity in which they can express personal ideas.

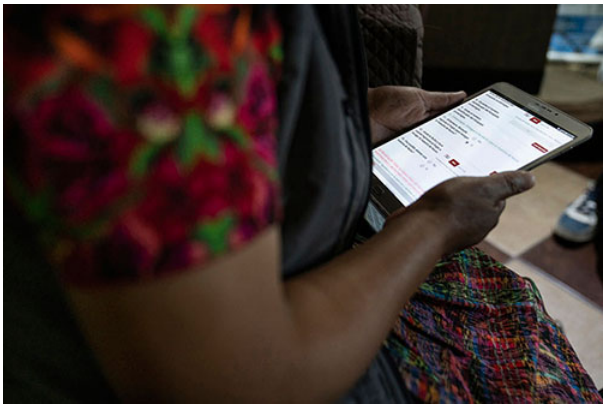


Figure 2.3: Questionnaires are a common research method. (Credit: CDC Global/flickr)

At some point, most people in the United States respond to some type of survey. The 2020 U.S. Census is an excellent example of a large-scale survey intended to gather sociological data. Since 1790, United States has conducted a survey consisting of six questions to received demographical data pertaining to residents. The questions pertain to the demographics of the residents who live in the United States. Currently, the Census is received by residents in the United Stated and five territories and consists of 12 questions.

Not all surveys are considered sociological research, however, and many surveys people commonly encounter focus on identifying marketing needs and strategies rather than testing a hypothesis or contributing to social science knowledge. Questions such as, "How many hot dogs do you eat in a month?" or "Were the staff helpful?" are not usually designed as scientific research. The Nielsen Ratings determine the popularity of television programming through scientific market research. However, polls conducted by television programs such as *American Idol* or *So You Think You Can Dance* cannot be generalized, because they are administered to an unrepresentative population, a specific show's audience. You might receive polls through your cell phones or emails, from grocery stores, restaurants, and retail stores. They often provide you incentives for completing the survey.

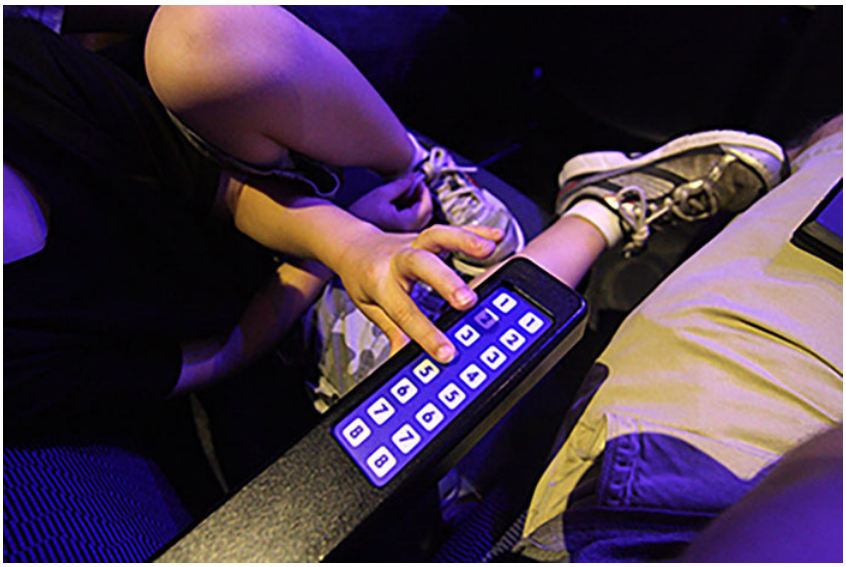


Figure 2.4: Real-time surveys are common in classrooms, live-audience events, and even popular media. Twitter polls have often replaced physical devices such as the one pictured. (Credit: Sam Howzit/flickr)

Sociologists conduct surveys under controlled conditions for specific purposes. Surveys gather different types of information from people. While surveys are not great at capturing the ways people really behave in social situations, they are a great method for discovering how people feel, think, and act—or at least how they say they feel, think, and act. Surveys can track preferences for presidential candidates or reported individual behaviors (such as sleeping, driving, or texting habits) or information such as employment status, income, and education levels.

A survey targets a specific population, people who are the focus of a study, such as college athletes, international students, or teenagers living with type 1 (juvenile-onset) diabetes. Most researchers choose to survey a small sector of the population, or a sample, a manageable number of subjects who *represent* a larger population. The success of a study depends on how well a population is represented by the sample. In a random sample, every person in a population has the same chance of being chosen for the study. As a result, a Gallup Poll, if conducted as a nationwide random sampling, should be able to provide an accurate estimate of public opinion whether it contacts 2,000 or 10,000 people.

After selecting subjects, the researcher develops a specific plan to ask questions and record responses. It is important to inform subjects of the nature and purpose of the survey up front. If they agree to participate, researchers thank subjects and offer them a chance to see the results of the study if they are interested. The researcher presents the subjects with an instrument, which is a means of gathering the information.

A common instrument is a questionnaire. Subjects often answer a series of **closed-ended questions**. The researcher might ask yes-or-no or multiple-choice questions, allowing subjects to choose possible responses to each question. This kind of questionnaire collects quantitative data—data in numerical form that can be counted and statistically analyzed. Just count up the number of "yes" and "no" responses or correct answers, and chart them into percentages.

Questionnaires can also ask more complex questions with more complex answers—beyond "yes," "no," or checkbox options. These types of inquiries use **open-ended questions** that require short essay responses. Participants willing to take the time to write those answers might convey personal religious beliefs, political views, goals, or morals. The answers are subjective and vary from person to person. *How do plan to use your college education?*

Some topics that investigate internal thought processes are impossible to observe directly and are difficult to discuss honestly in a public forum. People are more likely to share honest answers if they can respond to questions anonymously. This type of personal explanation is qualitative data—conveyed through words. Qualitative information is harder to organize and tabulate. The researcher will end up with a wide range of responses, some of which may be surprising. The benefit of written opinions, though, is the wealth of in-depth material that they provide.

An interview is a one-on-one conversation between the researcher and the subject, and it is a way of conducting surveys on a topic. However, participants are free to respond as they wish, without being limited by predetermined choices. In the back-and-forth conversation of an interview, a researcher can ask for clarification, spend more time on a subtopic, or ask additional questions. In an interview, a subject will ideally feel free to open up and answer questions that are often complex. There are no right or wrong answers. The subject might not even know how to answer the questions honestly.

Questions such as “How does society’s view of alcohol consumption influence your decision whether or not to take your first sip of alcohol?” or “Did you feel that the divorce of your parents would put a social stigma on your family?” involve so many factors that the answers are difficult to categorize. A researcher needs to avoid steering or prompting the subject to respond in a specific way; otherwise, the results will prove to be unreliable. The researcher will also benefit from gaining a subject’s trust, from empathizing or commiserating with a subject, and from listening without judgment.

Surveys often collect both quantitative and qualitative data. For example, a researcher interviewing people who are incarcerated might receive quantitative data, such as demographics – race, age, sex, that can be analyzed statistically. For example, the researcher might discover that 20 percent of incarcerated people are above the age of 50. The researcher might also collect qualitative data, such as why people take advantage of educational opportunities during their sentence and other explanatory information.

The survey can be carried out online, over the phone, by mail, or face-to-face. When researchers collect data outside a laboratory, library, or workplace setting, they are conducting field research, which is our next topic.

Field Research

The work of sociology rarely happens in limited, confined spaces. Rather, sociologists go out into the world. They meet subjects where they live, work, and play. Field research refers to gathering primary data from a natural environment. To conduct field research, the sociologist must be willing to step into new environments and observe, participate, or experience those worlds. In field work, the sociologists, rather than the subjects, are the ones out of their element.

The researcher interacts with or observes people and gathers data along the way. The key point in field research is that it takes place in the subject’s natural environment, whether it’s a coffee shop or tribal village, a homeless shelter or the DMV, a hospital, airport, mall, or beach resort.



Figure 2.5: Sociological researchers travel across countries and cultures to interact with and observe subjects in their natural environments. (Credit: IMLS Digital Collections and Content/flickr)

While field research often begins in a specific *setting*, the study's purpose is to observe specific *behaviors* in that setting. Field work is optimal for observing *how* people think and behave. It seeks to understand *why* they behave that way. However, researchers may struggle to narrow down cause and effect when there are so many variables floating around in a natural environment. And while field research looks for correlation, its small sample size does not allow for establishing a causal relationship between two variables. Indeed, much of the data gathered in sociology do not identify a cause and effect but a correlation.

Sociology in the Real World: Beyoncé and Lady Gaga as Sociological Subjects



Figure 2.6: Researchers have used surveys and participant observations to accumulate data on Lady Gaga and Beyonce as multifaceted performers. (Credit a: John Robert Chartlon/flickr, b: Kristopher Harris/flickr.)

Sociologist have studied Lady Gaga and Beyoncé and their impact on music, movies, social media, fan participation, and social equality. In their studies, researchers have used several research methods including secondary analysis, participant observation, and surveys from concert participants.

In their study, Click, Lee & Holiday (2013) interviewed 45 Lady Gaga fans who utilized social media to communicate with the artist. These fans viewed Lady Gaga as a mirror of themselves and a source of inspiration. Like her, they embrace not being a part of mainstream culture. Many of Lady Gaga's fans are members of the LGBTQ community. They see the "song "Born This Way" as a rallying cry and answer her calls for "Paws Up" with a physical expression of solidarity—outstretched arms and fingers bent and curled to resemble monster claws."

Sascha Buchanan (2019) made use of participant observation to study the relationship between two fan groups, that of Beyoncé and that of Rihanna. She observed award shows sponsored by iHeartRadio, MTV EMA, and BET that pit one group against another as they competed for Best Fan Army, Biggest Fans, and FANdemonium. Buchanan argues that the media thus sustains a myth of rivalry between the two most commercially successful Black women vocal artists.

Participant Observation

In 2000, a comic writer named Rodney Rothman wanted an insider's view of white-collar work. He slipped into the sterile, high-rise offices of a New York "dot com" agency. Every day for two weeks, he pretended to work there. His main purpose was simply to see whether anyone would notice him or challenge his presence. No one did. The receptionist greeted him. The employees smiled and said good morning. Rothman was accepted as part of the team. He even went so far as to claim a desk, inform the receptionist of his whereabouts, and attend a meeting. He published an article about his experience in *The New Yorker* called "My Fake Job" (2000). Later, he was discredited for allegedly fabricating some details of the story and *The New Yorker* issued an apology. However, Rothman's entertaining article still offered fascinating descriptions of the inside workings of a "dot com" company and exemplified the lengths to which a writer, or a sociologist, will go to uncover material.

Rothman had conducted a form of study called participant observation, in which researchers join people and participate in a group's routine activities for the purpose of observing them within that context. This method lets researchers experience a specific aspect of social life. A researcher might go to great lengths to get a firsthand look into a trend, institution, or behavior. A researcher might work as a waitress in a diner, experience homelessness for several weeks, or ride along with police officers as they patrol their regular beat. Often, these researchers try to blend in seamlessly with the population they study, and they may not disclose their true identity or purpose if they feel it would compromise the results of their research.



Figure 2.7: Is she a working waitress or a sociologist conducting a study using participant observation? A field researcher may take a job or take other steps to get firsthand knowledge of their subjects. (Credit: Gareth Williams/flickr.)

At the beginning of a field study, researchers might have a question: "What really goes on in the kitchen of the most popular diner on campus?" or "What is it like to be homeless?" Participant observation is a useful method if the researcher wants to explore a certain environment from the inside.

Field researchers simply want to observe and learn. In such a setting, the researcher will be alert and open minded to whatever happens, recording all observations accurately. Soon, as patterns emerge, questions will become more specific, observations will lead to hypotheses, and hypotheses will guide the researcher in analyzing data and generating results.

In a study of small towns in the United States conducted by sociological researchers John S. Lynd and Helen Merrell Lynd, the team altered their purpose as they gathered data. They initially planned to focus their study on the role of religion in U.S. towns. As they gathered observations, they realized that the effect of industrialization and urbanization was the more relevant topic of this social group. The Lynds did not change their methods, but they revised the purpose of their study.

This shaped the structure of *Middletown: A Study in Modern American Culture*, their published results (Lynd & Lynd, 1929).

The Lynds were upfront about their mission. The townspeople of Muncie, Indiana, knew why the researchers were in their midst. But some sociologists prefer not to alert people to their presence. The main advantage of covert participant observation is that it allows the researcher access to authentic, natural behaviors of a group's members. The challenge, however, is gaining access to a setting without disrupting the pattern of others' behavior. Becoming an inside member of a group, organization, or subculture takes

time and effort. Researchers must pretend to be something they are not. The process could involve role playing, making contacts, networking, or applying for a job.

Once inside a group, some researchers spend months or even years pretending to be one of the people they are observing. However, as observers, they cannot get too involved. They must keep their purpose in mind and apply the sociological perspective. That way, they illuminate social patterns that are often unrecognized. Because information gathered during participant observation is mostly qualitative, rather than quantitative, the end results are often descriptive or interpretive. The researcher might present findings in an article or book and describe what he or she witnessed and experienced.

This type of research is what journalist Barbara Ehrenreich conducted for her book *Nickel and Dimed*. One day over lunch with her editor, Ehrenreich mentioned an idea. *How can people exist on minimum-wage work? How do low-income workers get by?* she wondered. *Someone should do a study*. To her surprise, her editor responded, *Why don't you do it?*

That's how Ehrenreich found herself joining the ranks of the working class. For several months, she left her comfortable home and lived and worked among people who lacked, for the most part, higher education and marketable job skills. Undercover, she applied for and worked minimum wage jobs as a waitress, a cleaning woman, a nursing home aide, and a retail chain employee. During her participant observation, she used only her income from those jobs to pay for food, clothing, transportation, and shelter.

She discovered the obvious, that it's almost impossible to get by on minimum wage work. She also experienced and observed attitudes many middle and upper-class people never think about. She witnessed firsthand the treatment of working class employees. She saw the extreme measures people take to make ends meet and to survive. She described fellow employees who held two or three jobs, worked seven days a week, lived in cars, could not pay to treat chronic health conditions, got randomly fired, submitted to drug tests, and moved in and out of homeless shelters. She brought aspects of that life to light, describing difficult working conditions and the poor treatment that low-wage workers suffer.

The book she wrote upon her return to her real life as a well-paid writer, has been widely read and used in many college classrooms.



Figure 2.8: Field research happens in real locations. What type of environment do work spaces foster? What would a sociologist discover after blending in? (Credit: Lyncconf Games/flickr)

Ethnography

Ethnography is the immersion of the researcher in the natural setting of an entire social community to observe and experience their everyday life and culture. The heart of an ethnographic study focuses on how subjects view their own social standing and how they understand themselves in relation to a social group.

An ethnographic study might observe, for example, a small U.S. fishing town, an Inuit community, a village in Thailand, a Buddhist monastery, a private boarding school, or an amusement park. These places all have borders. People live, work, study, or vacation within those borders. People are there for a certain reason and therefore behave in certain ways and respect certain cultural norms. An ethnographer would commit to spending a determined amount of time studying every aspect of the chosen place, taking in as much as possible.

A sociologist studying a tribe in the Amazon might watch the way villagers go about their daily lives and then write a paper about it. To observe a spiritual retreat center, an ethnographer might sign up for a retreat and attend as a guest for an extended stay, observe and record data, and collate the material into results.

Institutional Ethnography

Institutional ethnography is an extension of basic ethnographic research principles that focuses intentionally on everyday concrete social relationships. Developed by Canadian sociologist Dorothy E. Smith (1990), institutional ethnography is often considered a feminist-inspired approach to social analysis and primarily considers women's experiences within male- dominated societies and power structures. Smith's work is seen to challenge sociology's exclusion of women, both academically and in the study of women's lives (Fenstermaker, n.d.).

Historically, social science research tended to objectify women and ignore their experiences except as viewed from the male perspective. Modern feminists note that describing women, and other marginalized groups, as subordinates helps those in authority

maintain their own dominant positions (Social Sciences and Humanities Research Council of Canada n.d.). Smith's three major works explored what she called "the conceptual practices of power" and are still considered seminal works in feminist theory and ethnography (Fensternmaker n.d.).

Sociological Research: The Making of Middletown: A Study in Modern U.S. Culture

In 1924, a young married couple named Robert and Helen Lynd undertook an unprecedented ethnography: to apply sociological methods to the study of one U.S. city in order to discover what "ordinary" people in the United States did and believed. Choosing Muncie, Indiana (population about 30,000) as their subject, they moved to the small town and lived there for eighteen months.

Ethnographers had been examining other cultures for decades—groups considered minorities or outsiders—like gangs, immigrants, and the poor. But no one had studied the so-called average American.

Recording interviews and using surveys to gather data, the Lynds objectively described what they observed. Researching existing sources, they compared Muncie in 1890 to the Muncie they observed in 1924. Most Muncie adults, they found, had grown up on farms but now lived in homes inside the city. As a result, the Lynds focused their study on the impact of industrialization and urbanization.

They observed that Muncie was divided into business and working class groups. They defined business class as dealing with abstract concepts and symbols, while working class people used tools to create concrete objects. The two classes led different lives with different goals and hopes. However, the Lynds observed, mass production offered both classes the same amenities. Like wealthy families, the working class was now able to own radios, cars, washing machines, telephones, vacuum cleaners, and refrigerators. This was an emerging material reality of the 1920s.

As the Lynds worked, they divided their manuscript into six chapters: Getting a Living, Making a Home, Training the Young, Using Leisure, Engaging in Religious Practices, and Engaging in Community Activities.

When the study was completed, the Lynds encountered a big problem. The Rockefeller Foundation, which had commissioned the book, claimed it was useless and refused to publish it. The Lynds asked if they could seek a publisher themselves.

Middletown: A Study in Modern American Culture was not only published in 1929 but also became an instant bestseller, a status unheard of for a sociological study. The book sold out six printings in its first year of publication, and has never gone out of print (Caplow, Hicks, & Wattenberg. 2000).

Nothing like it had ever been done before. Middletown was reviewed on the front page of the New York Times. Readers in the 1920s and 1930s identified with the citizens of Muncie, Indiana, but they were equally fascinated by the sociological methods and the use of scientific data to define ordinary people in the United States. The book was proof that social data was important —and interesting—to the U.S. public.



Figure 2.9: A classroom in Muncie, Indiana, in 1917, five years before John and Helen Lynd began researching this "typical" U.S. community. (Credit: Don O'Brien/flickr)

Case Study

Sometimes a researcher wants to study one specific person or event. A case study is an in-depth analysis of a single event, situation, or individual. To conduct a case study, a researcher examines existing sources like documents and archival records, conducts interviews, engages in direct observation and even participant observation, if possible.

Researchers might use this method to study a single case of a foster child, drug lord, cancer patient, criminal, or rape victim. However, a major criticism of the case study as a method is that while offering depth on a topic, it does not provide enough evidence to form a generalized conclusion. In other words, it is difficult to make universal claims based on just one person, since one person does not verify a pattern. This is why most sociologists do not use case studies as a primary research method.

However, case studies are useful when the single case is unique. In these instances, a single case study can contribute tremendous incite. For example, a feral child, also called "wild child," is one who grows up isolated from human beings. Feral children grow up without social contact and language, which are elements crucial to a "civilized" child's development. These children mimic the behaviors and movements of animals, and often invent their own language. There are only about one hundred cases of "feral children" in the world.

As you may imagine, a feral child is a subject of great interest to researchers. Feral children provide unique information about child development because they have grown up outside of the parameters of "normal" growth and nurturing. And since there are very few feral children, the case study is the most appropriate method for researchers to use in studying the subject.

At age three, a Ukranian girl named Oxana Malaya suffered severe parental neglect. She lived in a shed with dogs, and she ate raw meat and scraps. Five years later, a neighbor called authorities and reported seeing a girl who ran on all fours, barking. Officials brought Oxana into society, where she was cared for and taught some human behaviors, but she never became fully socialized. She has been designated as unable to support herself and now lives in a mental institution (Grice 2011). Case studies like this offer a way for sociologists to collect data that may not be obtained by any other method.

Experiments

You have probably tested some of your own personal social theories. "If I study at night and review in the morning, I'll improve my retention skills." Or, "If I stop drinking soda, I'll feel better." Cause and effect. If this, then that. When you test the theory, your results either prove or disprove your hypothesis.

One way researchers test social theories is by conducting an experiment, meaning they investigate relationships to test a hypothesis —a scientific approach.

There are two main types of experiments: lab-based experiments and natural or field experiments. In a lab setting, the research can be controlled so that more data can be recorded in a limited amount of time. In a natural or field- based experiment, the time it takes to gather the data cannot be controlled but the information might be considered more accurate since it was collected without interference or intervention by the researcher.

As a research method, either type of sociological experiment is useful for testing *if-then* statements: *if* a particular thing happens (cause), *then* another particular thing will result (effect). To set up a lab-based experiment, sociologists create artificial situations that allow them to manipulate variables.

Classically, the sociologist selects a set of people with similar characteristics, such as age, class, race, or education. Those people are divided into two groups. One is the experimental group and the other is the control group. The **experimental group** is exposed to the independent variable(s) and the **control group** is not. To test the benefits of tutoring, for example, the sociologist might provide tutoring to the experimental group of students but not to the control group. Then both groups would be tested for differences in performance to see if tutoring had an effect on the experimental group of students. As you can imagine, in a case like this, the researcher would not want to jeopardize the accomplishments of either group of students, so the setting would be somewhat artificial. The test would not be for a grade reflected on their permanent record of a student, for example.

And if a researcher told the students they would be observed as part of a study on measuring the effectiveness of tutoring, the students might not behave naturally. This is called the Hawthorne effect—which occurs when people change their behavior because they know they are being watched as part of a study. The Hawthorne effect is unavoidable in some research studies because sociologists have to make the purpose of the study known. Subjects must be aware that they are being observed, and a certain amount of artificiality may result (Sonnenfeld 1985).

Sociological Research: An Experiment in Action



Figure 2.10: Sociologist Frances Heussenstamm conducted an experiment to explore the correlation between traffic stops and race-based bumper stickers. This issue of racial profiling remains a hot-button topic today. (Credit: dwightsghost/flickr)

A real-life example will help illustrate the experiment process. In 1971, Frances Heussenstamm, a sociology professor at California State University at Los Angeles, had a theory about police prejudice. To test her theory, she conducted an experiment. She chose fifteen students from three ethnic backgrounds: Black, White, and Hispanic. She chose students who routinely drove to and from campus along Los Angeles freeway routes, and who had had perfect driving records for longer than a year.

Next, she placed a Black Panther bumper sticker on each car. That sticker, a representation of a social value, was the independent variable. In the 1970s, the Black Panthers were a revolutionary group actively fighting racism. Heussenstamm

asked the students to follow their normal driving patterns. She wanted to see whether seeming support for the Black Panthers would change how these good drivers were treated by the police patrolling the highways. The dependent variable would be the number of traffic stops/citations.

The first arrest, for an incorrect lane change, was made two hours after the experiment began. One participant was pulled over three times in three days. He quit the study. After seventeen days, the fifteen drivers had collected a total of thirty-three traffic citations. The experiment was halted. The funding to pay traffic fines had run out, and so had the enthusiasm of the participants (Heussenstamm, 1971).

Secondary Data Analysis

While sociologists often engage in original research studies, they also contribute knowledge to the discipline through secondary data analysis. Secondary data does not result from firsthand research collected from primary sources, but are the already completed work of other researchers or data collected by an agency or organization. Sociologists might study works written by historians, economists, teachers, or early sociologists. They might search through periodicals, newspapers, or magazines, or organizational data from any period in history.

Using available information not only saves time and money but can also add depth to a study. Sociologists often interpret findings in a new way, a way that was not part of an author's original purpose or intention. To study how women were encouraged to act and behave in the 1960s, for example, a researcher might watch movies, televisions shows, and situation comedies from that period. Or to research changes in behavior and attitudes due to the emergence of television in the late 1950s and early 1960s, a sociologist would rely on new interpretations of secondary data. Decades from now, researchers will most likely conduct similar studies on the advent of mobile phones, the Internet, or social media.

Social scientists also learn by analyzing the research of a variety of agencies. Governmental departments and global groups, like the U.S. Bureau of Labor Statistics or the World Health Organization (WHO), publish studies with findings that are useful to sociologists. A public statistic like the foreclosure rate might be useful for studying the effects of a recession. A racial demographic profile might be compared with data on education funding to examine the resources accessible by different groups.

One of the advantages of secondary data like old movies or WHO statistics is that it is nonreactive research (or unobtrusive research), meaning that it does not involve direct contact with subjects and will not alter or influence people's behaviors. Unlike studies requiring direct contact with people, using previously published data does not require entering a population and the investment and risks inherent in that research process.

Using available data does have its challenges. Public records are not always easy to access. A researcher will need to do some legwork to track them down and gain access to records. To guide the search through a vast library of materials and avoid wasting time reading unrelated sources, sociologists employ content analysis, applying a systematic approach to record and value information gleaned from secondary data as they relate to the study at hand.

Also, in some cases, there is no way to verify the accuracy of existing data. It is easy to count how many drunk drivers, for example, are pulled over by the police. But how many are not? While it's possible to discover the percentage of teenage students who drop out of high school, it might be more challenging to determine the number who return to school or get their GED later.

Another problem arises when data are unavailable in the exact form needed or do not survey the topic from the precise angle the researcher seeks. For example, the average salaries paid to professors at a public school is public record. But these figures do not necessarily reveal how long it took each professor to reach the salary range, what their educational backgrounds are, or how long they've been teaching.

When conducting content analysis, it is important to consider the date of publication of an existing source and to take into account attitudes and common cultural ideals that may have influenced the research. For example, when Robert S. Lynd and Helen Merrell Lynd gathered research in the 1920s, attitudes and cultural norms were vastly different then than they are now. Beliefs about gender roles, race, education, and work have changed significantly since then. At the time, the study's purpose was to reveal insights about small U.S. communities. Today, it is an illustration of 1920s attitudes and values.

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2.4: Ethical Concerns

Learning Objectives

By the end of this section, you should be able to:

- Understand why ethical standards exist
- Investigate unethical studies
- Demonstrate awareness of the American Sociological Association's Code of Ethics

Sociologists conduct studies to shed light on human behaviors. Knowledge is a powerful tool that can be used to achieve positive change. As a result, conducting a sociological study comes with a tremendous amount of responsibility. Like all researchers, sociologists must consider their ethical obligation to avoid harming human subjects or groups while conducting research.

Pioneer German sociologist Max Weber (1864–1920) identified another crucial ethical concern. Weber understood that personal values could distort the framework for disclosing study results. While he accepted that some aspects of research design might be influenced by personal values, he declared it was entirely inappropriate to allow personal values to shape the interpretation of the responses. Sociologists, he stated, must establish value neutrality, a practice of remaining impartial, without bias or judgment, during the course of a study and in publishing results (Weber, 1949). Sociologists are obligated to disclose research findings without omitting or distorting significant data.

Is value neutrality possible? Many sociologists believe it is impossible to retain complete objectivity. They caution readers, rather, to understand that sociological studies may contain a certain amount of value bias. This does not discredit the results, but allows readers to view them as one form of truth—one fact-based perspective. Some sociologists attempt to remain uncritical and as objective as possible when studying social institutions. They strive to overcome personal biases, particularly subconscious biases, when collecting and analyzing data. They avoid skewing data in order to match a predetermined outcome that aligns with a particular agenda, such as a political or moral point of view. Investigators are ethically obligated to report results, even when they contradict personal views, predicted outcomes, or widely accepted beliefs.

The American Sociological Association, or ASA, is the major professional organization of sociologists in North America. The ASA is a great resource for students of sociology as well. The ASA maintains a code of ethics—formal guidelines for conducting sociological research—consisting of principles and ethical standards to be used in the discipline. These formal guidelines were established by practitioners in 1905 at John Hopkins University, and revised in 1997. When working with human subjects, these codes of ethics require researchers' to do the following:

1. Maintain objectivity and integrity in research
2. Respect subjects' rights to privacy and dignity
3. Protect subject from personal harm
4. Preserve confidentially
5. Seek informed consent
6. Acknowledge collaboration and assistance
7. Disclose sources of financial support

Unfortunately, when these codes of ethics are ignored, it creates an unethical environment for humans being involved in a sociological study. Throughout history, there have been numerous unethical studies, some of which are summarized below.



Figure 2.11: Participants in the Tuskegee study were denied important information about their diagnosis, leading to significant health issues. (Credit: Centers for Disease Control)

The Tuskegee Experiment: This study was conducted 1932 in Macon County, Alabama, and included 600 African American men, including 399 diagnosed with syphilis. The participants were told they were diagnosed with a disease of “bad blood.” Penicillin was distributed in the 1940s as the cure for the disease, but unfortunately, the African American men were not given the treatment because the objective of the study was to see “how untreated syphilis would affect the African American male” (Caplan, 2007)

Henrietta Lacks: Ironically, this study was conducted at the hospital associated with Johns Hopkins University, where codes of the ethics originated. In 1951, Henrietta Lacks was receiving treatment for cervical cancer at John Hopkins Hospital, and doctors discovered that she had “immortal” cells, which could reproduce rapidly and indefinitely, making them extremely valuable for medical research. Without her consent, doctors collected and shared her cells to produce extensive cell lines. Lacks’ cells were widely used for experiments and treatments, including the polio vaccine, and were put into mass production. Today, these cells are known worldwide as HeLa cells (Shah, 2010).

Milgram Experiment: In 1961, psychologist Stanley Milgram conducted an experiment at Yale University. Its purpose was to measure the willingness of study subjects to obey an authority figure who instructed them to perform acts that conflicted with their personal conscience. People in the role of teacher believed they were administering electric shocks to students who gave incorrect answers to word-pair questions. No matter how concerned they were about administering the progressively more intense shocks, the teachers were told to keep going. The ethical concerns involve the extreme emotional distress faced by the teachers, who believed they were hurting other people. (Vogel 2014).

Philip Zimbardo and the Stanford prison experiment: In 1971, psychologist Phillip Zimbardo conducted a study involving students from Stanford University. The students were put in the roles of prisoners and guards, and were required to play their assigned role accordingly. The experiment was intended to last two weeks, but it only last six days due to the negative outcome and treatment of the “prisoners.” Beyond the ethical concerns, the study’s validity has been questioned after participants revealed they had been coached to behave in specific ways.

Laud Humphreys: In the 1960s, Laud Humphreys conducted an experiment at a restroom in a park known for same-sex sexual encounters. His objective was to understand the diversity of backgrounds and motivations of people seeking same-sex relationships. His ethics were questioned because he misrepresented his identity and intent while observing and questioning the men he interviewed (Nardi, 1995).

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2.5: Key Terms

accuracy | using a tool makes the measuring more precise.

case study | in-depth analysis of a single event, situation, or individual

code of ethics | a set of guidelines that the American Sociological Association has established to foster ethical research and professionally responsible scholarship in sociology

content analysis | applying a systematic approach to record and value information gleaned from secondary data as it relates to the study at hand

correlation | when a change in one variable coincides with a change in another variable, but does not necessarily indicate causation

debunking | looking beyond the obvious to expose falseness by examining merit, logic, and evidence.

dependent variables | a variable changed by other variables

empirical evidence | evidence that comes from direct observations, scientifically gathered data, or experimentation

ethnography | participating and observing thinking and behavior in a social setting

experiment | the testing of a hypothesis under controlled conditions

field research | gathering data from a natural environment without doing a lab experiment or a survey

Hawthorne effect | when study subjects behave in a certain manner due to their awareness of being observed by a researcher

hypothesis | a testable educated guess about predicted outcomes between two or more variables

independent variables | variables that cause changes in dependent variables

interpretive framework | a sociological research approach that seeks in-depth understanding of a topic or subject through observation or interaction; this approach is not based on hypothesis testing

interview | a one-on-one conversation between the researcher and the subject

literature review | a scholarly research step that entails identifying and studying all existing studies on a topic to create a basis for new research

nonreactive research | using secondary data, does not include direct contact with research subjects and does not alter or influence people's behaviors

operational definitions | specific explanations of abstract concepts that a researcher plans to study

participant observation | when a researcher immerses herself in a group or social setting in order to make observations from an "insider" perspective

population | a defined group serving as the subject of a study

primary data | data that are collected directly from firsthand experience

qualitative data | non-numerical, descriptive data that is often subjective and based on what is experienced in a natural setting

quantitative data | data collected in numerical form that can be counted and analyzed using statistics

random sample | a study's participants being randomly selected to serve as a representation of a larger population

reliability | a measure of a study's consistency that considers how likely results are to be replicated if a study is reproduced

samples | small, manageable number of subjects that represent the population

scientific method | an established scholarly research that involves asking a question, researching existing sources, forming a hypothesis, designing a data collection method, gathering data, and drawing conclusions

secondary data analysis | using data collected by others and applying new interpretations

surveys | collect data from subjects who respond to a series of questions about thinking, behaviors, and opinions, often in the form of a questionnaire

validity | the degree to which a sociological measure accurately reflects the topic of study

value neutrality | a practice of remaining impartial, without bias or judgment during the course of a study and in publishing results

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2.6: Section Summary

2.1 Approaches to Sociological Research

Using the scientific method, a researcher conducts a study in six phases: asking a question, researching existing sources, formulating a hypothesis, research design, collecting & analyzing data, and drawing conclusions. The scientific method is useful in that it provides a clear method of organizing a study. Some sociologists conduct research through an interpretive framework rather than employing the scientific method.

Scientific sociological studies often observe relationships between variables. Researchers study how one variable influences another. Prior to conducting a study, researchers are careful to apply operational definitions to their terms and to establish dependent and independent variables.

2.2 Research Methods

Sociological research is a fairly complex process. As you can see, a lot goes into even a simple research design. There are many steps and much to consider when collecting data on human behavior, as well as in interpreting and analyzing data in order to form conclusive results. Sociologists use the scientific methods for good reasons. The scientific method provides a system of organization to help researchers plan and conduct a study to ensure data and results are reliable, valid, and objective.

The many methods available to researchers—including experiments, surveys, participant observation, ethnography, case study, and secondary data analysis—all come with advantages and disadvantages. The strength of a study can depend on the choice and implementation of the appropriate method of gathering data. Depending on the topic, a study might use a single method or a combination of methods. It is important to plan a research design before undertaking a study. The information gathered may in itself be surprising, and the study design should provide a solid framework in which to analyze predicted and unpredicted data.

Table 2.2 Main Sociological Research Methods: Sociological research methods have advantages and disadvantages.

Method	Implementation	Advantages	Challenges
Survey	• Questionnaires • Interviews	• Yields many responses • Can survey a large sample • Quantitative data are easy to chart	• Can be time consuming • Can be difficult to encourage participant response • Captures what people think and believe but not necessarily how they behave in real life
Field Work	• Participant observation • Ethnography • Case study	• Yields detailed, accurate real-life information	• Time consuming • Data captures how people behave but not what they think and believe • Qualitative data is difficult to organize
Experiment	• Deliberate manipulation of social customs and mores	• Tests cause and effect relationships	• Hawthorne Effect • Ethical concerns about people's wellbeing
Secondary Data Analysis	• Analysis of government data (census, health, crime statistics) • Research of historic documents	• Makes good use of previous sociological information	• Data could be focused on a purpose other than yours • Data can be hard to find

Sociologists and sociology students must take ethical responsibility for any study they conduct. They must first and foremost guarantee the safety of their participants. Whenever possible, they must ensure that participants have been fully informed consent before participating ina study.

The American Sociological Association (ASA) establishes parameters for ethical guidelines that sociologists must take into account as they conduct research. The guidelines address conducting studies, properly using existing sources, accepting funding, and publishing results. Unfortunately, the code of ethics were not in existence and in some cases researchers did not adhere to ASA guidelines resulting in unethical practices in which humans were caused either physical or psychological harm.

Sociologists must try to maintain value neutrality. They must gather and analyze data objectively and set aside their personal preferences, beliefs, and opinions. They must report findings accurately, even if they contradict personal values and convictions.

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2.7: Section Quiz

2.1 Approaches to Sociological Research

1.

The 1st step of the scientific method:

a. Collect and analyze data
b. Summarize the articles
c. Ask a question about a topic
d. Create a hypothesis

2.

A measurement is considered _____ if it actually measures what it is intended to measure, according to the topic of the study.

a. reliable
b. sociological
c. valid
d. quantitative

3.

Sociological studies test relationships in which change in one _____ causes change in another.

a. test subject
b. behavior
c. variable
d. operational definition

4.

In a study, a group of ten-year-old boys are fed doughnuts every morning for a week and then weighed to see how much weight they gained. Which factor is the dependent variable?

a. The doughnuts
b. The boys
c. The duration of a week
d. The weight gained

5.

Which statement provides the best operational definition of “childhood obesity”?

a. Children who eat unhealthy foods and spend too much time watching television and playing video games
b. A distressing trend that can lead to health issues including type 2 diabetes and heart disease
c. Body weight at least 20 percent higher than a healthy weight for a child of that height
d. The tendency of children today to weigh more than children of earlier generations

2.2 Research Methods

6.

Which materials are considered secondary data?

a. Photos and letters given to you by another person
b. Books and articles written by other authors about their studies
c. Information that you have gathered and now have included in your results
d. Responses from participants whom you both surveyed and interviewed

7.

Why is choosing a random sample an effective way to select participants?

a. Participants do not know they are part of a study

b. The researcher has no control over who is in the study
c. It is larger than an ordinary sample
d. Everyone has the same chance of being part of the study

8.

What research method did John S. Lynd and Helen Merrell Lynd mainly use in their *Middletown* study?

a. Secondary data
b. Survey
c. Participant observation
d. Experiment

9.

Which research approach is best suited to the scientific method?

a. Questionnaire
b. Case study
c. Ethnography
d. Secondary data analysis

10.

The main difference between ethnography and other types of participant observation is:

a. ethnography isn't based on hypothesis testing
b. ethnography subjects are unaware they're being studied
c. ethnographic studies always involve minority ethnic groups
d. ethnography focuses on how subjects view themselves in relationship to the community

11.

Which best describes the results of a case study?

a. It produces more reliable results than other methods because of its depth
b. Its results are not generally applicable
c. It relies solely on secondary data analysis
d. All of the above

12.

Using secondary data is considered an unobtrusive or _____ research method.

a. nonreactive
b. nonparticipatory
c. nonrestrictive
d. nonconfrontive

2.3 Ethical Concerns

13.

Which statement illustrates value neutrality?

a. Obesity in children is obviously a result of parental neglect and, therefore, schools should take a greater role to prevent it
b. In 2003, states like Arkansas adopted laws requiring elementary schools to remove soft drink vending machines from schools
c. Merely restricting children's access to junk food at school is not enough to prevent obesity
d. Physical activity and healthy eating are a fundamental part of a child's education

14.

Which person or organization defined the concept of value neutrality?

a. Institutional Review Board (IRB)

b. Peter Rossi
c. American Sociological Association (ASA)
d. Max Weber

15.

To study the effects of fast food on lifestyle, health, and culture, from which group would a researcher ethically be unable to accept funding?

a. A fast-food restaurant
b. A nonprofit health organization
c. A private hospital
d. A governmental agency like Health and Social Services

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2.8: Short Answer

2.1 Approaches to Sociological Research

1.

Write down the first three steps of the scientific method. Think of a broad topic that you are interested in and which would make a good sociological study—for example, ethnic diversity in a college, homecoming rituals, athletic scholarships, or teen driving. Now, take that topic through the first steps of the process. For each step, write a few sentences or a paragraph: 1) Develop a research question about the topic. 2) Do some research and write down the titles of some articles or books you'd want to read about the topic. 3) Formulate a hypothesis.

2.

Explain the correlation between accuracy, validity, and reliability in the research method.

2.2 Research Methods

3.

What type of data do surveys gather? For what topics would surveys be the best research method? What drawbacks might you expect to encounter when using a survey? To explore further, ask a research question and write a hypothesis. Then create a survey of about six questions relevant to the topic. Provide a rationale for each question. Now define your population and create a plan for recruiting a random sample and administering the survey.

4.

Imagine you are about to do field research in a specific place for a set time. Instead of thinking about the topic of study itself, consider how you, as the researcher, will have to prepare for the study. What personal, social, and physical sacrifices will you have to make? How will you manage your personal effects? What organizational equipment and systems will you need to collect the data?

5.

Create a brief research design about a topic in which you are passionately interested. Now write a letter to a philanthropic or grant organization requesting funding for your study. How can you describe the project in a convincing yet realistic and objective way? Explain how the results of your study will be a relevant contribution to the body of sociological work already in existence.

2.3 Ethical Concerns

6.

Why do you think the American Sociological Association (ASA) crafted such a detailed set of ethical principles? What type of study could put human participants at risk? Think of some examples of studies that might be harmful. Do you think that, in the name of sociology, some researchers might be tempted to cross boundaries that threaten human rights? Why?

7.

Would you willingly participate in a sociological study that could potentially put your health and safety at risk, but had the potential to help thousands or even hundreds of thousands of people? For example, would you participate in a study of a new drug that could cure diabetes or cancer, even if it meant great inconvenience and physical discomfort for you or possible permanent damage?

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2.9: Further Research

2.1 Approaches to Sociological Research

For a historical perspective on the scientific method in sociology, read “The Elements of Scientific Method in Sociology” by F. Stuart Chapin (1914) in the *American Journal of Sociology*.

2.2 Research Methods

For information on current real-world sociology experiments, visit the Everday Sociology Blog.

2.3 Ethical Concerns

Founded in 1905, the American Sociological Association is a nonprofit organization located in Washington, DC, with a membership of 14,000 researchers, faculty members, students, and practitioners of sociology. Its mission is “to articulate policy and implement programs likely to have the broadest possible impact for sociology now and in the future.” Learn more about this organization here.

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CHAPTER OVERVIEW

3: Culture

Culture refers to the accumulated knowledge, experience, beliefs, values, attitudes, meanings, hierarchies, roles, and material objects and technologies acquired by a group of people over the course of multiple generations. Culture is the overall way of life shared by a relatively large group of people.

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Thumbnail: Kung woman and child sharing a meal. (CC-SA-BY 4.0; Staehler).

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3.1: Introduction



Figure 3.1 Martial arts has a strong tradition of deep respect for one's opponent, as these judo competitors display after a match. Even in other styles and other venues such as professional boxing or mixed martial arts, it is common to see opponents showing extreme courtesy and concern for each other despite the level of vitriol before a fight or the violence during it. While certainly echoed in other competitive arenas, this practice is a significant part of combat sports culture. (Credit: Special Olympics Nationale/flickr)

Chapter Outline

3.1 What Is Culture?
3.2 Elements of Culture
3.3 High, Low, Pop, Sub, Counter-culture and Cultural Change
3.4 Theoretical Perspectives on Culture

If you passed someone in a hallway, joined a video conference, or even called into a radio show, it's likely you and the other people involved would exchange some version of the following question: "Hi, how are you?" You may extend a greeting with the question, or say something similar. Generally, we do not consider responding to these questions from acquaintances as *rules*. Yet we almost always do it anyway. We simply say, "Hello!" and ask, "How was your weekend?" or some other trivial question, meant to be a friendly greeting rather than a literal request for that information.

Most people adhere to all kinds of rules, expectations, and standards that are created and maintained by our cultures. These rules and expectations have broadly agreed-upon meaning, though there are many ways by which those meanings can be misinterpreted or misunderstood. When we do not meet the expectations of the people around us, we may receive some form of disapproval, such as a look, or a comment informing us that we did something inappropriate.

Consider what would happen if you stopped and informed everyone who asked "Hi, how are you?" exactly how you were doing that day, and in detail. In American society, you would violate informal norms of greeting. Perhaps if you were in a different

situation, such as having coffee with a good friend, that question might warrant a detailed response, but when passing an acquaintance in a hallway, it probably does not.

These examples are all aspects of culture, which is comprised of shared *values* (ideals), *beliefs* which are statements about the world we consider to be true facts, *norms* or behavioral expectations, *language* so that the values can be taught, *symbols* that form the language people must learn, *art* and material *artifacts*, and the people's collective *identities* and *ideologies*. Sociologically, we examine in which situation and context a certain behavior is expected, and in which it is not. People who interact within a shared culture create and enforce these expectations. Sociologists examine these circumstances and search for patterns.

In everyday conversation, people in the U.S. rarely distinguish between the terms 'culture' and 'society,' but the terms have different meanings, and the distinction is important to a sociologist. A culture represents the values, beliefs, norms, language, symbols, and practices of a group, while 'society' refers to the actual people who share a culture. Neither society nor culture could exist without the other.

Within the U.S., many groups of people share a community and a culture. By "community," sociologists refer to a definable region of a society, as small as a neighborhood (Brooklyn, or "the east side of town"), or as large as a country (Ethiopia, Nepal, or the U.S.A.), or somewhere in between (in the U.S., this might include someone who identifies with Southern or Midwestern regions).

In this chapter, we examine the relationship between culture and society in greater detail and pay special attention to the elements and forces that shape and change culture. A final discussion examines the theoretical perspectives from which sociologists view culture.

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3.2: What Is Culture?

Learning Objectives

By the end of this section, you should be able to:

- Differentiate between culture and society
- Explain material versus nonmaterial culture
- Discuss the concept of cultural universals as it relates to society
- Compare and contrast ethnocentrism and xenocentrism

Humans are social creatures. According to Smithsonian Institution research, humans have been forming groups for almost 3 million years in order to survive. Living together, people formed common habits and behaviors, from specific methods of childrearing to preferred techniques for obtaining food.

Almost every human behavior, from shopping to marriage, is learned. In the U.S., marriage is generally seen as an individual choice made by two adults, based on mutual feelings of love. In other nations and in other times, marriages have been arranged through an intricate process of interviews and negotiations between entire families. In Papua New Guinea, almost 30 percent of women marry before the age of 18, and 8 percent of men have more than one wife (National Statistical Office, 2019). To people who are not from such a culture, arranged marriages may seem to have risks of incompatibility or the absence of romantic love. But many people from cultures where marriages are arranged, which includes a number of highly populated and modern countries, often prefer the approach because it reduces stress and increases stability (Jankowiak 2021).

Being familiar with unwritten rules helps people feel secure and at ease. Knowing to look left instead of right for oncoming traffic while crossing the street can help avoid serious injury and even death. Knowing unwritten rules is also fundamental in understanding humor in different cultures. Humor is common to all societies, but what makes something funny is not. Americans may laugh at a scene in which an actor falls; in other cultures, falling is never funny. Most people want to live their daily lives confident that their behaviors will not be challenged or disrupted. But even an action as seemingly simple as commuting to work evidences a great deal of cultural propriety, that is, there are a lot of expected behaviors. And many interpretations of them.



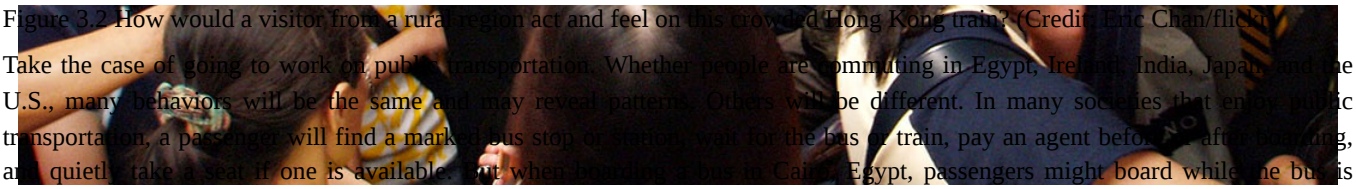


Figure 3.2 How would a visitor from a rural region act and feel on this crowded Hong Kong train? (Credit: Eric Chan/flickr)

Take the case of going to work on public transportation. Whether people are commuting in Egypt, Ireland, India, Japan, and the U.S., many behaviors will be the same and may reveal patterns. Others will be different. In many societies that enjoy public transportation, a passenger will find a marked bus stop or station, wait for the bus or train, pay an agent before or after boarding, and quietly take a seat if one is available. But when boarding a bus in Cairo, Egypt, passengers might board while the bus is moving, because buses often do not come to a full stop to take on patrons. In Dublin, Ireland, bus riders would be expected to extend an arm to indicate that they want the bus to stop for them. And when boarding a commuter train in Mumbai, India, passengers must squeeze into overstuffed cars amid a lot of pushing and shoving on the crowded platforms. That kind of behavior might be considered rude in other societies, but in Mumbai it reflects the daily challenges of getting around on a train system that is taxed to capacity.

Culture can be material or nonmaterial. Metro passes and bus tokens are part of material culture, as are the buses, subway cars, and the physical structures of the bus stop. Think of material culture as items you can touch-they are *tangible*. Nonmaterial culture, in contrast, consists of the ideas, attitudes, and beliefs of a society. These are things you cannot touch. They are *intangible*. You may *believe* that a line should be formed to enter the subway car or that other passengers should not stand so close to you. Those *beliefs* are intangible because they do not have physical properties and can be touched.

Material and nonmaterial aspects of culture are linked, and physical objects often symbolize cultural ideas. A metro pass is a material object, but it represents a form of nonmaterial culture, namely, capitalism, and the acceptance of paying for transportation. Clothing, hairstyles, and jewelry are part of material culture, but the appropriateness of wearing certain clothing for specific events reflects nonmaterial culture. A school building belongs to material culture symbolizing education, but the teaching methods and educational standards are part of education's nonmaterial culture.

As people travel from different regions to entirely different parts of the world, certain material and nonmaterial aspects of culture become dramatically unfamiliar. What happens when we encounter different cultures? As we interact with cultures other than our own, we become more aware of the differences and commonalities between others and our own. If we keep our sociological imagination awake, we can begin to understand and accept the differences. Body language and hand gestures vary around the world, but some body language seems to be shared across cultures: When someone arrives home later than permitted, a parent or guardian meeting them at the door with crossed arms and a frown on their face means the same in Russia as it does in the U.S. as it does in Ghana.

Cultural Universals

Although cultures vary, they also share common elements. Cultural universals are patterns or traits that are globally common to all societies. One example of a cultural universal is the family unit: every human society recognizes a family structure that regulates sexual reproduction and the care of children. Even so, how that family unit is defined and how it functions vary. In many Asian cultures, for example, family members from all generations commonly live together in one household. In these cultures, young adults continue to live in the extended household family structure until they marry and join their spouse's household, or they may remain and raise their nuclear family within the extended family's homestead. In the U.S., by contrast, individuals are expected to leave home and live independently for a period before forming a family unit that consists of parents and their offspring. Other cultural universals include customs like funeral rites, weddings, and celebrations of births. However, each culture may view and conduct the ceremonies quite differently.

Anthropologist George Murdock first investigated the existence of cultural universals while studying systems of kinship around the world. Murdock found that cultural universals often revolve around basic human survival, such as finding food, clothing, and shelter, or around shared human experiences, such as birth and death or illness and healing. Through his research, Murdock identified other universals including language, the concept of personal names, and, interestingly, jokes. Humor seems to be a universal way to release tensions and create a sense of unity among people (Murdock, 1949). Sociologists consider humor necessary to human interaction because it helps individuals navigate otherwise tense situations.

Sociological Research

Is Music a Cultural Universal?

Imagine that you are sitting in a theater, watching a film. The movie opens with the protagonist sitting on a park bench with a grim expression on their face. The music starts to come in. The first slow and mournful notes play in a minor key. As the melody continues, the heroine turns her head and sees a man walking toward her. The music gets louder, and the sounds don't seem to go together – as if the orchestra is intentionally playing the wrong notes. You tense up as you watch, almost hoping to stop. The character is clearly in danger.

Now imagine that you are watching the same movie – the exact same footage – but with a different soundtrack. As the scene opens, the music is soft and soothing, with a hint of sadness. You see the protagonist sitting on the park bench with a grim expression. Suddenly, the music swells. The woman looks up and sees a man walking toward her. The notes are high and bright, and the pace is bouncy. You feel your heart rise in your chest. This is a happy moment.

Music has the ability to evoke emotional responses. In television shows, movies, commercials, and even the background music in a store, music has a message and seems to easily draw a response from those who hear it – joy, sadness, fear, victory. Are these types of musical cues cultural universals?

In 2009, a team of psychologists, led by Thomas Fritz of the Max Planck Institute for Human Cognitive and Brain Sciences in Leipzig, Germany, studied people's reactions to music that they'd never heard (Fritz et al., 2009). The research team traveled to Cameroon, Africa, and asked Mafa tribal members to listen to Western music. The tribe, isolated from Western culture, had never been exposed to Western culture and had no context or experience within which to interpret its music. Even so, as the tribal members listened to a Western piano piece, they were able to recognize three basic emotions: happiness, sadness, and fear. Music, the study suggested, is a sort of universal language.

Researchers also found that music can foster a sense of wholeness within a group. In fact, scientists who study the evolution of language have concluded that originally language (an established component of group identity) and music were one (Darwin, 1871). Additionally, since music is largely nonverbal, the sounds of music can cross societal boundaries more easily than words. Music allows people to make connections, where language might be a more difficult barricade. As Fritz and his team found, music and the emotions it conveys are cultural universals.

Ethnocentrism and Cultural Relativism

Although human societies have much in common, cultural differences are far more prevalent than cultural universals. For example, while all cultures have language, analysis of conversational etiquette reveals tremendous differences. In some Middle Eastern cultures, it is common to stand close to others in conversation. Americans keep more distance and maintain a large "personal space." Additionally, behaviors as simple as eating and drinking vary greatly from culture to culture. Some cultures use tools to put the food in the mouth while others use their fingers. If your professor comes into an early morning class holding a mug of liquid, what do you assume they are drinking? In the U.S., it's most likely filled with coffee, not Earl Grey tea, a favorite in England, or Yak Butter tea, a staple in Tibet.

Some travelers pride themselves on their willingness to try unfamiliar foods, like the late celebrated food writer Anthony Bourdain (1956-2017). Often, however, people express disgust at another culture's cuisine. They might think that it's gross to eat raw meat from a donkey or parts of a rodent, while they don't question their own habit of eating cows or pigs.

Such attitudes are examples of ethnocentrism, which means to evaluate and judge another culture based on one's own cultural norms. Ethnocentrism is believing your group is the correct measuring standard and if other cultures do not measure up to it, they are wrong. As sociologist William Graham Sumner (1906) described the term, it is a belief or attitude that one's own culture is better than all others. Almost everyone is a little bit ethnocentric.

A high level of appreciation for one's own culture can be healthy. A shared sense of community pride, for example, connects people in a society. But ethnocentrism can lead to disdain or dislike of other cultures and could cause misunderstanding, stereotyping, and conflict. Individuals, government, non-government, private, and religious institutions with the best intentions sometimes travel to a society to "help" its people, because they see them as uneducated, backward, or even inferior. Cultural imperialism is the deliberate imposition of one's own cultural values on another culture.

Colonial expansion by Portugal, Spain, Netherlands, and England grew quickly in the fifteenth century was accompanied by severe cultural imperialism. European colonizers often viewed the people in these new lands as uncultured savages who needed to adopt

Catholic governance, Christianity, European dress, and other cultural practices.

A modern example of cultural imperialism may include the work of international aid agencies who introduce agricultural methods and plant species from developed countries into areas that are better served by indigenous varieties and agricultural approaches to the particular region. Another example would be the deforestation of the Amazon Basin as indigenous cultures lose land to timber corporations.



Figure 3.3 Experiencing an entirely new practice may lead to a high degree of interest or a level of criticism. The Indegenous people of Sagada, in the Philippines, have for thousands of years placed the bodies of deceased people into coffins hung on the cliffs near their villages. Some visitors may find this practice admirable, while others may think it's inappropriate. (Credit: Arian Zwegers/flickr)

When people find themselves in a new culture, they may experience disorientation and frustration. In sociology, we call this culture shock. In addition to the traveler's biological clock being 'off', a traveler from Chicago might find the nightly silence of rural Montana unsettling, not peaceful. Now, imagine that the 'difference' is cultural. An exchange student from China to the U.S. might be annoyed by the constant interruptions in class as other students ask questions—a practice that is considered rude in China. Perhaps the Chicago traveler was initially captivated with Montana's quiet beauty and the Chinese student was originally excited to see a U.S.- style classroom firsthand. But as they experience unanticipated differences from their own culture, they may experience ethnocentrism as their excitement gives way to discomfort and doubts about how to behave appropriately in the new situation. According to many authors, international students studying in the U.S. report that there are personality traits and behaviors expected of them. Black African students report having to learn to 'be Black in the U.S.' and Chinese students report that they are naturally expected to be good at math. In African countries, people are identified by country or kin, not color. Eventually, as people learn more about a culture, they adapt to the new culture for a variety of reasons.

Culture shock may appear because people aren't always expecting cultural differences. Anthropologist Ken Barger (1971) discovered this when he conducted a participatory observation in an Inuit community in the Canadian Arctic. Originally from Indiana, Barger hesitated when invited to join a local snowshoe race. He knew he would never hold his own against these experts. Sure enough, he finished last, to his mortification. But the tribal members congratulated him, saying, "You really tried!" In Barger's own culture, he had learned to value victory. To the Inuit people, winning was enjoyable, but their culture valued survival skills essential to their environment: how hard someone tried could mean the difference between life and death. Over the course of his

stay, Barger participated in caribou hunts, learned how to take shelter in winter storms, and sometimes went days with little or no food to share among tribal members. Trying hard and working together, two nonmaterial values, were indeed much more important than winning.

During his time with the Inuit tribe, Barger learned to engage in cultural relativism. Cultural relativism is the practice of assessing a culture by its own standards rather than viewing it through the lens of one's own culture. Practicing cultural relativism requires an open mind and a willingness to consider, and even adapt to, new values, norms, and practices.

However, indiscriminately embracing everything about a new culture is not always possible. Even the most culturally relativist people from egalitarian societies—ones in which women have political rights and control over their own bodies—question whether the widespread practice of female genital mutilation in countries such as Ethiopia and Sudan should be accepted as a part of cultural tradition. Sociologists attempting to engage in cultural relativism, then, may struggle to reconcile aspects of their own culture with aspects of a culture that they are studying. Sociologists may take issue with the practices of female genital mutilation in many countries to ensure virginity at marriage just as some male sociologists might take issue with scarring of the flesh to show membership. Sociologists work diligently to keep personal biases out of research analysis.

Sometimes when people attempt to address feelings of ethnocentrism and develop cultural relativism, they swing too far to the other end of the spectrum. Xenocentrism is the opposite of ethnocentrism, and refers to the belief that another culture is superior to one's own. (The Greek root word xeno-, pronounced "ZEE-no," means "stranger" or "foreign guest.") An exchange student who goes home after a semester abroad or a sociologist who returns from the field may find it difficult to associate with the values of their own culture after having experienced what they deem a more upright or nobler way of living. An opposite reaction is xenophobia, an irrational fear or hatred of different cultures.

Perhaps the greatest challenge for sociologists studying different cultures is the matter of keeping a perspective. It is impossible for anyone to overcome all cultural biases. The best we can do is strive to be aware of them. Pride in one's own culture doesn't have to lead to imposing its values or ideas on others. And an appreciation for another culture shouldn't preclude individuals from studying it with a critical eye. This practice is perhaps the most difficult for all social scientists.

Sociology in the Real World

Overcoming Culture Shock

During her summer vacation, Caitlin flew from Chicago, Illinois to Madrid, Spain to visit Maria, the exchange student she had befriended the previous semester. In the airport, she heard rapid, musical Spanish being spoken all around her.

Exciting as it was, she felt isolated and disconnected. Maria's mother kissed Caitlin on both cheeks when she greeted her. Her imposing father kept his distance. Caitlin was half asleep by the time supper was served—at 10 p.m. Maria's family sat at the table for hours, speaking loudly, gesturing, and arguing about politics, a taboo dinner subject in Caitlin's house. They served wine and toasted their honored guest. Caitlin had trouble interpreting her hosts' facial expressions, and did not realize she should make the next toast. That night, Caitlin crawled into a strange bed, wishing she had not come. She missed her home and felt overwhelmed by the new customs, language, and surroundings. She'd studied Spanish in school for years—why hadn't it prepared her for this?

What Caitlin did not realize was that people depend not only on spoken words but also on body language, like gestures and facial expressions, to communicate. Cultural norms and practices accompany even the smallest nonverbal signals (DuBois, 1951). They help people know when to shake hands, where to sit, how to converse, and even when to laugh. We relate to others through a shared set of cultural norms, and ordinarily, we take them for granted.

For this reason, culture shock is often associated with traveling abroad, although it can happen in one's own country, state, or even hometown. Anthropologist Kalervo Oberg (1960) is credited with first coining the term "culture shock." In his studies, Oberg found that most people are excited at first to encounter a new culture. But bit by bit, they become stressed by interacting with people from a different culture who speak another language and use different regional expressions. There is new food to digest, new daily schedules to follow, and new rules of etiquette to learn. Living with this constant stress can make people feel incompetent and insecure. People react to frustration in a new culture, Oberg found, by initially rejecting it and glorifying one's own culture. An American visiting Italy might long for a "real" pizza or complain about the unsafe driving habits of Italians.

It helps to remember that culture is learned. Everyone is ethnocentric to an extent, and identifying with one's own country is natural. Caitlin's shock was minor compared to that of her friends Dayar and Mahlika, a Turkish couple living in married student housing on campus. And it was nothing like that of her classmate Sanai. Sanai had been forced to flee war-torn Bosnia with her family when she was fifteen. After two weeks in Spain, Caitlin had developed more compassion and understanding for what those people had gone through. She understood that adjusting to a new culture takes time. It can take weeks or months to recover from culture shock, and it can take years to fully adjust to living in a new culture.

By the end of Caitlin's trip, she had made new lifelong friends. Caitlin stepped out of her comfort zone. She had learned a lot about Spain, but discovered a lot about herself and her own culture.



Figure 3.4 Experiencing new cultures offers an opportunity to practice cultural relativism. (Credit: OledSidorenko/flickr)

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3.3: Elements of Culture

Learning Objectives

By the end of this section, you should be able to:

- Differentiate values, beliefs, and norms
- Explain the concept of ideology
- Explain the significance of symbols and language to a culture
- Discuss the role of social control within culture

Values and Beliefs

The first, and perhaps most crucial, elements of culture we will discuss are values and beliefs. Cultural values are like ideals or principles that members of a culture hold in high regard, and that they use as standards or criteria for judging things as good or bad, beautiful or ugly, delicious or disgusting. *Values* are deeply embedded in a culture, and are critical for learning a culture's *beliefs*, which are the tenets or statements that people consider to be true. Individuals in a society may have personal beliefs and values, but they also share collective ones. To illustrate the difference: U.S. citizens may subscribe to the American Dream - the belief that anyone who works hard and makes smart decisions with their money will be successful and wealthy. Connected to this belief is the American value that wealth is important. In other cultures, success may be tied less to wealth and more to something else, like having many children for example. So values and beliefs shape a society by suggesting what is good and bad, wise and foolish, to be sought or to be avoided.

Consider the value that the U.S. places upon youth. Children represent innocence and purity, while a youthful adult appearance signifies sexuality. Old age is viewed by many is something to be avoided as long as possible. Shaped by this value, Americans spend billions of dollars each year on cosmetic products and surgeries to look young and beautiful. The U.S. also has an individualistic culture, meaning people place a high value on individuality, independence, and free expression. In contrast, many other cultures are collectivist, meaning the welfare of the group takes priority over that of the individual, and people are expected to conform to the same standards. Fulfilling a society's values can be difficult, because cultural systems are not bound by logical requirements for consistency. Marital monogamy is valued, but many spouses engage in infidelity. Equal opportunity for all people is a valued in the U.S., yet the country has high levels of prejudice and discrimination. Americans value liberty, but also security.

Values often suggest how people should behave, but they don't necessarily reflect how people actually do behave. Values portray an *ideal culture*, the standards society would like to embrace and aspires to live up to. But ideal culture differs from *real culture*. In an ideal culture, there would be no traffic accidents, murders, poverty, or racial tension. But in real culture, lawmakers, educators, police officers, and social workers constantly strive to prevent or address these social problems. American teenagers are encouraged to value celibacy. However, the number of unplanned pregnancies among teens reveals that the ideal alone is not enough to spare teenagers the potential consequences of having sex.

One of the ways societies strive to maintain their values is through a system of *sanctions*, or rewards and punishments. When people observe the norms of society and uphold its values, they are often rewarded. A boy who helps an elderly woman cross the street may receive a smile and a "thank you." That is a social reward, an expression of approval for his behavior, just as a business manager who raises profit margins may receive a quarterly bonus. People sanction unwanted or inappropriate behaviors by withholding support, expressing disapproval, or by implementing punishments. Sanctions can be rewards or punishments, but both are forms of social control, or ways society has to encourage us to conform to cultural *norms*, which are behavioral expectations or rules. Sometimes people conform to norms in anticipation of positive sanctions. Studying and doing your homework, for instance, may lead to not only good grades, but also praise from parents and teachers. Sanctions can also be negative - a boy who shoves an elderly woman aside to board the bus first may receive frowns or even a scolding from other passengers. A business manager who drives away customers will likely be fired. Breaking norms and rejecting values can lead to cultural sanctions such as earning a negative moral label like 'lazy,' or even to legal sanctions, such as traffic tickets, fines, or imprisonment. Effective social control mechanisms encourage most people to conform regardless of whether actual authority figures are present.

Values are not static. They often change over time as people debate, evaluate, and change their collective social beliefs. Values also vary from one culture to another. For example, cultures differ in their values about what kinds of physical closeness are appropriate

in public. It’s rare to see two male friends or coworkers holding hands in the U.S. where that behavior often symbolizes romantic feelings. But in many nations, masculine physical intimacy is considered natural in public. This difference in cultural values came to light when people reacted to photos of former president G.W. Bush holding hands with the Crown Prince of Saudi Arabia in 2005. Simple gestures, such as hand-holding, carry great symbolic differences across cultures.



Figure 3.5 In many parts of Africa and the Middle East, it is considered normal for men to hold hands in friendship. How would US citizens react to these two soldiers? (Credit: Geordie Mott/Wikimedia Commons)

Ideology

While values and beliefs are the building blocks of culture, they often cluster together into more complex structures known as an ideologies. An *ideology* is a coordinated system of beliefs and values that shapes how people interpret facts and justify the use of power. Being in a system together means that the particular values and beliefs in question are inter-dependent, not separate and independent elements that can each be considered in isolation, but inter-related and connected like parts in a machine that depend on one other to function together (like if one gear turns in a mechanical system, that puts pressure on the next causing it to turn as well). An ideological system of beliefs and values acts like a lens, filtering our perceptions so that certain social arrangements—like who gets to make the laws, or who owns the most property—seem natural, right, or even inevitable.

Ideology is powerful because it both constrains and legitimates political authority. For example, in a society dominated by an ideology of meritocracy, people might interpret the problem of poverty not as a failure of the economic system, but as a lack of individual effort. This interpretation then legitimates the power and status of the wealthy, as their status is assumed to be "earned" through merit, rather than the result of privileges that may be obscured by the ideological lens. In this way, ideology isn't just a set of ideas - it’s a tool that social groups use to compete for influence and/or maintain their position in the social hierarchy.

Because ideologies are so deeply embedded, they often feel like common sense. However, they are never static. As we will see later in this chapter, competing ideologies rise, fall, and mutate as material conditions evolve and social movements challenge the status quo. Tracing the development of these systems reveals the ongoing tension between a culture’s aspirational ideals—like freedom and equality—and the gritty realities of power and exclusion.

Norms

So far, many of the examples in this chapter have described how people are *expected* to behave in certain situations—for example, buying food or boarding a bus. These examples describe the visible and invisible rules of conduct through which societies are structured, or what sociologists call norms. Norms are learned behaviors that reflect compliance with cultural beliefs and values. Most members of any society adhere to them.

Formal norms are the established, written rules in any society. They support and define many social institutions, such as the military, criminal justice and healthcare systems, and public schools. Functionalists may analyze what *purpose* these norms serve, conflict theorists might examine *who* creates, benefits, and suffers under these rules, and symbolic interactionists like to consider how norms shape the way a group interacts. Laws are formal norms, but so are employee manuals, college entrance exam requirements, and “no running” signs at swimming pools. Formal norms are the most specific and clearly stated of the various types of norms, and they are usually the most strictly enforced - but they are enforced to varying degrees. For example, private property is a key value in America. Thieves can be fined, imprisoned, or both. People safeguard valuable possessions by locking their doors, buying a safe, and installing alarm systems on homes and cars. A less strictly enforced social norm is driving while intoxicated. While it’s against the law to drive drunk, drinking alcohol is for the most part an acceptable social behavior. And though there are laws to punish drunk driving, they vary from state to state, and are much more lenient in places like Wisconsin where there is a long-established drinking culture.

There are plenty of formal norms, but the list of *informal* norms or "unwritten" social rules is even longer. People learn informal norms by observation, imitation, and general socialization. Some informal norms are taught directly— “Kiss your Aunt Edna” or “Use your napkin”—while others are learned by observation, including noticing the consequences when someone else violates a norm. Informal norms dictate appropriate behaviors without the need of written rules, and so may be difficult to learn when you are new to, or not familiar with, a culture.

Although informal norms shape most of our personal interactions, they extend into other systems as well. In the U.S. for example, there are informal norms regarding behavior at fast food restaurants. Customers line up to order their food, and leave when they are done. They don’t sit down at a table with strangers, sing loudly as they prepare their condiments, or nap in a booth. Most people don’t commit even harmless breaches of informal norms like that.

Sociological Research

Breaching Experiments

Sociologist Harold Garfinkel (1917–2011) studied people’s customs in order to find out how societal rules and norms not only influence behavior but also shape social order. He believed that members of society together create a social order (Weber, 2011). His resulting book, *Studies in Ethno-methodology* (1967) discusses people’s assumptions about the social makeup of their communities.

One of Garfinkel’s research methods was known as a “breaching experiment,” in which the researcher intentionally behaves in a socially awkward manner in order to test the sociological concepts of social norms and conformity. Much like a nuclear physicist might smash open an atom to see what it is made out of, Garfinkel reasoned that he could break norms in order to better understand their nature. He would use people who were not aware an experiment was in progress, but observe their responses to the "breached" norm. For example, if the experimenter was, say, a man in a business suit, and he skipped down the sidewalk or hopped on one foot, a passerby might be likely to stare at him with a surprised expression. But the experimenter does not simply “act weird” in public, and does not break any formal norms like laws, or do anything that could harm or traumatize anyone. Rather, the point is to deviate from a *specific* social norm in a subtle way, to just slightly deviate from some rule of social etiquette, and see what happens.

For example, he set up a simple game of tic-tac-toe. One player was asked beforehand to mark Xs and Os not in the boxes, but on the lines dividing the spaces instead. The other player, unaware of the experiment, was flabbergasted and did not know how to continue. The second player’s outrage, puzzlement, indignation, or other emotion was the evidence that an unspoken behavioral expectation (a cultural norm) had been violated.

There are many rules about speaking with strangers in public. It is okay to tell a woman you like her shoes. It is not okay to ask if you can try them on. It is okay to stand in line behind someone at the ATM. It is not okay to look over his shoulder as he makes a transaction. It is okay to sit beside someone on a crowded bus. It’s weird to sit right next to a stranger in a half-empty bus.

For some breaches, the researcher directly engages with innocent bystanders. An experimenter might strike up a conversation in a public bathroom, where it’s common to respect each other’s privacy. In a grocery store, an experimenter might take a food

item out of another person's grocery cart, saying, "That looks good! I think I'll try it." An experimenter might sit down at a table with others in a fast-food restaurant or follow someone around a museum and study the same paintings. In those cases, the bystanders are pressured to respond, and their discomfort illustrates how much we depend on social norms. Breaching experiments uncover and explore the many unwritten social rules we live by.

Norms may be further classified as either mores or folkways. *Mores* (pronounced like mor-ays) are norms that are connected to the moral views or ethical principles of a group. They might have a religious foundation. Violating them can be seen as immoral, wrong, or even evil, which can have serious consequences. The strongest mores are protected with laws and other formal sanctions. In most societies, for instance, homicide is considered extremely immoral, and it's punishable by law (a formal norm). But more often, mores are judged and guarded by public sentiment (an informal norm). People who violate mores are seen as shameful, lazy, foolish, greedy, violent, and so on. They can even be shunned or banned from some groups as a type of negative sanction.

Unlike mores, *folkways* are norms without any moral underpinnings. Rather, folkways direct appropriate behavior in the day-to-day practices and expressions of a culture. We can think of them as unwritten rules of etiquette or politeness, proper behavior, or showing good manners. Violating these norms doesn't mean you will be judged as evil or immoral, but it might get you labeled as rude, low-class, or having bad manners. Folkways indicate whether to shake hands or kiss on the cheek when greeting another person. They specify whether to wear a tie and blazer, or a T-shirt and sandals to an event. In Canada, women can smile and say hello to men on the street, but in Egypt, that's not considered appropriate. In regions in the southern U.S., bumping into an acquaintance means stopping to chat. It's considered rude not to, no matter how busy one is. In other regions, people guard their privacy and value time efficiency - a simple nod of the head is enough, and interrupting someone just to chat might be seen as rude. Other accepted folkways in the U.S. may include holding the door open for a stranger, or giving someone a gift on their birthday.

Folkways are actions that people generally take for granted. People often need to act automatically, without thinking through every single detail of every social interaction, in order to just through their daily routines. We can't stop and analyze every action (Sumner, 1906). Folkways might be small actions, learned by observation and imitated, but they are by no means trivial. The rules regarding these folkways may change from culture to culture - the very same behavior might be polite in one culture, and extremely rude in another. While the sanctions for violating them may not be fines and imprisonment, they can include a serious loss of social status if the surrounding group of people expresses too much disapproval.

Symbols and Culture

Humans, consciously and subconsciously, are always striving to make sense of their surrounding world. Symbols—such as gestures, signs, objects, signals, and words—help people understand that world. They provide communication methods to understanding experiences by conveying recognizable meanings that are shared by societies.

The world is filled with symbols. Sports uniforms, company logos, and traffic signs are symbols. In some cultures, a gold ring is a symbol of marriage. Some symbols are highly functional; stop signs, for instance, provide useful instruction. As physical objects, they belong to material culture, but because they function as symbols, they also convey nonmaterial cultural meanings. Some symbols are valuable only in what they represent. Trophies, blue ribbons, or gold medals, for example, represent accomplishments. But many objects have both material and nonmaterial symbolic value.



(a) (b)

Figure 3.6 Some road signs are universal. But how would you interpret the signage on the right? (Credit: (a) Andrew Bain/flickr; (b) HonzaSoukup/flickr)

Symbols often get noticed when they are out of context. Used unconventionally, they convey strong messages. A stop sign placed on the door of a college building makes a political statement, as does a camouflage military jacket worn in an antiwar protest. Together, the semaphore signals for “N” and “D” represent nuclear disarmament—and form the well-known peace sign (Westcott, 2008). Some college students wear pajamas and bedroom slippers to class, clothing that was formerly associated only with privacy and bedtime. By wearing the outfit, students are defying traditional cultural norms.

Some symbols represent only one side of the story and elicit strong emotions, which can lead to social unrest. Their presence is a reminder of a nation’s worst times and not something to celebrate. Many of these symbols are targets of vandalism as the destruction of these representations is symbolic. Effigies representing public figures are burned to demonstrate anger at certain leaders. In 1989, crowds tore down the Berlin Wall, a decades-old symbol of the division between East and West Germany, communism, and capitalism. In the U.S. beginning in 2019, statues associated with slavery and the Civil War were removed from state capitols, college campuses, and public parks. In Germany, any display of Hitler or Nazi memorabilia or to deny the Holocaust is illegal.

While different cultures have varying systems of symbols, one system is common to all: language. Whatever its form, people learn social and cultural norms through it.

Social Policy and Debate

Is the U.S. Bilingual?

When she was six, Lucy and her family immigrated to the United States and attended a school that allowed for the use of both English and Spanish. Lucy’s teacher and many staff were bilingual (fluent in English and Spanish), and the district offered

books in both languages. While she was being driven to learn English, the dual-language option helped to ensure that she did not become lost and get behind in her learning of all subjects. Having math, science, and computing taught in both languages helped her understand those concepts and skills. Within two years of enrolling in the school, Lucy was getting nearly all of her instruction in English, and rarely used the Spanish-language books or resources. While she still had trouble with some intricacies of English, her math progress was above grade level and she did well in other subjects as well.

Some people might believe that Lucy would have learned faster had she been instructed only in English. But research indicates that is not the case. Johns Hopkins University researchers conducted a series of studies on the effects of bilingual education across multiple subjects (Slavin et al. 2008). They found that students taught in both their native tongue and English make better progress than those taught only in English.

Legally, the U.S. only recently took on an official language, English, in 2025, after many decades of debate. Some believe English to be the rightful language of the U.S., and over thirty states had already passed laws specifying English as their official state language. Proponents of English-only laws suggest that a national ruling will save money on translation, printing, and human resource costs, including funding for bilingual teachers. They argue that setting English as the official language will encourage non-English speakers to learn English faster and adapt to the culture of the U.S. more easily (Mount 2010). Groups such as the American Civil Liberties Union (ACLU) have opposed making English the official language, and claim that it violates the rights of non-English speakers. English-only laws, they believe, deny the reality of our nation's diversity and unfairly target non-English speakers. They point to the fact that much of the debate on this topic has risen since 1970, a period during which the U.S. has experienced new waves of immigration from Asia and Mexico.

Today, a lot of product information gets written in multiple languages. Enter a store like Home Depot and you'll find signs in both English and Spanish. Buy a children's product and the safety warnings could be presented in quite a few languages. While marketers are financially motivated to reach the largest number of consumers possible, this trend also may help people become accustomed to a culture of bilingualism.

Studies show that most US immigrants eventually abandon their native tongues and become fluent in English. Bilingual education helps with that transition. Today, Lucy is an ambitious and high-achieving college student. Fluent in both English and Spanish, Lucy is studying law enforcement—a field that seeks bilingual employees. The same bilingualism that contributed to her success in grade school will help her thrive professionally as a law officer serving her community.



> Figure 3.7 Many signs—on streets and in stores—include both English and Spanish. What effect does this have on members of society? What effect does it have on our culture? (Credit: istolethetv/flickr)

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3.4: Cultural Variation and Change

Learning Objectives

By the end of this section, you should be able to:

- Differentiate between high culture, pop culture, and counterculture
- Describe the role of innovation and globalization in cultural change
- Describe the shifting nature of American ideologies over time

It may seem obvious that there are a cultural differences between various societies in the world. After all, we can easily see that people vary from one society to the next. It's natural to think that a young woman from a village in rural Kenya in Eastern Africa would have a different view of the world from a young woman from urban Mumbai, India—one of the most populated cities in the world.

Additionally, each culture has its own internal variations. Sometimes the differences between cultures are not as large as the differences within cultures. Sociologist Pierre Bourdieu wrote about *cultural capital*, which consists of material goods, non-material attitudes, and knowledge that are specific to a certain economic class. Bourdieu grouped cultural capital into three categories: *embodied* (a regional dialect, or a beauty regimen), *objectified* (material possessions like a phone or car), and *institutionalized* (formal labels like professional credentials). In the U.S., some group culture into three categories as well: high, low, and pop (short for "popular").

High and Popular Culture

Can you identify the Chief Financial Officers of three major corporations? How about the name of the servers at three local bars? How many books do you own? How many social media profiles do you have? Is your family listed on the Social Register©? Have you ever *heard* of the Social Register©? In each pair, one type of knowledge is considered high culture and the other low culture.

This could be considered stereotyping by economic class rather than by race or gender, but sociologists use the term "high" culture to describe the *pattern* of cultural experiences and attitudes that exist in the highest or elite class segments of a society. People often associate high culture with intellectualism, political power, and social prestige. In America's capitalist economy, high culture also tends to be associated with wealth. Events considered high culture can be expensive, formal, and exclusive – attending a ballet, seeing an opera, listening to a live symphony performance, or attending a prestigious Ivy-league university.

The term popular culture refers to the pattern of mainstream cultural experiences and attitudes that exist in the lower and middle classes. Popular culture events might include a rock concent, a football game, or a blockbuster comic book action movie. Hip hop music, video games, and reality television are also pieces of popular culture. Pop culture is accessible to most people in America, and is expressed and spread via social media and commercial outlets such as television, Hollywood, the music industry, shopping malls, and corporate-run websites. You can share a discussion of favorite sports teams with a new coworker, or comment on a Netflix show when making small talk in line at the grocery store. But if you tried to launch into a deep discussion on the classical Greek play *Antigone*, few members of U.S. society today would be familiar with it. Although high culture may be considered by some as superior to popular culture, the lines between high culture and popular culture can vary over time and place. Shakespearean plays, considered to be popular culture in England when they were written, are now part of American society's high culture. Five hundred years from now, will our descendants consider *Dancing with the Stars* as fine performance art?

Subculture and Counterculture





Figure 3.8 Cosplayers are a distinct subculture (a smaller cultural group within the larger culture) in the United States. And within the larger subculture are subgroups, such as this one emulating D.C. Comics characters. (Credit: Pat Loika)

A subculture is just what it sounds like—a smaller cultural group within a larger culture. People of a subculture are part of the larger culture, but also share a specific additional identity within a smaller group with its own distinct beliefs, values, and norms.

Thousands of subcultures exist within the America today. Ethnic and racial groups share the language, food, and customs of their heritage. Other subcultures are formed through shared experiences. Biker culture revolves around an interest in motorcycles. Some subcultures are formed by people who possess traits or preferences that differ from the majority of a society's population. The body modification community embraces aesthetic additions to the human body, such as tattoos, piercings, and certain forms of plastic surgery. But even as members of a subculture band together, they generally still identify with and participate in the larger mainstream culture of their society.

Sociologists distinguish subcultures from countercultures, which *reject* some of the larger culture's norms and values. While subcultures may have their own unique cultural elements, these are generally not inconsistent with mainstream norms and values, which allows subcultures to operate relatively smoothly within the larger society. In contrast, countercultures might actively defy larger society by developing their own set of rules and norms to live by that contradict mainstream cultural elements, sometimes even going so far as to create their own actual communities that operate separately from the wider society. Counterculture members are 'against' the dominant ruling culture, and want to live by their own values. Subculture members may want to change some superficial things, but generally follow established rules and norms.

Cults, a word derived from culture, are one good example of a counterculture groups. The group "Yearning for Zion" (YFZ) in Eldorado, Texas, existed quietly outside of culture and public awareness, until its leader was accused of statutory rape and underage marriage. The group's formal norms clashed too severely to be tolerated by US law, and in 2008, authorities raided the compound and removed more than two hundred women and children from the property. Many cults claim to be spiritual movements, often attempting to establish themselves as a religion. On rare occasions, they may succeed - when each of the three Abrahamic religions (Christianity, Islam, and Judaism) began long ago, they were treated as cults, and suffered much oppression because of it.

Cultural Change

Cultures continually change because new items are added to material culture every day and in turn, meanings are assigned to them (non-material), which affects other cultural components. For example, a new technology, such as railroads or smartphones, might introduce new ways of traveling or communicating. New ideas, such as flash mobs or crowdfunding, enter a culture . Sociologists identify two broad categories of change as innovation (meaning new) and diffusion (to spread out). Material cultural change happens when new items are *discovered* or *invented* or enter a culture as a result of *globalization*.

Innovation: Discovery and Invention

An innovation refers to an object or concept's initial appearance in society—it is innovative because it is new. Innovations are discovered or invented. *Discoveries* make known previously unknown but existing aspects of reality. In 1610, when Galileo looked through his telescope and discovered Saturn, the planet was already there, but until then, no one had known about it. When Christopher Columbus encountered Hispaniola, the island was, of course, already well known to its inhabitants. However, his discovery was new knowledge for Europeans, and it opened the way to changes in European culture, as well as to the cultures of the discovered lands. For example, new foods such as potatoes and tomatoes transformed the European diet, and horses brought from Europe changed hunting practices of Great Plains Native Americans.

Inventions result when something new is formed from existing objects or concepts—when things are put together in an entirely new manner. In the late 1800s and early 1900s, electric appliances were invented at an astonishing pace. Cars, airplanes, vacuum cleaners, lamps, radios, telephones, and televisions were all new inventions. Inventions may shape a culture by replacing older ways of carrying out tasks, being integrated into current practices, or creating new activities. Their adoption reflects (and may shape) cultural values, and their use may introduce new norms and practices.

Consider the rise of mobile phones. As more and more people began carrying these devices, phone conversations no longer were restricted to homes, offices, and phone booths. People on trains, in restaurants, and in other public places became annoyed by listening to one-sided conversations. New norms and behaviors were needed for cell phone use. Some people pushed for the idea that those who are out in the world should pay attention to their companions and surroundings. Fortunately, technology found a

workaround: texting, which enables quiet communication surpassed phone conversations as the primary way to communicate anywhere, everywhere.

When the pace of innovation increases, it can lead to generation gaps. Technological gadgets that catch on quickly with one generation are sometimes dismissed by an older generation that is skeptical or struggles to adopt them. The older generation might tune into a musician performing on public television while the younger generation prefers a livestream. A culture's objects and ideas can cause not just generational but cultural gaps. Material culture tends to diffuse more quickly than nonmaterial culture; technology can spread through society in a matter of months, but it can take generations for the ideas and beliefs of society to change including methods for researching or learning information (e.g., library versus Internet search).

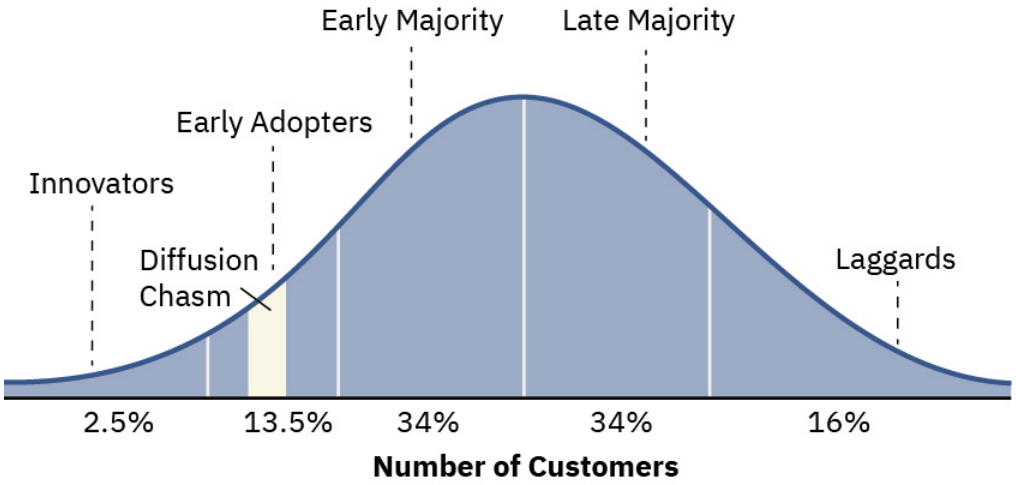


Figure 3.9 Technology Adoption Lifecycle — Sociologist Everett Rogers (1962) developed a model of the diffusion of innovations. As consumers gradually adopt a new innovation, the item grows toward 100 percent usage, or complete saturation within a society. This graph is frequently used in business, sales, technology, and cultural innovations. It can be used to describe how quickly different groups adopt (or begin using) a new technology or a new slang word, but note it is just a framework: not every innovation follows this exact pattern, but it provides a good foundation for discussion and prediction. (Graph attribution: Copyright Rice University, OpenStax, under CC BY 4.0 license)

Coined by sociologist William F. Ogburn (1957), the term *cultural lag* refers to the time that passes between the introduction of a new item of material culture and its social acceptance. Cultural lag can cause tangible problems. The infrastructure of American roads and power grids, built a hundred years ago or more, is having trouble supporting today's more heavily populated and fast-paced life. Yet there is a lag in conceptualizing solutions to infrastructure problems. Municipalities struggle with traffic control, increased air pollution, and limited electricity generation, which are all symptoms of culture lag. Although people are becoming aware of the consequences, overuse, or lack of resources, addressing these needs takes time.

Ideological Change in America

Cultural change is not merely a matter of new gadgets or shifting etiquette; it is often driven by the evolution of ideology. American political ideology has never been static. From the nation's founding to the present, ideological systems in the United States have developed in response to evolving material conditions, power struggles, economic transformations, and social movements. Ideology—understood as a system of beliefs and values that shapes how people interpret facts and justify the use of power—both constrains and legitimates political authority. Tracing the historical development of American ideology reveals the ongoing tension between ideals of freedom and equality and the realities of power and exclusion.

Classical Liberalism and the American Revolution

The ideological foundation of the United States was laid in the late 1700s with the American founding fathers' adoption of *classical liberalism*, a philosophy that emphasized individual liberty, rational thought, and limited government. This particular set of ideas was developed by a variety of philosophers in the Enlightenment era in European history, who rejected the "Dark Age" ideology of traditional aristocratic feudalism that dominated medieval Europe. Enlightenment thinkers argued that political authority should rest on reason and the consent of the governed, rather than on the "divine" right of kings who claimed that God had mandated them to rule. Instead of being subject to a king's whims, Enlightenment thinkers argued that individuals possessed certain *natural rights*

as human beings, such as life, liberty, and the pursuit of happiness, regardless of whatever political rights a government might say they did or didn't have.

Classical liberal values emphasized the importance of private property, free market competition, and a small and non-intrusive government whose legitimacy flowed from the consent of the people, also known as popular sovereignty. The claim in the Declaration of Independence that “all men are created equal” reflects this ideological commitment, yet the contradiction between the aspirational value of universal equality, and the reality of of slavery, reveals an early ideological fault line. This reminds us that cultural systems are not required to be logically consistent, and can often contain contradictory or paradoxical ideas.

Manifest Destiny and Frontier Ideology

In the early 1800s century, American ideology developed to accommodate the USA's ambitions for territorial expansion. The doctrine of *Manifest Destiny* emerged in the 1820s, asserting that the United States was uniquely destined to expand westward across the North American continent, "from sea to shining sea." This belief echoed earlier arguments about "divine rights" that the Enlightenment thinkers had reacted against, and rested on ethnocentric assumptions about American moral superiority. To the American pioneers of that era, this justified the displacement and killing of many Indigenous tribal peoples who were ideologically framed as godless barbarians. This period also reshaped democratic ideology through *Jacksonian* democracy, named after frontiersman and military leader Andrew Jackson. Sacrificing blood, sweat, and tears to settle the West, pioneers like Jackson took a dim view of the East coast aristocratic elite that ran the government, who they saw as soft and pampered compared to the rugged heroes who were venturing into the Wild West with little support or resources, and "lifting themselves up by their bootstraps" to create a life for themselves out of nothing, and yet having no political power back East. So Jackson entered politics, and fought to grant suffrage (voting rights) to these Western settlers, expanding political participation from just the wealthy land-owing elites of the 13 original colonies to also include poor Western frontiersmen. While this was a substantial expansion of voting rights to the lower classes, it generally included only settlers who were white men, with political participation continuing to exclude women, Indigenous peoples, and enslaved Africans.

Industrial Revolution and Civil War

By the mid-1800s, new industrial technology was dramatically altering the American political economy. A fundamental ideological conflict developed between the Northern and Southern states that pitted them against each other in the competition to shape the governance of the rapidly expanding Western region. Material conditions in the more urban North were shifting fast, as cities rapidly industrialized under the leadership of Republicans. Northern cultural beliefs were being changed by industrial labor though, and factory workers began to view slavery as devaluing the status of manual labor, and undermining honest competition in the labor market. Northerners began to interpret slavery as an immoral vice, and the Republican party began calls to abolish the practice. Meanwhile, the Democrats leading the Southern states had heavily invested in an agricultural business model that relied on slave labor. Slavery was not merely an economic system to them, but also a cultural social order based on a moralized racial hierarchy in which whites deserved to be on top, and Africans were treated as sub-human chattel, or livestock. A bloody war was fought over such ideological disagreements, between the Northern Union army and the Southern Confederate army. Ultimately, the Union defeated the Confederacy, and under President Lincoln the institution of slavery was dismantled during the post-war period.

The Reconstruction and Jim Crow eras

Immediately following the Civil War, in what became known as the *Reconstruction* era, federal troops from the North occupied the Southern states. Lincoln's Republican administration coerced the Southern Democrats into begrudgingly changing their laws and restructuring their agrarian economy. However, the next presidential election of the newly re-unified U.S.A. was extremely close, and could have lead to a de-stablizing of the fragile peace, and even more war. But the Southern Democrats had a solition. They offered the Northern Republicans a deal: the Democrats would concede the presidential election, and give the White House to the Republican candidate without a fight, *if* he would promise to pull the occupying Northern troops back out of the Southern states, and no longer use the federal government to police civil rights issues within states. The Republicans took the deal, which became known as the Compromise of 1877. This deal effectively ended the Reconstruction era, and ushered in what became known as the *Jim Crow* era, when many Southern states, freed from federal interference, began passing legislation designed to suppress voting (and other rights) for African Americans. In order to avoid running afoul of new federal laws that prohibited race-based rights restrictions, "Jim Crow" laws were cleverly written to target African Americans without ever explicitly mentioning race. Southern legislators instead imposed restrictions on voting, for example, based on literacy tests or poll taxes rather than race. They knew full

well that their newly freed black citizens had literally just been slaves, for many generations... so they had no money of course, and they had been legally barred from ever getting any sort of education, so they were mostly illiterate too. This meant that although black Americans were now technically citizens, and were a majority of the population in many areas, they still had essentially no political influence.

Partisan Realignment and Modern Liberalism

By the early 1900s, industrialization was intensifying at a frenetic pace in the North, and spreading to the West and even the South. Industrial capitalism was producing more things, faster, and this was beginning to exaggerate the natural boom-and-bust economic cycles of capitalism. Before long, this triggered an unprecedented recession that became known as the Great Depression. In response to catastrophic economic collapse, President Franklin D. Roosevelt, a Democrat, introduced "the New Deal," a set of policies that marked the emergence of a new ideology known as *modern liberalism*. Unlike classical liberalism, modern liberalism embraced an expanded role for government, asserting that the state had a responsibility to promote the general welfare of the population through social safety nets, and labor protections against exploitative "robber barons" and unregulated business monopolies.

This period also produced a major *partisan realignment*. Several decades had passed since the abolition of slavery, so the abolitionist faction of the Republican party had faded away after Lincoln accomplished their mission, leaving mostly pro-business interests to shape the party's policy platform going forward. Meanwhile, the Democratic party had shifted from a focus on agrarian landed elites (who had lost badly to the industrial business elites) to a focus on laborers and the "common man." But there was also a demographic shift that President Roosevelt noticed: many African Americans had grown frustrated with the Jim Crow South, where they still faced lingering racism, segregation, and persecution. They had begun moving to Northern states in large numbers, in a trend that became known as the Great Migration. Roosevelt saw this as an opportunity, reasoning that in the Northern states, without those pesky Jim Crow laws preventing them from voting, there was suddenly a huge new block of potential voters in the system that could change the political calculus, and swing an election! Although most African Americans still had a favorable view of the Republican party as the "party of Lincoln" that had freed them from slavery, it had been almost a half century since they did anything substantial for black voters. Roosevelt made the Democratic party more appealing with federal programs like the Works Progress Administration that created jobs for laid off workers, offering employment and economic stability to black as well as white working class voters. Roosevelt also offered African Americans a voice, forming a "Black Cabinet" of advisors that made black voters feel included in the new Democratic coalition in a concrete way. All of this was not appreciated by the Southern wing of the Democratic party (also known as the “Dixiecrats”), many of whom defected toward the Republican Party since they now focused on business interests and longer championed civil rights for minority populations. Ideology thus reorganized party coalitions around class, race, and the proper role and scope of government.

Modern Conservatism and NeoLiberalism

The tumultuous events of World War II reduced Americans' sense of partisan opposition, and brought a sense of unity to American culture. But after the war, American ideological developments became entangled with global geo-politics, as we entered into a Cold War against our former allies in the Soviet Union. The U.S.A. positioned itself as a beacon of democracy and individual rights and liberties, standing in opposition to the U.S.S.R.'s collectivist communism. The two rival ideologies vied for dominance in the new world order that was emerging out of the chaos of world war, competing to develop scientific and economic advancements, and to shape the governments and economies of other developing and rebuilding nations. But the U.S.S.R. saw an opportunity in America's continuing racial tension - Soviet media called attention to the inequality, segregation, and oppression still going on in the Jim Crow South. Soviet politicians argued that such realities undermined any claims to moral superiority made by U.S. politicians talking about rights and democracy. This prompted a renewal of federal engagement with civil rights issues, which had not occurred since prior to the Compromise of 1877. President Eisenhower used federal troops to enforce the de-segregation of schools during the 1950s, Congress passed the Civil Rights Act in the 1960s, and policies and programs combating racism, sexism, and other forms of discrimination continued to be developed through the 1970s.

By the 1980s, however, it was clear the U.S.S.R. was losing the Cold War, and was close to collapse. Ideological momentum in the U.S.A. shifted again, and President Reagan's administration ushered in *modern conservatism*. This ideology focused on small government and free markets, much like classical liberalism - but also blended in a preference for globalized capitalism that could enable more efficient business flows via international markets (in itself, this is another ideology called *neoliberalism*). Modern conservativism also adds an emphasis on traditional religious morality and individual meritocracy, that grew out of a cultural

reaction to all the changes of the civil rights era. Conservative religious groups worried that traditional family values were threatened by legalized abortion, cultural acceptance of diverse sexual orientations, and the secularization of public schools. Programs aimed at benefiting the general welfare of the public were framed as encouraging moral failure, and undermining the need to develop individual responsibility and a strong work ethic.

Globalization and the Information Revolution

In the 1990s and into the 2000s, both major parties (Democrats and Republicans) embraced neoliberalism on economic issues, though they still differed on social and moral issues. But both parties advocated for globalization and deregulation of industry, leading many American companies to distribute their operations around the globe in the most efficient way. This lead to a de-industrialization of the U.S. economy, with most factory work becoming "outsourced" to other countries where labor was cheaper. This meant that a large number of what *had* been good-paying jobs in the manufacturing sector disappeared from the economy, to be replaced mostly with lower paying jobs in the service sector. Before this happened, most American families were considered middle class, but middle class is no longer the majority as millions found themselves dropping down a rung on the class ladder, to the working class.

The American economy was shifting from industrial capitalism to financial capitalism, where investors prioritize shareholder value over product quality. The Great Recession in 2008 exposed the vulnerabilities of this system, fueling populist anger across the political spectrum. The TEA Party movement (an acronym for Taxed Enough Already) revitalized libertarian economic ideas among conservatives (*libertarianism* is another ideology, that focuses heavily on the value of individual liberty, where any policy that deprives an individual of the right to make their own choices is considered bad) and would eventually give rise to the more nationalist (but still populist) MAGA faction of the Republican party, while the populist OWS (Occupy Wall Street) progressive movement joined the “big tent” Democratic coalition that already included labor, racial justice, environmentalist, and LGBT+ advocacy groups.

In the midst of all this, the Information Revolution was taking off. From the internet becoming mainstream in the 2000s, to social media dominating pop culture in the 2010s, and now the rise of generative artificial intelligence in the 2020's, technology is transforming ideology at an accelerated pace. Despite unprecedented access to information, many Americans today are finding it hard to process. In theory, we could be the most informed citizens in the history of the world, but in reality the constant barrage of information can feel overwhelming, and leads us to tune most if it out as unwelcome noise.

Modern algorithmic feeds automatically filter out any information we don't like. Ironically, although we have more access than ever to an amazing variety of perspectives from journalists, philosophers, and other experts, most Americans only ever see content their algorithm predicts they're already going to agree with. So, everything we see serves to reinforce our existing beliefs, seemingly providing each of us with a never-ending supply of evidence that WE are RIGHT. We rarely see any other point of view that might challenge our pre-existing beliefs, or help us empathize with the "other" side. But the folks on the other side are having the same experience, in reverse - they're bombarded with a never-ending tide of evidence that THEY are right, and WE are wrong. Without ever having a chance to seriously consider the evidence for the other side, we naturally conclude that THEY must crazy, stupid, or downright evil to believe that stuff! And this has caused *political polarization* to increase significantly in recent decades, raising fundamental questions about how much disagreement a civil society can tolerate.

Our government was designed as a democratic republic, a style of government where civil dialogue and public debate were intended to be a healthy way to negotiate differences of opinion over complex policy issues. Politics has been described as "the art of compromise," and compromise is supposed to keep the whole system stable, so that no single interest group or party could gain too much power over the others. But too much polarization means that Americans at both "poles" (or extreme ends) of the spectrum are losing the ability to see the perspective of the other side at all, and becoming unwilling to compromise. Understanding this shift is essential for making sense of contemporary debates within the longer historical context of belief, power, and political economy.

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3.5: Theoretical Perspectives on Culture

Learning Objectives

By the end of this section you should be able to:

- Discuss the major theoretical approaches to cultural interpretation

Music, fashion, technology, and values—all are products of culture. But what do they mean? How do sociologists perceive and interpret culture based on these material and nonmaterial items? Let's finish our analysis of culture by reviewing them in the context of three theoretical perspectives: functionalism, conflict theory, and symbolic interactionism.

Functionalists view society as a system in which all parts work—or function—together to create society as a whole. They often use the human body as an analogy. Looking at life in this way, *societies need culture to exist*. Cultural norms function to support the fluid operation of society, and cultural values guide people in making choices. Just as members of a society work together to fulfill a society's needs, culture exists to meet its members' social and personal needs.

Functionalists also study culture in terms of values. For example, education is highly valued in the U.S. The culture of education—including material culture such as classrooms, textbooks, libraries, educational technology, dormitories and non-material culture such as specific teaching approaches—demonstrates how much emphasis is placed on the value of educating a society's members. In contrast, if education consisted of only providing guidelines and some study material without the other elements, that would demonstrate that the culture places a lower value on education.



Figure 3.11: This statue of Superman stands in the center of Metropolis, Illinois. His pedestal reads "Truth—Justice—The American Way." How would a functionalist interpret this statue? What does it reveal about the values of American culture? (Credit: David Wilson/flickr)

Functionalists view the different categories of culture as serving many functions. Having membership in a culture, a subculture, or a counterculture brings camaraderie and social cohesion and benefits the larger society by providing places for people who share similar ideas.

Conflict theorists, however, view social structure as inherently unequal, based on power differentials related to issues like class, gender, race, and age. For a conflict theorist, established educational methods are seen as reinforcing the dominant societal culture and issues of privilege. The historical experiences of certain groups— those based upon race, sex, or class, for instance, or those that portray a negative narrative about the dominant culture—are excluded from history books. For a long time, U.S. History education omitted the assaults on Native American people and society that were part of the colonization of the land that became the United States. A more recent example is the recognition of historical events like race riots and racially based massacres like the Tulsa Massacre, which was widely reported when it occurred in 1921 but was omitted from many national historical accounts of that period of time. When an episode of HBO's *Watchmen* showcased the event in stunning and horrific detail, many people expressed surprise that it had occurred and it hadn't been taught or discussed (Ware 2019).

Historical omission is not restricted to the U.S. North Korean students learn of their benevolent leader without information about his mistreatment of large portions of the population. According to defectors and North Korea experts, while famines and dire economic conditions are obvious, state media and educational agencies work to ensure that North Koreans do not understand how different their country is from others (Jacobs 2019).

Inequities exist within a culture's value system and become embedded in laws, policies, and procedures. This inclusion leads to the oppression of the powerless by the powerful. A society's cultural norms benefit some people but hurt others. Women were not allowed to vote in the U.S. until 1920, making it hard for them to get laws passed that protected their rights in the home and in the workplace. Same-sex couples were denied the right to marry in the U.S. until 2015. Elsewhere around the world, same-sex marriage is only legal in 31 of the planet's 195 countries.

At the core of conflict theory is the effect of economic production and materialism. Dependence on technology in rich nations *versus* a lack of technology and education in poor nations. Conflict theorists believe that a society's system of material production has an effect on the rest of culture. People who have less power also have fewer opportunities to adapt to cultural change. This view contrasts with the perspective of functionalism. Where functionalists would see the purpose of culture—traditions, folkways, values—as helping individuals navigate through life and societies run smoothly, conflict theorists examine socio-cultural struggles, including the power and privilege created for some by using and reinforcing a dominant culture that sustains their position in society.

Symbolic interactionism is the sociological perspective that is most concerned with the face-to-face interactions and cultural meanings between members of society. It is considered a micro-level analysis. Instead of looking how access is different between the rich and poor, interactionists see culture as being created and maintained by the ways people interact and in how individuals interpret each other's actions. In this perspective, people perpetuate cultural ways. Proponents of this theory conceptualize human interaction as a continuous process of deriving meaning from both objects in the environment and the actions of others. Every object and action has a symbolic meaning, and language serves as a means for people to represent and communicate interpretations of these meanings to others. Symbolic interactionists perceive culture as highly dynamic and fluid, as it is dependent on how meaning is interpreted and how individuals interact when conveying these meanings. Interactionists research changes in language. They study additions and deletions of words, the changing meaning of words, and the transmission of words in an original language into different ones.



Figure 3.12: Sometimes external observers may believe that people from a culture dress a certain way based on images from a parade or special event. In reality, these two people may wear business suits or jeans and T-shirts when they are not participating in a flower parade. While people may not always outwardly express their cultural identity or use items related to their culture, special events often bring out those expressions. (Credit: John Shedrick)

We began this chapter by asking, “What is culture?” Culture is comprised of values, beliefs, norms, language, practices, and artifacts of a society. Because culture is learned, it includes how people think and express themselves. While we may like to consider ourselves individuals, we must acknowledge the impact of culture on us and our way of life. We inherit language that shapes our perceptions and patterned behavior, including those of family, friends, faith, and politics.

To an extent, culture is a social comfort. After all, sharing a similar culture with others is precisely what defines societies. Nations would not exist if people did not coexist culturally. There could be no societies if people did not share heritage and language, and civilization would cease to function if people did not agree on similar values and systems of social control.

Culture is preserved through transmission from one generation to the next, but it also evolves through processes of innovation, discovery, and cultural diffusion. As such, cultures are social constructions. The society approves or disapproves of items or ideas, which are therefore included or not in the culture. We may be restricted by the confines of our own culture, but as humans we have the ability to question values and make conscious decisions. No better evidence of this freedom exists than the amount of cultural diversity around the world. The more we study another culture, the better we become at understanding our own.

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3.6: Key Terms

beliefs
tenets or convictions that people hold to be true

classical liberalism
an ideology of small government, free markets, and individual rights and liberties

countercultures
groups that reject and oppose society's widely accepted cultural patterns

cultural universals
patterns or traits that are globally common to all societies

culture
shared beliefs, values, and practices

cultural lag
the gap of time between the introduction of material culture and nonmaterial culture's acceptance of it

diffusion
the spread of material and nonmaterial culture from one culture to another

discoveries
things and ideas found from what already exists

ethnocentrism
the evaluation and judgment of another culture based on one's own cultural norms

folkways
direct, appropriate behavior in the day-to-day practices and expressions of a culture

formal norms
established, written rules

globalization
the integration of international trade and finance markets

high culture
the cultural patterns of a society's elite

ideal culture
the standards a society would like to embrace and live up to

informal norms
casual behaviors that are generally and widely conformed to

innovations
new objects or ideas introduced to culture for the first time

inventions
a combination of pieces of existing reality into new forms

language

a symbolic system of communication

libertarianism
an ideology enabling maximum individual decision-making in all matters

modern conservatism
an ideology combining free markets, small government, and traditional morality

modern liberalism
an ideology viewing government as responsible for the general welfare of the population

mores
the moral views and principles of a group

neoliberalism
an ideology combining free markets with economic globalization

norms
the visible and invisible rules of conduct through which societies are structured

political polarization
movement of a population away from the center of the political spectrum, towards the opposite ends

popular culture
mainstream, widespread patterns among a society's population

real culture
the way society really is based on what actually occurs and exists

sanctions
a way to authorize or formally disapprove of certain behaviors

social control
a way to encourage conformity to cultural norms

society
people who live in a definable community and who share a culture

subcultures
groups that share a specific identification, apart from a society's majority, even as the members exist within a larger society

symbols
gestures or objects that have meanings associated with them that are recognized by people who share a culture

values
a culture's standard for discerning what is good and just in society

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3.7: Section Summary

3.1 What Is Culture?

Though “society” and “culture” are often used interchangeably, they have different meanings. A society is a group of people sharing a community and culture. The term culture generally describes the shared values, beliefs, norms, language, practices, and artifacts of these people, and includes material and nonmaterial elements. Our experience of cultural difference is influenced by our ethnocentrism (judging others using your cultural standards) and Xenocentrism (belief that another culture is superior). Sociologists practice cultural relativism (assessing others using their own cultural standards) although it is quite difficult.

3.2 Elements of Culture

A culture consists of many elements, such as the values and beliefs of its society. Culture is also governed by norms, including laws, mores (norms that embody moral views), and folkways (traditions without any moral underpinnings). The symbols and language of a society are key to developing and conveying culture. In a nutshell, the four main components are values, beliefs, norms, language, practices, and artifacts.

3.3 Cultural Variation and Change

Sociologists recognize that there is a dominant culture or cultural practice that is dominant often characterized as the norm in a society as well as different types of cultures within societies. Societies also consist of many subcultures (a smaller cultural group within a larger culture). Some arise as a result of a shared identity or interest. Countercultures reject the dominant culture’s values and create their own cultural rules and norms. Cultural change can happen through invention or discovery. Cultures evolve via new ideas and new ways of thinking. In many modern cultures, the cornerstone of innovation is technology, the rapid growth of which can lead to cultural lag (time from creation or introduction to social acceptance). American cultural ideology has shifted from classical liberalism, to modern liberalism, to modern conservatism, and continues to change. Technology is also responsible for the spread of both material and nonmaterial culture that contributes to globalization (the increase of movement and exchange of goods and ideas all over the planet).

3.4 Theoretical Perspectives on Culture

There are three major theoretical approaches toward the interpretation of culture. A functionalist perspective acknowledges that the many parts of culture work together as a system to fulfill society’s needs. Functionalists view culture as a reflection of society’s values. Conflict theorists see culture as inherently unequal, reinforcing inequalities in gender, class, race, and age. Symbolic interactionists are primarily interested in culture as experienced in the daily interactions, interpretations, and exchanges between individuals and the symbols that comprise a culture. Various cultural and sociological occurrences can be explained by these theories. Each theory provides a different perspective or lens to help understand culture in societies.

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3.8: Section Quiz

3.1 What Is Culture?

1.

The terms _____ and _____ are often used interchangeably, but have nuances that differentiate them.

a. imperialism and relativism
b. culture and society
c. society and ethnocentrism
d. ethnocentrism and Xenocentrism

2.

The American flag is a material object that denotes the U.S. However, many associate ideas with the flag, like bravery and freedom. In this example, what are bravery and freedom?

a. Symbols
b. Language
c. Material culture
d. Nonmaterial culture

3.

The belief that one's culture is inferior to another culture is called:

a. ethnocentrism
b. nationalism
c. xenocentrism
d. imperialism

4.

The irrational fear or hatred of another culture is called:

a. ethnocentrism
b. xenophobia
c. xenophile
d. ethnophobia

5.

Rodney and Elise are U.S. students studying abroad in Italy. When they are introduced to their host families, the families kiss them on both cheeks. When Rodney's host brother introduces himself and kisses Rodney on both cheeks, Rodney pulls back in surprise. Where he is from, unless they are romantically involved, men do not kiss one another. This is an example of:

a. culture shock
b. imperialism
c. ethnocentrism
d. xenocentrism

6.

Most cultures have been found to identify laughter as a sign of humor, joy, or pleasure. Laughter is an examples of:

a. relativism

b. ethnocentrism
c. xenocentrism
d. universalism

3.2 Elements of Culture

7.

A nation's flag is:

a. A symbol
b. A value
c. A culture
d. A folkway

8.

The existence of social norms, both formal and informal, is one of the main things that inform _____, otherwise known as encouraging social conformity.

a. values
b. sanctions
c. social control
d. mores

9.

The biggest difference between mores and folkways is that

a. mores are linked to morality, whereas folkways are tied to commonplace behaviors
b. mores are absolute, whereas folkways are temporary
c. mores refer to material culture, whereas folkways refer to nonmaterial culture
d. mores refer to nonmaterial culture, whereas folkways refer to material culture

10.

A coordinated system of values and beliefs that function like a lens through which someone sees the world is:

a. an idiosyncracy
b. an ideology
c. an idiom
d. an identity matrix

11.

Cultural sanctions can also be viewed as ways that society:

a. Establishes leaders
b. Determines language
c. Regulates behavior
d. Determines laws

3.3 Cultural Variation and Change

12.

An example of high culture is _____, whereas an example of popular culture would be _____.

a. Dostoevsky style in film; "American Idol" winners

b. medical marijuana; film noir
c. country music; pop music
d. political theory; sociological theory

13.

The Ku Klux Klan is an example of what part of culture?

a. Counterculture
b. Subculture
c. Multiculturalism
d. Pop culture

14.

Someone who believes in free market capitalism and traditional religious morality could be described as a:

a. classical liberal
b. modern liberal
c. neoliberal
d. modern conservative

15.

Your eighty-three-year-old grandmother has been using a computer for some time now. As a way to keep in touch, you frequently send emails of a few lines to let her know about your day. She calls after every email to respond point by point, but she has never emailed a response back. This can be viewed as an example of:

a. cultural lag
b. Sapir-Whorf hypothesis
c. Ethnographic imagery
d. bilingualism

16.

Some jobs today advertise in multinational markets and permit telecommuting in lieu of working from a primary location. This broadening of the job market and the way that jobs are performed can be attributed to:

a. cultural lag
b. diffusion
c. discovery
d. globalization

17.

The major difference between invention and discovery is:

a. Invention is based on technology, whereas discovery is usually based on culture
b. Discovery involves finding items that already exists, but invention puts things together in a new way
c. Invention refers to material culture, whereas discovery can be material or theoretic, like laws of physics
d. Invention is typically used to refer to prehistoric objects, whereas discovery refers to local culture

18.

McDonald’s restaurants are found in almost every country around the world. What is this an example of?

a. globalization

b. diffusion
c. culture lag
d. xenocentrism

3.4 Theoretical Perspectives on Culture

19.

A sociologist conducts research into the ways that Hispanic American students are historically underprivileged in the U.S. education system. What theoretical approach is the sociologist Using?

a. Symbolic interactionism
b. Functionalism
c. Conflict theory
d. Ethnocentrism

20.

Members of a counterculture movement believed that the economic disparity between the highest and the mid to lower economic classes is growing at an exponentially alarming rate. A sociologist who studies that movement by examining the interactions between its members would most likely use what theoretical approach?

a. Symbolic interactionism
b. Functionalism
c. Conflict theory
d. Ethnocentrism

21.

What theoretical perspective views society as having a system of interdependent inherently connected parts?

a. Sociobiology
b. Functionalism
c. Conflict theory
d. Ethnocentrism

22.

The “American Dream”—the notion that anybody can be successful and rich if they work hard enough—is most commonly associated with which sociological theory?

a. Sociobiology
b. Functionalism
c. Conflict theory
d. Ethnocentrism

Short Answer

24.
23.

Consider a current social trend that you have witnessed, perhaps situated around family, education, transportation, or finances. For example, many veterans of the Armed Forces, after completing tours of duty in the Middle East, are returning to college rather than entering jobs as previous generations did. Choose a sociological approach—functionalism, conflict theory, or symbolic interactionism—to describe, explain, and analyze the social issue you choose. Afterward, determine why you chose the approach you did. Does it suit your own way of thinking? Or does it offer the most relevant method of illuminating the social issue?

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3.9: Short Answer

3.1 What Is Culture?

1.

Examine the difference between material and nonmaterial culture in your world. Identify ten objects that are part of your regular cultural experience. For each, then identify what aspects of nonmaterial culture (values, beliefs, norms, language, and practices) that these objects represent. What has this exercise revealed to you about your culture?

2.

Do you believe that feelings of ethnocentricity or xenocentric attitudes and practices are prevalent in U.S. culture? Why do you believe this? What issues or events might influence your ideas about these concepts?

3.2 Elements of Culture

3.

What do you think of the Sapir-Whorf hypothesis? Do you agree or disagree with it? Cite examples or research to support your point of view.

4.

How would the elimination of a social “norm” influence your culture? Describe the positive and negative effects.

3.3 High, Low, Pop, Sub, Counter-culture and Cultural Change

5.

Identify several examples of popular culture and describe how they form societal culture. How prevalent is the effect of these examples in your everyday life?

6.

Consider some of the specific issues or concerns of your generation. Are any ideas or concepts countercultural? What subcultures have emerged from your generation? How have the issues of your generation expressed themselves culturally? How has your generation made its mark on society’s collective culture?

7.

What are some examples of cultural lag that are present in your life? What influence does technology have on culture? Explain.

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3.10: Further Research

3.1 What Is Culture?

Ethnocentrism is a problem in many arenas. In the workplace, it can be hurtful and detrimental to an entire organization and especially to those who face mistreatment or feel unwelcome. People who exhibit ethnocentrism in the workplace are not only putting their careers at risk, but missing opportunities to flourish and advance with colleagues and customers of different backgrounds. In other words, curbing ethnocentrism is an important personal and societal goal, and it's important for careers. This guide from an executive leadership academy discusses ways that multicultural teams can create more success if the people and company undertake the correct practices.

3.2 Elements of Culture

The science-fiction novel, *Babel-17*, by Samuel R. Delaney was based upon the principles of the Sapir-Whorf hypothesis. Read an excerpt from *Babel-17* here.

3.3 High, Low, Pop, Sub, Counter-culture and Cultural Change

Many people believe that the time of the counterculture is over. Like many aspects of culture, it could come back at any time. In this interview, Princeton professor German Labrador and director of exhibitions at the Centre de Cultura Contemporània de Barcelona discuss the past, present, and potential future of counterculture.

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CHAPTER OVERVIEW

4: Socialization and Social Construction

In social science, the term **socialization** refers to the process by which individuals learn their culture as they grow up and move through the different stages of life. The plays out through dynamic sequences of social actions between individuals and the groups that socialize them. A social interaction is an exchange between two or more individuals, and can be thought of as a building block of society. By interacting with one another, people transmit and reinforce cultural elements like norms, beliefs, and values; their interactions also shape the rules, institutions, and systems within which they live.

4.1: Introduction
4.2: Socialization and Self
4.3: Institutions and Socialization
4.4: Social Constructs
4.5: Key Terms
4.6: Section Summary
4.7: Section Quiz
4.8: Short Answer
4.9: Further Research
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Thumbnail: Looking north up Broadway from 43d Street, New York, USA. (Public Domain; Jim.henderson)

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4.1: Introduction



Figure 4.1: Emergency workers are prepared to treat patients with a wide array of illnesses and injuries. Beyond their medical training, they learn norms that shape how they make decisions, communicate, and manage stress. These abilities can be extremely valuable throughout the workers' life and careers, even if they move into other areas of employment. (Credit: COD Newsroom/Flickr)

Chapter Outline

4.1 Types of Societies
4.2 Theoretical Perspectives on Society
4.3 Social Constructions of Reality

When Noel was fifteen, she saw a flyer about joining the volunteer ambulance corps. Noel was intrigued: she had an interest in pursuing medicine, and liked volunteering, but ambulance work seemed like something for older people with professional training. At the information session, Noel learned that junior members of the ambulance corps could help with supplies and communications, and were allowed to ride on ambulance calls to assist the Emergency Medical Technicians (EMTs). Noel was thrilled and signed up right away.

Noel was amazed by how confidently the EMTs—some just a few years older than Noel—made consequential decisions. The EMTs relied heavily on their training and guidelines, but they did so quickly, almost automatically. And upon arriving at the hospital with a patient, Noel was similarly impacted by the efficiency of the nurses, doctors, and other staff. Noel developed a deep level of respect for that level of decisiveness and the expertise it required.

Over her college years, Noel found herself drawn toward the more strategic aspects of medicine, and pursued a degree in healthcare administration. Meanwhile, she did get an EMT certification and joined the college emergency services team; later on, while in grad school, Noel was a part-time professional EMT in a small city. With good grades and varied experience, Noel was recruited into a great job several states away.

After interning in an urban hospital and spending years as an EMT, Noel had come to expect a degree of urgency in medicine. Hospital administration was certainly not an ambulance facility, but the slow pace of Noel's job was agonizing. Every inventory

list, bill of lading, email reply, and even meeting schedule went through several people for approval. While Noel enjoyed the job, she was used to working more quickly.

One day, Noel was looking over an equipment bill and noticed a serious error that no one else had caught. Nearly $250,000 in overpayment was about to be sent to a supplier. Noel immediately called the accounting department. No answer. Then she sent a group Slack message and fired off an email to her boss and a few other people involved with the billing and payment process. Noel was about to head across the building to address the issue in person, but finally a message popped up: "Good eye, Noel. We'll hold this payment until we clear things up!"

Toward the end of the day, Noel received a message from her manager, Tracy, asking her to stop by. Tracy's office was crowded with three other people, including the director of accounting. Expecting to be congratulated, Noel was shocked when Tracy began outlining all the things Noel had done wrong.

"Your frantic messaging and over-the-top language was incredibly disruptive...almost irresponsible," Tracy said.

"But I was right," Noel replied (in a louder voice than she intended).

"Right or wrong," Tracy said, "you should have told your contact in accounting, and waited to see the outcome. Instead, you panicked."

"I did call accounting! But when I didn't hear back, I needed to take the next step. I wasn't panicking, I was being decisive." As Noel said this, she was thinking of all the times she had saved someone's life through quick thinking.

Tracy sighed. "Decisiveness isn't good when it's disruptive. You caused five people to drop everything and start investigating. A few thought it was their fault." Noel started to protest but Tracy shook her head. "I understand that you are coming from a faster-paced environment, and I can tell you've been frustrated. But if you're going to work here, you're going to have to work within our culture. Instead of pushing against how we do things, try to appreciate them. Otherwise, no one will be happy... least of all you." Tracy told Noel to take the evening to think about it and come back for a talk the next morning.

Who was correct in this situation? Noel saved the hospital hundreds of thousands of dollars, or at least many work hours of managing the refund process. Tracy, with broader responsibilities, was considering the long-term impacts of Noel's style, and how Noel, as a talented member of the team, will function within the team.

Tracy was concerned about the organization’s culture. Culture, as discussed in the chapter on the topic, refers to the shared beliefs, values and norms of a group. Countries, societies, religions, and sports teams all have culture, and companies do, too. When you interview for a job, it will likely come up. Researchers who study organizations find that when workers aren't properly incorporated into the corporate culture, they begin a cycle of mutual disappointment, where workers are likely to reject company values and ultimately leave or be fired (Cebollero, 2019).

Why didn't Noel understand the new job, and why were people put off by her approach? For the most part, Noel wasn't prepared for the pacing and style; her previous experience, even though it was also in the medical field, was in opposition to the culture of the hospital. Company culture is easier to learn if someone is predisposed to it, while others might need time to unlearn past behaviors (Schein, 1988). Experts indicate that the responsibility for such adaptation is shared between the new employee and the company.

How could Noel have learned, and what could Tracy have done to help? Company culture is learned the same way that other types of culture are learned: through observing and adapting to the norms and values, understanding and applying beliefs, and, in general, seeking to be productive as a member of the group. Just like a child learns how to behave during a play-date or school day, people learn to be productive partners through an ongoing process called socialization.

Socialization is the process through which people are taught to be proficient members of a society. It describes the ways that people come to understand societal norms and expectations, to accept society’s beliefs, and to be aware of societal values. Socialization is not the same as *socializing* (casually interacting with others, like family and friends); to be precise, it is a sociological process that occurs partly *through* socializing.

While Noel's story is about a relatively advanced stage of life, socialization is even more crucial for early childhood. Even the most basic of human activities are learned. Learning to crawl and then walk are major milestones, but as any parent or guardian of a toddler knows, other minor accomplishments can be life-altering for the child: climbing stairs, safely getting out of bed, sitting in a

regular chair, and drinking from a regular cup. Likewise, family behaviors and values must be learned, sometimes through passive observation and sometimes through active instruction.

In the following sections, we will examine the importance of the complex process of socialization and how it takes place through interaction with many individuals, groups, and social institutions. We will explore how socialization is not only critical to children as they develop but how it is also a lifelong process through which we become prepared for new social environments and expectations in every stage of our lives. But first, we will turn to scholarship about self-development, the process of coming to recognize a sense of self, a "self" that is then able to be socialized.

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4.2: Socialization and Self

Learning Objectives

By the end of this section, you should be able to:

- Describe the importance of socialization both for individuals and society
- Explain the nature versus nurture debate
- Differentiate psychological and sociological theories of self



Figure 4.2: Can you use your hands to eat? Who should pay? Do you stand when someone else gets up, and is that dependent on their gender? The dining manners and customs of different cultures are learned by socialization. (Credit: Kurman Communications/flickr)

Socialization is critical both to individuals and to the societies in which they live. It illustrates how completely intertwined human beings and their social worlds are. First, it is through teaching culture to new members that a society perpetuates itself. If new generations of a society don't learn its way of life, it ceases to exist. Whatever is distinctive about a culture must be transmitted to those who join it in order for a society to survive. For U.S. culture to continue, for example, children in the United States must learn about cultural values related to democracy: they have to learn the norms of voting, as well as how to use material objects such as voting machines. They may learn these through watching their parents or guardians vote, or, in some schools, by using real machines in student government elections. Of course, some would argue that it's just as important in U.S. culture for the younger generation to learn the etiquette of eating in a restaurant or the rituals of tailgate parties at football games. In fact, there are many ideas and objects that people in the United States teach children about in hopes of keeping the society's way of life going through another generation.

Socialization is just as essential to us as individuals. Social interaction provides the means via which we gradually become able to see ourselves through the eyes of others, and how we learn who we are and how we fit into the world around us. In addition, to function successfully in society, we have to learn the basics of both material and nonmaterial culture, everything from how to dress ourselves to what's suitable attire for a specific occasion; from when we sleep to what we sleep on; and from what's considered

appropriate to eat for dinner to how to use the stove to prepare it. Most importantly, we have to learn language—whether it's the dominant language or one common in a subculture, whether it's verbal or through signs—in order to communicate and to think. Without socialization we literally have no self.

Nature versus Nurture

Some experts assert that who we are is a result of **nurture**—the relationships and caring that surround us. Others argue that who we are is based entirely in genetics. According to this belief, our temperaments, interests, and talents are set before birth. From this perspective, then, who we are depends on **nature**.

One way researchers attempt to measure the impact of nature is by studying twins. Some studies have followed identical twins who were raised separately. The pairs shared the same genetics but in some cases were socialized in different ways. Instances of this type of situation are rare, but studying the degree to which identical twins raised apart are the same and different can give researchers insight into the way our temperaments, preferences, and abilities are shaped by our genetic makeup versus our social environment.

For example, in 1968, twin girls were put up for adoption, separated from each other, and raised in different households. The adoptive parents, and certainly the babies, did not realize the girls were one of five pairs of twins who were made subjects of a scientific study (Flam 2007).

In 2003, the two women, then age thirty-five, were reunited. Elyse Schein and Paula Bernstein sat together in awe, feeling like they were looking into a mirror. Not only did they look alike but they also behaved alike, using the same hand gestures and facial expressions (Spratling 2007). Studies like these point to the genetic roots of our temperament and behavior.

Though genetics and hormones play an important role in human behavior, sociology's larger concern is the effect society has on human behavior, the "nurture" side of the nature versus nurture debate. What race were the twins? From what social class were their parents? What about gender? Religion? All these factors affected the lives of the twins as much as their genetic makeup and are critical to consider as we look at life through the sociological lens.

Sociologists all recognize the importance of socialization for healthy individual and societal development. But how do scholars working in the three major theoretical paradigms approach this topic? Functionalists would say that socialization is essential to society, both because it trains members to operate successfully within it and because it perpetuates culture by transmitting it to new generations. Without socialization, a society's culture would perish as members died off. A materialist might argue that socialization reproduces inequality from generation to generation by conveying different expectations and norms to those with different social characteristics. For example, individuals are socialized differently by gender, social class, and race, which creates different (and unequal) opportunities. A symbolic interactionist studying socialization is concerned with face-to-face exchanges and symbolic communication. For example, dressing baby boys in blue and baby girls in pink is one small way we convey messages about differences in gender roles.

When we are born, we have a genetic makeup and biological traits. However, who we are as human beings develops through social interaction. Many scholars, both in the fields of psychology and in sociology, have described the process of self-development as a precursor to understanding how that "self" becomes socialized.

Psychological Perspectives on Self-Development

Psychoanalyst Sigmund Freud (1856–1939) was one of the most influential modern scientists to put forth a theory about how people develop a sense of self. He divided the maturation process into stages, and posited that people's self-development is closely linked to their early stages of development. According to Freud, failure to properly engage in (or disengage from) a specific stage results in emotional and psychological consequences throughout adulthood. He also argued that the human mind was composed of three basic elements: the "id" which reflects our biological instincts and unconscious drives; the "superego" which represents our conscience, the subconscious region of our mind that has internalized the cultural values and norms we've been socialized with; and the "ego" which is our conscious self, the part of our mind that can think intentionally and rationally, and which sometimes has to make deliberate choices about whether to follow our instinctive impulses or whether to listen to the moral voice of our conscience.

Jean Piaget (1896–1980) was a psychologist who focused on the role of social interactions in child development. He recognized that the development of self evolved through a negotiation between the world as it exists in one's mind, and the world that exists as it is experienced socially (Piaget 1954). He argued that humans proceed through a series of stages in cognitive development: Babies

start in the "sensorimotor" stage, where the brain is simply learning to process the constant influx of sensory information, and learning how to operate the motor skills that allow basic control over the body. Second, young children enter the "pre-operational" stage, where they start to learn symbol systems and rudimentary language, and the basic foundations of morality but from a selfish or ego-centric perspective (cookies are good because they give me pleasure, getting a shot at the doctor is bad because it brings pain to me). In the third or concrete operational stage, older children begin to develop reasoning skills, can understand causality, and begin to develop empathy as they associate moral goodness or badness with other peoples's reactions and not just their own direct pain or please. Finally during adolescence (or sometimes into adulthood), people move into the fourth or "formal operational" stage where they develop theoretical thinking skills, consider possible future outcomes, and can reason abstractly about morality without any particular individuals' reactions in mind.

Psychologist Harry Harlow (1905–1981) is known for studying the role of social relationships in human development by observing the impact of isolation and maternal deprivation on the development of young rhesus monkeys. Harlow found that the monkeys, when subjected to isolation for as little as six months, exhibit disturbed behaviors, including self-harm, and had a difficult time re-integrating with other monkeys when reintroduced to them. Harlow also introduced isolated monkeys to artifical surrogate mother puppets, some that were covered in cloth while others were constructed out of wire. Based on observed behaviors, the young monkeys appeared to develop attachment with the cloth mothers and lean on them for emotional support. More than seven decades later, this experiment continues to inform the research of psychologists and others interested in human development.

Sociological Theories of Self-Development

One of the pioneering contributors to sociological perspectives was Charles Cooley (1864–1929). He asserted that people's self understanding is constructed, in part, by their perception of how others view them—a process termed "the looking glass self" (Cooley 1902), with other people acting as mirrors to give us a sense of how we are percieved.

Later, George Herbert Mead (1863–1931) studied the **self**, a person's distinct identity that is developed through social interaction. In order to engage in this process of "self," an individual has to be able to view him or herself through the eyes of others. That's not an ability that we are born with (Mead 1934). Through socialization we learn to put ourselves in someone else's shoes and look at the world through their perspective. This assists us in becoming self-aware, as we look at ourselves from the perspective of the "other."

How do we go from being newborns to being humans with "selves?" Mead believed that there is a specific path of development that all people go through. During the preparatory stage, children are only capable of imitation: they have no ability to imagine how others see things. They copy the actions of people with whom they regularly interact, such as their caregivers. This is followed by the play stage, during which children begin to take on the role that one other person might have. Thus, children might try on a parent's point of view by acting out "grownup" behavior, like playing dress-up and acting out the "mom" role, or talking on a toy telephone the way they see adults do.

During the game stage, children learn to consider several roles at the same time and how those roles interact with each other. They learn to understand interactions involving different people with a variety of purposes. For example, a child at this stage is likely to be aware of the different responsibilities of people in a restaurant who together make for a smooth dining experience (someone seats you, another takes your order, someone else cooks the food, while yet another clears away dirty dishes).

Finally, children develop, understand, and learn the idea of the **generalized other**, the common behavioral expectations of general society. By this stage of development, an individual is able to imagine how he or she is viewed by one or many others—and thus, from a sociological perspective, to have a "self" (Mead 1934; Mead 1964).

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4.3: Institutions and Socialization

Learning Objectives

By the end of this section, you should be able to:

- Evaluate the roles of families, peers, and religion in socialization
- Describe how people are socialized through institutions like schools, workplaces, and the government



Figure 4.5: These kindergarteners aren't just learning to read and write; they are being socialized to norms like keeping their hands to themselves, standing in line, and playing together. (Credit: woodleywonderworks/flickr)

Socialization helps people learn to function successfully in their social worlds. How does the process of socialization occur? How do we learn to use the objects of our society's material culture? How do we come to adopt the beliefs, values, and norms that represent its nonmaterial culture? This learning takes place through interaction with various agents of socialization, like peer groups and families, plus both formal and informal social institutions.

Primary social groups often provide the first experiences of socialization. Families, peer groups, and religious congregations communicate values and reinforce norms. People first learn to use the tangible objects of material culture in these settings, as well as being introduced to the belief systems of their society.

Family

Family is the first agent of socialization we experience. Mothers and fathers (biological or adoptive), siblings and grandparents, plus members of an extended family, all teach child who they are, and what they need to know. For example, they show the child how to use objects (clothes, computers, eating utensils, books, bikes); how to relate to others (some as "family," others as "friends," still others as "strangers" or "teachers" or "neighbors"); and how the world works (what is "real" and what is "imaginary"). Keep in mind, however, that families do not socialize children in a vacuum. Many social factors affect the way a family raises its children. For example, individual behaviors are of course affected by the historical period in which they take place. Sixty years ago,

it would not have been considered especially strict for a father to hit his son with a belt if he disobeyed, or for a teacher to hit a misbehaving student with a ruler, but today that same actions might be considered child abuse.

Sociologists recognize that ethnicity, social class, religion, and other societal factors play an important role in socialization. For example, poor families usually emphasize obedience and conformity when raising their children, while wealthy families emphasize assertiveness and creativity (National Opinion Research Center 2018). This may occur because working-class parents have less education and more repetitive-task jobs for which it is helpful to be able to follow rules and conform. Wealthy parents tend to have better educations and often work in managerial positions or careers that require more independence and creative problem solving, so they teach their children skills and attitudes that are beneficial in these positions. This means children are effectively socialized and raised to take the types of jobs their parents already have, thus reproducing the class system (Kohn 1977). Likewise, children are socialized to abide by gender norms, perceptions of race, and religious behaviors.

Peer Groups

A **peer group** is made up of people who are similar in age and social status, including but not limited to a child's circle of friends. Peer group socialization begins in the earliest years, such as when kids on a playground teach younger children the norms about taking turns, the rules of a game, or how to shoot a basket. As children grow into teenagers, this process continues. Peer groups are important to adolescents in a new way, as they begin to develop an identity separate from their parents and exert their independence. Additionally, peer groups provide their own opportunities for socialization since kids usually engage in different activities and discuss different topics with their peers than they do with their families. Peer groups provide adolescents' first major socialization experience outside the realm of their families.

Religion

Religious congregations are important avenues of socialization for many people. America is unusual in the world for having what sociologists describe as a "religious marketplace" full of synagogues, temples, churches, mosques, and other religious communities where people gather to worship and learn. Because the U.S.A. was set up with a legal wall of separation between church and state, there is not an official state religion that can suppress competing religions as happens in many other countries. Americans enjoy religious liberty, and have many options to find a religious community they like. In addition to socializing their members with beliefs about the sacred or metaphysical aspects of life, religions also operate like any other institution that teaches participants how to behave, and how to interact with other people. For some people, important ceremonies related to family structure—like marriage and childbirth—are connected to religious celebrations, which may strengthen the stability of those structures by making them seem more meaningful. Many religious institutions also uphold gender norms, and contribute to their enforcement through socialization. From ceremonial rites of passage that reinforce the family unit, to power dynamics that reinforce gender roles, organized religion can foster a shared set of socialized values that are passed on through society. Even for the non-religious, which includes both atheists as well as those who consider themselves "spiritual but not religious," the major religions in a society are often represented in the media, and can shape mainstream cultural norms and values.

School

Most American children spend about seven hours a day, 180 days a year, in school, which makes it hard to deny the importance school has on their socialization (U.S. Department of Education, 2004). Students are not in school only to study math, reading, science, and other subjects, although that is the manifest function of this institution. But schools also serve a latent function in society, by socializing children into normative behaviors like practicing teamwork, following a schedule, and being polite.

School and classroom rituals, led by teachers serving as role models and authority figures, regularly reinforce what society expects from children. Sociologists describe this aspect of schools as the **hidden curriculum**, the informal teaching done by schools. For example, in America schools have built a sense of competition into the way grades are awarded and the way teachers evaluate students (Bowles and Gintis, 1976). When children participate in a relay race or a math contest, they learn there are winners and losers in society, and the value of good sportsmanship. When children are required to work together on a project, they practice teamwork and cooperation. This hidden curriculum prepares children for the adult world. Children must learn how to deal with

bureaucracy, rules, expectations, waiting their turn, and sitting still for hours during the day, since those are important abilities in the adult world of work.

Schools also socialize children by teaching them about citizenship and national pride. In the United States, children are taught to say the Pledge of Allegiance for example. Most districts require classes about U.S. history and geography. As academic understanding of history evolves, textbooks in the United States have been scrutinized and revised to update attitudes toward other cultures as well as perspectives on historical events; thus, children of each generation may be socialized into different beliefs about national or world history than earlier generations may have been. For example, information about the mistreatment of African Americans under slavery more accurately reflects those events in modern textbooks than was presented in past eras, but political battles over this kind of content continue to play out.

The Workplace



Figure 4.6 Workplace socialization occurs informally and formally, and may include material and non-material culture (Credit: U.S. Department of Agriculture/flickr).

Just as children spend much of their day at school, many U.S. adults at some point invest a significant amount of time at a place of employment. Although socialized into their culture since birth, workers require new socialization into a workplace subculture, in terms of both material culture (such as how to operate the copy machine) and nonmaterial culture (such as whether it's okay to speak directly to the boss or how to share the refrigerator). In the chapter introduction, Noel did not fully embrace the culture of her new company. Importantly, the obligation of such socialization is not simply on the worker: Organizational consultants and other business experts place responsibility on companies; organizations must have strong on-boarding and socialization programs in order to build satisfaction, productivity, and worker retention (Cebollero 2019).

Different jobs require different types of socialization. In the past, many people worked a single job for decades, until retirement. Today, the trend is to switch jobs every few years. Between the ages of eighteen and forty-six, the average Generation X worker held 11.3 different jobs (U.S. Bureau of Labor Statistics, 2024). This means that people must become socialized to, and socialized by, a variety of work environments.

Government

Although we do not think about it, many of the rites of passage people go through today are based on age norms established by the government. To be defined as an "adult" usually means being eighteen years old, the age at which a person becomes legally responsible for him- or herself. And sixty-five years old is the start of "old age" since most people become eligible for senior benefits at that point.

Each time we embark on one of these new categories—senior, adult, taxpayer—we must be socialized into our new role. Seniors must learn the ropes of Medicare, Social Security benefits, and senior shopping discounts. When American males turn eighteen,

they must register with the Selective Service System within thirty days to be entered into a database for possible military service. These government dictates mark the points at which we require socialization into a new category.

Mass Media

Mass media distribute impersonal information to a wide audience, via television, newspapers, radio, and the Internet. With the average person spending over four hours a day in front of the television (and children averaging even more screen time), media greatly influences social norms (Roberts, Foehr, and Rideout 2005). People learn about objects of material culture (like new technology and transportation options), as well as nonmaterial culture—what is true (beliefs), what is important (values), and what is expected (norms).

Sociology in the Real World

Girls and Movies



Figure 4.7 Some researchers, parents, and children's advocates are concerned about the effects of raising girls within what they call "princess culture." Many place blame on entertainment companies, such as Disney, for its portrayals of girls in its movies.

Movies aimed at young people have featured a host of girls and women leads. *Snow White*, *Cinderella*, and *Sleeping Beauty* gave way to *The Little Mermaid*, *Beauty and the Beast*, *and Mulan*. In many of those cases, if the character is not a princess to begin with, she typically ends the movie by marrying a prince or, in the case of Mulan, a military general. Although not all “princesses” in Disney movies play a passive role in their lives, they typically find themselves needing to be rescued by a man, and the happy ending they all search for includes marriage.

Alongside this prevalence of princesses, many parents are expressing concern about the culture of princesses that Disney has created. Peggy Orenstein addresses this problem in her popular book, *Cinderella Ate My Daughter*. Orenstein wonders why every little girl is expected to be a “princess” and why pink has become an all-consuming obsession for many young girls. Another mother wondered what she did wrong when her three-year-old daughter refused to do “nonprincessy” things, including running and

jumping. The effects of this princess culture can have negative consequences for girls throughout life. An early emphasis on beauty can lead to reduced interest in math and science among girls, as well as avoiding educational scenarios that are "typically feminine" (Coyne 2016).

Others acknowledge these issues, but find princess movies and "princess culture" less alarming. Some remind concerned parents that children have an array of media and activities around them, and the children may be happy wearing their princess outfit while digging for worms or going to hockey practice, which run counter to feminine stereotypes (Wagner 2019). Others indicate that rather than disallowing princess movies and merchandise, engaging with the children as they enjoy them might be more effective. And many people acknowledge that girls and women are often currently portrayed differently than they were in years past.

Disney seems to have gotten the message about the concerns. Its 2009 *Tiana and the Frog* was specifically billed as "a princess movie for people who don't like princess movies," and features a talented chef and business owner—who didn't need a man to rescue her—as its main character. *Brave*'s Merida and the title character in *Moana* seem to go out of their way to separate themselves from traditional princesses, and undertake great acts of bravery to help others. *Frozen* focuses on sisterly love rather than romantic love. And though she was never meant to be a princess, *Star Wars*' Rey was the go-to girls Halloween costume for years after she was introduced in the movies.

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4.4: Social Constructs

Learning Objectives

By the end of this section, you should be able to:

- Interpret the sociological concept of reality as a social construct
- Define roles and describe their places in people's daily interactions
- Explain how individuals present themselves and perceive themselves in a social context



Figure 4.10: Who are we? What role do we play in society? According to sociologists, we construct reality through our interactions with others. In a way, our day-to-day interactions are like those of actors on a stage. (Credit: Jan Lewandowski/flickr)

In 1966 social scientists Peter Berger and Thomas Luckmann wrote a book called *The Social Construction of Reality*. In it, they argued that society is created by humans and human interaction, which they call habitualization. This term describes how "any action that is repeated frequently becomes cast into a pattern, which can then be performed again in the future in the same manner and with the same economical effort" (Berger and Luckmann 1966). Not only do we construct our own society but we also accept it as it is, because others have created it before us. Society is, in fact, a habit.

For example, your school exists *as* a school (and not just as a building) because you and others agree that it is a school. If your school is older than you are, it was created by the agreement of others before you. In a sense, it exists by consensus, both prior and current. This is an example of the process of institutionalization, the act of implanting a convention or norm into society. Bear in mind that the institution, while socially constructed, is still quite real.

Another way of looking at this concept is through W.I. Thomas's notable theorem which states, "If men define situations as real, they are real in their consequences" (Thomas and Thomas 1928). That is to say, people's behavior can be determined by their subjective construction of reality, rather than by objective reality. For example, a teenager who is repeatedly given a label—overachiever, rizzler, delinquent—might live up to the term even though it initially wasn't a part of his character.

Like Berger and Luckmann in their description of habitualization, Thomas states that our moral codes and social norms are created by "successive definitions of the situation." This concept is defined by sociologist Robert K. Merton as a self-fulfilling prophecy.

Merton explains that with a self-fulfilling prophecy, even a false idea can become true if it is acted upon. One example he gives is of a “bank run.” Say for some reason, a number of people falsely fear that their bank is soon to be bankrupt. Because of this false notion, people run to their bank and demand all of their cash at once. As banks rarely, if ever, have that much money on hand, the bank does indeed run out of money, fulfilling the customers’ prophecy. Here, reality is constructed by an idea.

Symbolic interactionists offer another lens through which to analyze the social construction of reality. With a theoretical perspective focused on the symbols (like language, gestures, and artifacts) that people use to interact, this approach is interested in how people interpret those symbols in daily interactions. Interactionists also recognize that language and body language reflect our values. One has only to learn a foreign tongue to know that not every English word can be easily translated into another language. The same is true for gestures. While Americans might recognize a “thumbs up” as meaning “great,” in Germany it would mean “one” and in Japan it would mean “five.” Thus, our construction of reality is influenced by our symbolic interactions.



Figure 4.11: The story line of a self-fulfilling prophecy appears in many literary works, perhaps most famously in the story of Oedipus. Oedipus is told by an oracle that he will murder his father and marry his mother. In going out of his way to avoid his fate, Oedipus inadvertently fulfills it. Oedipus’s story illustrates one way in which members of society contribute to the social construction of reality. (Credit: Jean-Antoine-Theodore Giroust/Wikimedia Commons)

Roles and Status

As you can imagine, people employ many types of behaviors in day-to-day life. Roles are patterns of behavior that we recognize in each other that are representative of a person’s social status. Currently, while reading this text, you are playing the role of a student. However, you also play other roles in your life, such as “daughter,” “neighbor,” or “employee.” These various roles are each associated with a different status.

Sociologists use the term status to describe the responsibilities and benefits that a person experiences according to their rank and role in society. Some statuses are ascribed—those you do not select, such as son, elderly person, or female. Others, called achieved statuses, are obtained by choice, such as a high school dropout, self-made millionaire, or nurse. As a daughter or son, you occupy a

different status than as a neighbor or employee. One person can be associated with a multitude of roles and statuses. Even a single status such as “student” has a complex role-set, or array of roles, attached to it (Merton 1957). It is important to note that status refers to the rank in social hierarchy, while role is the behavior expected of a person holding a certain status.

If too much is required of a single role, individuals can experience role strain. Consider the duties of a parent: cooking, cleaning, driving, problem-solving, acting as a source of moral guidance—the list goes on. Similarly, a person can experience role conflict when one or more roles are contradictory. A parent who also has a full-time career can experience role conflict on a daily basis. When there is a deadline at the office but a sick child needs to be picked up from school, which comes first? When you are working toward a promotion but your children want you to come to their school play, which do you choose? Being a college student can conflict with being an employee, being an athlete, or even being a friend. Our roles in life have a great effect on our decisions and who we become.



Figure 4.12: Parents often experience role strain or role conflict as they try to balance different and often urgent competing responsibilities. (Credit: Ran Zwigenberg/flickr)

Presentation of Self

Of course, it is impossible to look inside a person’s head and study what role they are playing. All we can observe is behavior, or role performance. Role performance is how a person expresses his or her role. Sociologist Erving Goffman presented the idea that a person is like an actor on a stage. Calling his theory dramaturgy, Goffman believed that we use “impression management” to present ourselves to others as we hope to be perceived. Each situation is a new scene, and individuals perform different roles depending on who is present (Goffman 1959). Think about the way you behave around your coworkers versus the way you behave around your grandparents versus the way you behave with a blind date. Even if you’re not consciously trying to alter your personality, your grandparents, coworkers, and date probably see different sides of you.

As in a play, the setting matters as well. If you have a group of friends over to your house for dinner, you are playing the role of a host. It is agreed upon that you will provide food and seating and probably be stuck with a lot of the cleanup at the end of the night. Similarly, your friends are playing the roles of guests, and they are expected to respect your property and any rules you may set forth ("Don't leave the door open or the cat will get out."). In any scene, there needs to be a shared reality between players. In this case, if you view yourself as a guest and others view you as a host, there are likely to be problems.

Impression management is a critical component of symbolic interactionism. For example, a judge in a courtroom has many "props" to create an impression of fairness, gravity, and control—like their robe and gavel. Those entering the courtroom are expected to adhere to the scene being set. Just imagine the "impression" that can be made by how a person dresses. This is the reason that attorneys frequently select the hairstyle and apparel for witnesses and defendants in courtroom proceedings.



Figure 4.13: A judge's gavel is known as a prop designed to add gravity and ceremony to the proceedings. (Credit: Brian Turner/flickr)

Goffman's dramaturgy ideas expand on the ideas of Charles Cooley and the looking-glass self. According to Cooley, we base our image on what we think other people see (Cooley 1902). We imagine how we must appear to others, then react to this speculation. We don certain clothes, prepare our hair in a particular manner, wear makeup, use cologne, and the like—all with the notion that our presentation of ourselves is going to affect how others perceive us. We expect a certain reaction, and, if lucky, we get the one we desire and feel good about it. But more than that, Cooley believed that our sense of self is based upon this idea: we imagine how we look to others, draw conclusions based upon their reactions to us, and then we develop our personal sense of self. In other words, people's reactions to us are like a mirror in which we are reflected.

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4.5: Key Terms

achieved status | the status a person chooses, such as a level of education or income

agricultural societies | societies that rely on farming as a way of life

alienation | an individual's isolation from his society, his work, and his sense of self

anomie | a situation in which society no longer has the support of a firm collective consciousness

ascribed status | the status outside of an individual's control, such as sex or race

bourgeoisie | the owners of the means of production in a society

capitalism | a way of organizing an economy so that the things that are used to make and transport products (such as land, oil, factories, ships, etc.) are owned by individual people and companies rather than by the government

class consciousness | the awareness of one's rank in society

collective conscience | the communal beliefs, morals, and attitudes of a society

false consciousness | a condition in which the beliefs, ideals, or ideology of a person are not in the person's own best interest

feudal societies | societies that operate on a strict hierarchical system of power based around land ownership and protection

habitualization | the idea that society is constructed by us and those before us, and it is followed like a habit

horticultural societies | societies based around the cultivation of plants

hunter-gatherer societies | societies that depend on hunting wild animals and gathering uncultivated plants for survival

industrial societies | societies characterized by a reliance on mechanized labor to create material goods

information societies | societies based on the production of nonmaterial goods and services

institutionalization | the act of implanting a convention or norm into society

iron cage | a situation in which an individual is trapped by social institutions

looking-glass self | our reflection of how we think we appear to others

mechanical solidarity | a type of social order maintained by the collective consciousness of a culture

organic solidarity | a type of social order based around an acceptance of economic and social differences

pastoral societies | societies based around the domestication of animals

proletariat | the laborers in a society

rationalization | a belief that modern society should be built around logic and efficiency rather than morality or tradition

role conflict | a situation when one or more of an individual's roles clash

role performance | the expression of a role

role strain | stress that occurs when too much is required of a single role

role-set | an array of roles attached to a particular status

roles | patterns of behavior that are representative of a person's social status

self-fulfilling prophecy | an idea that becomes true when acted upon

social integration | how strongly a person is connected to his or her social group

society | a group of people who live in a definable community and share the same cultural components

status | the responsibilities and benefits that a person experiences according to his or her rank and role in society

Thomas theorem | how a subjective reality can drive events to develop in accordance with that reality, despite being originally unsupported by objective reality

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4.6: Section Summary

4.1 Types of Societies

Societies are classified according to their development and use of technology. For most of human history, people lived in preindustrial societies characterized by limited technology and low production of goods. After the Industrial Revolution, many societies based their economies around mechanized labor, leading to greater profits and a trend toward greater social mobility. At the turn of the new millennium, a new type of society emerged. This postindustrial, or information, society is built on digital technology and nonmaterial goods.

4.2 Theoretical Perspectives on Society

Émile Durkheim believed that as societies advance, they make the transition from mechanical to organic solidarity. For Karl Marx, society exists in terms of class conflict. With the rise of capitalism, workers become alienated from themselves and others in society. Sociologist Max Weber noted that the rationalization of society can be taken to unhealthy extremes.

4.3 Social Constructions of Reality

Society is based on the social construction of reality. How we define society influences how society actually is. Likewise, how we see other people influences their actions as well as our actions toward them. We all take on various roles throughout our lives, and our social interactions depend on what types of roles we assume, who we assume them with, and the scene where interaction takes place.

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4.7: Section Quiz

4.1 Types of Societies

1.

Which of the following fictional societies is an example of a pastoral society?

a. The Deswan people, who live in small tribes and base their economy on the production and trade of textiles
b. The Rositian Clan, a small community of farmers who have lived on their family's land for centuries
c. The Hunti, a wandering group of nomads who specialize in breeding and training horses
d. The Amaganda, an extended family of warriors who serve a single noble family

2.

Which of the following occupations is a person of power most likely to have in an information society?

a. Software engineer
b. Coal miner
c. Children's book author
d. Sharecropper

3.

Which of the following societies were the first to have permanent residents?

a. Industrial
b. Hunter-gatherer
c. Horticultural
d. Feudal

4.2 Theoretical Perspectives on Society

4.

Organic solidarity is most likely to exist in which of the following types of societies?

a. Hunter-gatherer
b. Industrial
c. Agricultural
d. Feudal

5.

According to Marx, the _____ own the means of production in a society.

a. proletariat
b. vassals
c. bourgeoisie
d. anomie

6.

Which of the following best depicts Marx's concept of alienation from the process of one's labor?

a. A supermarket cashier always scans store coupons before company coupons because she was taught to do it that way.
b. A businessman feels that he deserves a raise, but is nervous to ask his manager for one; instead, he comforts himself with the idea that hard work is its own reward.
c. An associate professor is afraid that she won't be given tenure and starts spreading rumors about one of her associates to make herself look better.
d. A construction worker is laid off and takes a job at a fast food restaurant temporarily, although he has never had an interest in preparing food before.

7.

The Protestant work ethic is based on the concept of predestination, which states that _____.

a. performing good deeds in life is the only way to secure a spot in heaven
b. salvation is only achievable through obedience to God
c. no person can be saved before he or she accepts Jesus Christ as his or her savior
d. God has already chosen those who will be saved and those who will be damned

8.

The concept of the iron cage was popularized by which of the following sociological thinkers?

a. Max Weber
b. Karl Marx
c. Émile Durkheim
d. Friedrich Engels

9.

Émile Durkheim's ideas about society can best be described as _____.

a. functionalist
b. conflict theorist
c. symbolic interactionist
d. rationalist

4.3 Social Constructions of Reality

10.

Mary works full-time at an office downtown while her young children stay at a neighbor's house. She's just learned that the childcare provider is leaving the country. Mary has succumbed to pressure to volunteer at her church, plus her ailing mother-in-law will be moving in with her next month. Which of the following is likely to occur as Mary tries to balance her existing and new responsibilities?

a. Role conflict
b. Self-fulfilling prophecy
c. Status conflict
d. Status strain

11.

According to Peter Berger and Thomas Luckmann, society is based on _____.

a. habitual actions
b. status
c. institutionalization
d. role performance

12.

Paco knows that women find him attractive, and he's never found it hard to get a date. But as he ages, he dyes his hair to hide the gray and wears clothes that camouflage the weight he has put on. Paco's behavior can be best explained by the concept of _____.

a. role strain
b. the looking-glass self
c. role performance
d. habitualization

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4.8: Short Answer

4.1 Types of Societies

1.

In which type or types of societies do the benefits seem to outweigh the costs? Explain your answer, and cite social and economic reasons.

2.

Is Gerhard Lenski right in classifying societies based on technological advances? What other criteria might be appropriate, based on what you have read?

4.2 Theoretical Perspectives on Society

3.

Choose two of the three sociologists discussed here (Durkheim, Marx, Weber), and use their arguments to explain a current social event such as the Occupy movement. Do their theories hold up under modern scrutiny?

4.

Think of the ways workers are alienated from the product and process of their jobs. How can these concepts be applied to students and their educations?

4.3 Social Constructions of Reality

5.

Draw a large circle, and then “slice” the circle into pieces like a pie, labeling each piece with a role or status that you occupy. Add as many statuses, ascribed and achieved, that you have. Don’t forget things like dog owner, gardener, traveler, student, runner, employee. How many statuses do you have? In which ones are there role conflicts?

6.

Think of a self-fulfilling prophecy that you’ve experienced. Based on this experience, do you agree with the Thomas theorem? Use examples from current events to support your answer as well.

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4.9: Further Research

4.1 Types of Societies

The Maasai are a modern pastoral society with an economy largely structured around herds of cattle. Read more about the Maasai people and see pictures of their daily lives here .

4.2 Theoretical Perspectives on Society

One of the most influential pieces of writing in modern history was Karl Marx and Friedrich Engels' *The Communist Manifesto*. Visit this site to read the original document that spurred revolutions around the world.

4.3 Social Constructions of Reality

TV Tropes is a website where users identify concepts that are commonly used in literature, film, and other media. Although its tone is for the most part humorous, the site provides a good jumping-off point for research. Browse the list of examples under the entry of "self-fulfilling prophecy." Pay careful attention to the real-life examples. Are there ones that surprised you or that you don't agree with?

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CHAPTER OVERVIEW

5: Groups and Organizations

5.1: Introduction
5.2: Types of Groups
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5.1: Introduction

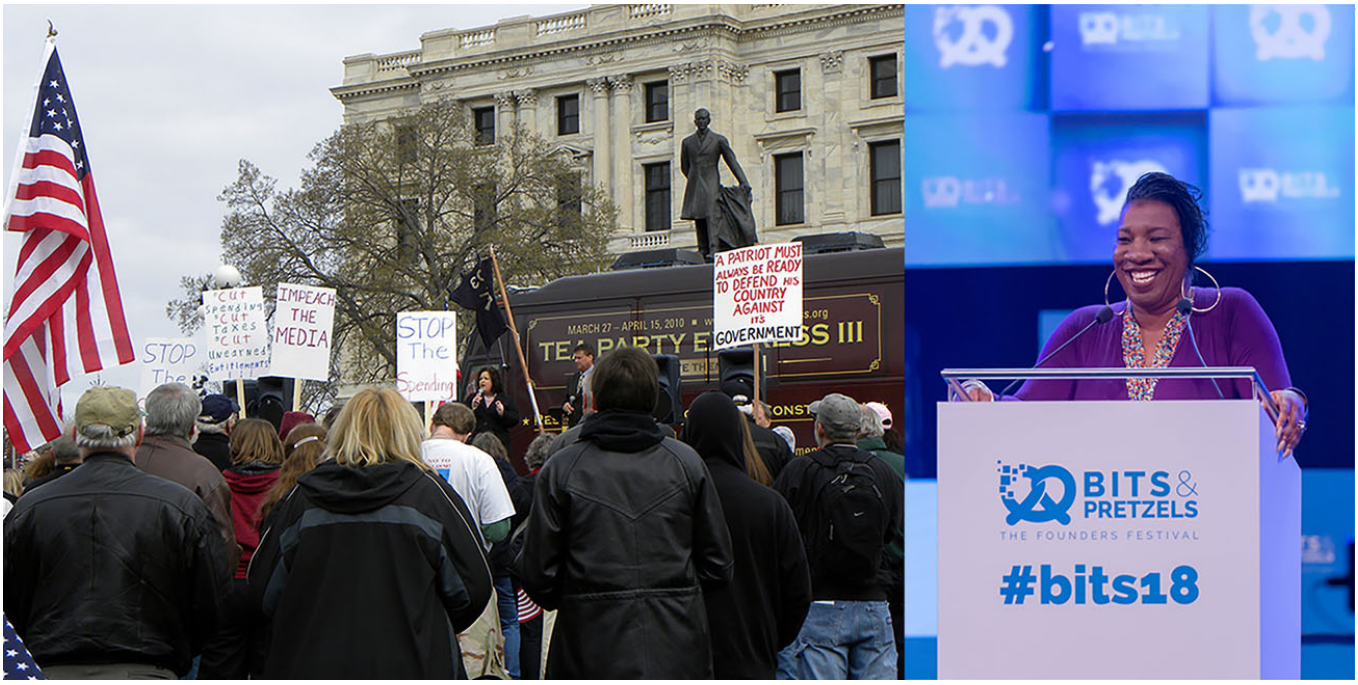


Figure 6.1: The national tour of the Tea Party Express visited Minnesota and held a rally outside the state capitol building. Tarana Burke, who originated the term “me too” in the context of supporting or acknowledging sexual harassment or assault victims, has spoken frequently on the evolution and issues regarding the MeToo movement. (Credit: a. Fibonacci Blue/flickr; b Marco Verch)

Chapter Outline

6.1 Types of Groups
6.2 Group Size and Structure
6.3 Formal Organizations

Throughout the history of the United States, individuals have formed groups in order to achieve goals and bring about change. Some groups are loosely defined, while others have highly organized structure and mission. And in some cases, groups can have significant influence on culture, society, the economy, and government.

In 2009, people protesting government spending held a series of “tea parties,” referencing the Boston Tea Party, an anti-taxation event that led up to the Revolutionary War. Tea Party activists also opposed big government, high taxes, and political corruption and supported gun rights and traditional family values. They called for “awareness to any issue which challenges the security, sovereignty, or domestic tranquility of our beloved nation, the United States of America” (Tea Party, Inc. 2021). The movement grew into a major political force, with chapters popping up in nearly every community across the country.

By 2010, Tea Party candidates had won seats in the U.S. House of Representatives and the Senate, demonstrating the political power of the group and its message. As grassroots activism faded, the Tea Party gained influence within the Republican Party. Many of its ideas have been assimilated into the mainstream conservative movement and Republican Party platform.

In 2016, highly successful Fox News host Gretchen Carlson filed a lawsuit against Fox chairman, Roger Ailes, for sexual harassment. The suit led other women to come forward with similar allegations against Ailes and others in the entertainment industry. Soon after, actress Alyssa Milano posted this statement on Twitter: “If all the women who have been sexually harassed or assaulted wrote 'Me too’ as a status, we might give people a sense of the magnitude of the problem.” The phrase, “Me Too” had been first used in this context in 2006 by activist Tarana Burke, in an effort to empower women of color. Within a day of Milano’s post, the “Me Too” phrase or hashtag was used over 500,000 times on Twitter, and was used in over 12 million posts by 4.7 million people on Facebook. Thousands of people, including other celebrities, shared their own stories of sexual harassment, abuse, or assault. (MeTooMvmt.org, 2020) The “MeToo” movement became the lead story on many newscasts and talk shows. Over the months that followed, the movement sparked reforms within companies and governments to combat sexual harassment and better

support women. The movement inspired abuse victims to come forward and led to the sanction or removal of prominent individuals accused of serial harassment or abuse in academia, media, government, and other industries.

The Tea Party evolved into an organization. From a loosely associated set of local chapters, it developed into several closely affiliated nonprofits (filed with the IRS), a political faction within the Republican Party, and a caucus within Congress. What about the MeToo movement? Burke started it in 2006 and was working to enact change long before the hashtag sparked more awareness and new policies. The MeToo has brought together people to work in groups, but it has yet to form into a permanent MeToo organization.

As enduring social units, groups help foster shared value systems and are key to the structure of society as we know it. There are three primary sociological perspectives for studying groups: Functionalist, Conflict, and Interactionist. We can look at the Tea Party and the MeToo movements through the lenses of these methods to better understand the roles and challenges that they offer.

The Functionalist perspective is a big-picture, macro-level view that looks at how different aspects of society are intertwined. This perspective is based on the idea that society is a well-balanced system with all parts necessary to the whole, and it studies the roles these parts play in relation to the whole. A Functionalist might look at the macro-level needs that each movement serves. For example, a Structural Functionalist might ask how the Tea Party arose to voice the concerns of a large sector of society that felt politically underrepresented, or how MeToo drove people to pay attention to sexual harassment and gender inequality. This approach might look at how each group enabled the voicing of discontent and so stabilized society.

The Conflict perspective is another macroanalytical view, one that focuses on the genesis and growth of inequality. A conflict theorist studying the Tea Party Movement might look at how it checked interests that have manipulated the political system over the last 30 years. Or this perspective might explore how MeToo challenged organizations that have allowed sexual harassment to persist in order to protect those in power.

A third perspective is the Symbolic Interaction or Interactionist perspective. This method of analyzing groups takes a micro-level view. Instead of studying the big picture, these researchers look at the day-to-day interactions of groups. Studying these details, the Interactionist looks at issues like leadership style and group dynamics. In the case of the Tea Party Movement, Interactionists might ask, “How does the Tea Party dynamic in New York differ from that in Atlanta?” Or, in the case of the MeToo, researchers may seek to learn about who defines the agenda and approach within the movement.

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5.2: Types of Groups

Learning Objectives

By the end of this section, you should be able to:

- Differentiate between primary and secondary groups.
- Recognize in-groups and out-groups as subtypes of primary and secondary groups
- Define reference groups

Most of us feel comfortable using the word "group" without giving it much thought. Often, we mean different things when using that word. We might say that a group of kids all saw the dog, and it could mean 250 students in a lecture hall or four siblings playing on a front lawn. In everyday use, it can be a generic term, although it carries important clinical and scientific meanings. Moreover, the concept of a group is central to much of how we think about society and human interaction. So how can we hone the meaning more precisely for sociological purposes?

Defining a Group

The term group is an amorphous one and can refer to a wide variety of gatherings, from just two people (think about a "group project" in school when you partner with another student), a club, a regular gathering of friends, or people who work together or share a hobby. In short, the term refers to any collection of at least two people who interact with some frequency and who share a sense that their identity is somehow aligned with the group. Of course, every time people are gathered, it is not necessarily a group. A rally is usually a one-time event, for instance, and belonging to a political party doesn't imply interaction with others. People who happen to be in the same place at the same time but who do not interact or share a sense of identity—such as a bunch of people standing in line at Starbucks—are considered an aggregate, or a crowd.

Another example of a nongroup is people who share similar characteristics but are not tied to one another in any way. These people are considered a category, and as an example all children born from approximately 1980–2000 are referred to as "Millennials." Why are Millennials a category and not a group? Because while some of them may share a sense of identity, they do not, as a whole, interact frequently with each other.

Interestingly, people within an aggregate or category can become a group. During disasters, people in a neighborhood (an aggregate) who did not know each other might become friendly and depend on each other at the local shelter. After the disaster when people go back to simply living near each other, the feeling of cohesiveness may last since they have all shared an experience. They might remain a group, practicing emergency readiness, coordinating supplies for next time, or taking turns caring for neighbors who need extra help.

Similarly, there may be many groups within a single category. Consider teachers, for example. Within this category, groups may exist like teachers' unions, teachers who coach, or staff members who are involved with the PTA.

Types of Groups

Sociologist Charles Horton Cooley (1864–1929) suggested that groups can broadly be divided into two categories: primary groups and secondary groups (Cooley 1909). According to Cooley, primary groups play the most critical role in our lives. The primary group is usually fairly small and is made up of individuals who generally engage face-to-face in long-term emotional ways. This group serves emotional needs: expressive functions rather than pragmatic ones. The primary group is usually made up of significant others, those individuals who have the most impact on our socialization. The best example of a primary group is the family.

Secondary groups are often larger and impersonal. They may also be task-focused and time-limited. These groups serve an instrumental function rather than an expressive one, meaning that their role is more goal- or task-oriented than emotional. A classroom or office can be an example of a secondary group.

Neither primary nor secondary groups are bound by strict definitions or set limits. In fact, people can move from one group to another. A group of coworkers, for example, can start as a secondary group, but as the employees work together over the years, they may find common interests and strong ties that transform them into a primary group. As we will discuss in the chapter on Media

and Technology, even online networks of people with common interests can sometimes move from secondary to primary group status.

Sociology in the Real World: Best Friends She's Never Met

Writer Allison Levy worked alone. While she liked the freedom and flexibility of working from home, she sometimes missed having a community of coworkers, both for the practical purpose of brainstorming and socializing. Levy did what many do in the Internet age: she found a group of other writers online through a web forum. Over time, a group of approximately twenty writers, who all wrote for a similar audience, broke off from the larger group and started a private invitation-only forum. While writers in general represent all genders, ages, and interests, this group ended up being a collection of twenty- and thirty-something women who all wrote fiction for children and young adults.

At first, the writers' forum was clearly a secondary group united by the members' professions and work situations. As Levy explained, "On the Internet, you can be present or absent as often as you want. No one is expecting you to show up." It was a useful place to research information about publishers, recently-published books and authors, and industry trends. But as time passed, Levy found it served a different purpose. Since the group shared other characteristics beyond their writing (such as age and gender), their conversation naturally turned to matters such as child-rearing, aging parents, health, and exercise. Levy found it was a sympathetic place to talk about any number of subjects, not just writing. Further, when people didn't post for several days, others expressed concern, asking whether anyone had heard from the missing writers. It reached a point where most members would tell the group if they were traveling or needed to be offline for awhile.

The group continued to share. One member on the site who was going through a difficult family illness wrote, "I don't know where I'd be without you women. It is so great to have a place to vent that I know isn't hurting anyone." Others shared similar sentiments.

So is this a primary group? Most of these people have never met each other. They live in Hawaii, Australia, Minnesota, and across the world. They may never meet. Levy wrote recently to the group, saying, "Most of my 'real-life' friends and even my husband don't really get the writing thing. I don't know what I'd do without you." Despite the distance and the lack of physical contact, the group clearly fills an expressive need.



Figure 6.2: Engineering and construction students gather around a job site. How do your academic interests define your in- and out-groups? (Credit: USACEpublicaffairs/flickr)

In-Groups and Out-Groups

One of the ways that groups can be powerful is through inclusion, and its inverse, exclusion. The feeling that we belong in an elite or select group is a heady one, while the feeling of not being allowed in, or of being in competition with a group, can be motivating in a different way. Sociologist William Sumner (1840–1910) developed the concepts of in-group and out-group to explain this phenomenon (Sumner 1906). In short, an in-group is the group that an individual feels she belongs to, and she believes it to be an integral part of who she is. An out-group, conversely, is a group someone doesn't belong to; often we may feel disdain or competition in relationship to an out-group. Sports teams, unions, and sororities are examples of in-groups and out-groups. Primary groups consist of both in-groups and out-groups, as do secondary groups.

While group affiliations can be neutral or positive, the concept of in-groups and out-groups can also explain some negative human behavior, such as white supremacist movements. By defining others as "not like us" and inferior, in-groups can end up practicing ethnocentrism, racism, sexism, ageism, and heterosexism—manners of judging others negatively based on their culture, race, sex, age, or sexuality.

Often, in-groups can form within a secondary group. For instance, a workplace can have cliques of people, from senior executives who play golf together, to engineers who write code together, to young singles who socialize after hours. While these in-groups might show favoritism and affinity for other in-group members, the overall organization may be unable or unwilling to acknowledge it. Therefore, it pays to be wary of the politics of in-groups, since members may exclude others as a form of gaining status within the group.

Big Picture: Bullying and Cyberbullying: How Technology Has Changed the Game

Most of us know that the old rhyme "sticks and stones may break my bones, but words will never hurt me" is inaccurate. Words can hurt, and never is that more apparent than in instances of bullying. Bullying often reaches extreme levels of cruelty

in children and young adults. People at these stages of life are especially vulnerable to opinions of others and deeply invested in their peer groups. Today, cyberbullying is on the rise. Cyberbullying can involve sending threatening texts, harassing someone in a public forum (such as social media), hacking someone's account and pretending to be them, posting embarrassing images online, and so on. A study by the Cyberbullying Research Center found that 28 percent of teens have been a victim of cyberbullying (Hinduja and Patchin, 2019). Severe bullying can lead to suicidal thoughts and suicide attempts (John, 2018). Researchers noted that students who experienced in-person and online bullying were eleven times more likely to attempt suicide (Hinduja, 2018). Whereas bullying face-to-face requires willingness to interact with your victim, cyberbullying allows bullies to harass others from the privacy of their homes without witnessing the damage firsthand. This form of bullying is particularly dangerous because it's widely accessible and therefore easier to carry out. Cyberbullying can create a feeling of powerlessness and inescapability because victimization is not constrained to physical locations. Many victims report being harassed across multiple platforms or formats at the same time.

Cyberbullying first made international headlines in 2010 when a fifteen-year-old girl, Phoebe Prince, in South Hadley, Massachusetts, died by suicide after being relentlessly bullied by girls at her school. In the aftermath of her death, the bullies were prosecuted and the state passed anti-bullying legislation. This marked a significant change in how bullying, including cyberbullying, is viewed in the United States. Now there are numerous resources for schools, families, and communities to provide education and prevention on this issue. Social media platforms and their parent companies are also taking steps (often under pressure from communities) to improve cyberbullying detection and reporting capabilities.

According to a report released in 2013 by the National Center for Educational Statistics, close to 1 in every 3 (27.8 percent) students report being bullied by their school peers. Seventeen percent of students reported being the victims of cyberbullying. Overall, LGBTQ youth are targeted at a higher rate than other youth, and members of minority populations overall are more likely to be cyberbullying victims (Hinjuda & Patchin, 2020). Finally, adults (particularly college students) are also frequent cyberbullying victims and perpetrators.

Reference Groups



Figure 6.3: Athletes are often viewed as a reference group for young people. (Credit: nonorganical/ flickr)

A reference group is a group that people compare themselves to—it provides a standard of measurement. In U.S. society, peer groups are common reference groups. Kids and adults pay attention to what their peers wear, what music they like, what they do

with their free time—and they compare themselves to what they see. Most people have more than one reference group, so a middle school boy might look not just at his classmates but also at his older brother's friends and see a different set of norms. And he might observe the behaviors of his favorite athletes for yet another point of reference.

Some other examples of reference groups can be one's cultural center, workplace, family gathering, and even parents. Often, reference groups convey competing messages. For instance, on television and in movies, young adults often have wonderful apartments and cars and lively social lives despite not holding a job. In music videos, young women might dance and sing in a sexually aggressive way that suggests experience beyond their years. At all ages, we use reference groups to help guide our behavior and establish our social norms. So how important is it to surround yourself with positive reference groups? You may not recognize a reference group, but it still influences the way you act. Identifying your reference groups can help you understand the source of the social identities you aspire to or want to distance yourself from.

Sociology in the Real World: College: A World of In-Groups, Out-Groups, and Reference Groups



Figure 6.4: Which fraternity or sorority would you fit into, if any? Sorority recruitment day offers students an opportunity to learn about these different groups. (Credit: Texas A&M/flickr)

For a student entering college, the sociological study of groups takes on an immediate and practical meaning. After all, when we arrive someplace new, most of us glance around to see how well we fit in or stand out in the ways we want. This is a natural response to a reference group, and on a large campus, there can be many competing groups. Say you are a strong athlete who wants to play intramural sports, and your favorite musicians are a local punk band. You may find yourself engaged with two very different reference groups.

These reference groups can also become your in-groups or out-groups. For instance, different groups on campus might solicit you to join. Are there fraternities and sororities at your school? If so, chances are they will try to convince students—that is, students they deem worthy—to join them. And if you love playing soccer and want to play on a campus team, but you're wearing shredded jeans, combat boots, and a local band T-shirt, you might have a hard time convincing the soccer team to give you a chance. While most campus groups refrain from insulting competing groups, there is a definite sense of an in-group versus an out-group. "Them?" a member might say. "They're all right, but their parties are nowhere near as cool as ours." Or,

> “Only serious engineering geeks join that group.” This immediate categorization into in-groups and out-groups means that students must choose carefully, since whatever group they associate with might define their friends for several years to come.

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5.3: Group Size and Structure

Learning Objectives

By the end of this section, you should be able to:

- Explain the ways that size influences group dynamics
- Differentiate among styles of leadership
- Interpret the impact of groups on individual behavior



Figure 6.5: Cadets illustrate how strongly conformity can define groups. (Credit: West Point — The U.S. Military Academy/flickr)

Dyads, Triads, and Large Groups

A small group is typically one where the collection of people is small enough that all members of the group know each other and share simultaneous interaction, such as a nuclear family, a dyad, or a triad. Georg Simmel (1858–1915) wrote extensively about the difference between a dyad, or two-member group, and a triad, which is a three-member group (Simmel 1902). In the former, if one person withdraws, the group can no longer exist. We can think of a divorce, which effectively ends the "group" of the married couple or of two best friends never speaking again. In a triad, however, the dynamic is quite different. If one person withdraws, the group lives on. A triad has a different set of relationships. If there are three in the group, two-against-one dynamics can develop, and a majority opinion may form on any issue.

Small groups generally have strong internal cohesiveness and a sense of connection. Small groups may face challenges when trying to achieve large goals. They can struggle to be heard or to be a force for change if they are pushing against larger groups.

It is difficult to define exactly when a small group becomes a large group. Perhaps it occurs when one group grows so large that there are too many people to join in a simultaneous discussion. Sometimes it occurs when a group joins with other groups as part of a movement. These larger groups may share a geographic space, such as a fraternity or sorority on the same campus, or they might be spread out around the globe. The larger the group, the more attention it can garner, and the more pressure members can put toward whatever goal they wish to achieve. At the same time, the larger the group becomes, the more the risk grows for division and lack of cohesion.

Group Leadership

Often, larger groups require some kind of leadership. In small, primary groups, leadership tends to be informal. After all, most families don't take a vote on who will rule the group, nor do most groups of friends. This is not to say that *de facto* leaders don't emerge, but formal leadership is rare. In secondary groups, leadership is usually more overt. They often outline roles and responsibilities, with a chain of command to follow. Some secondary groups, like the military, have highly structured and clearly understood chains of command, and sometimes lives depend on those. After all, how well could soldiers function in a battle if different people were calling out orders and if they had no idea whom to listen to? Other secondary groups, like a workplace or a classroom, also have formal leaders, but the styles and functions of leadership can vary significantly.

Leadership function refers to the main goal of the leader, which may be instrumental or expressive. An instrumental leader is one who is goal-oriented and largely concerned with accomplishing set tasks. We can imagine that an army general or a Fortune 500 CEO would be an instrumental leader. In contrast, expressive leaders are more concerned with promoting emotional strength and health, and ensuring that people feel supported. Social and religious leaders—rabbis, priests, imams, directors of youth homes and social service programs—are often perceived as expressive leaders. Sometimes people expect men to take on instrumental roles and women to assume expressive roles. Women and men who exhibit the other-gender manner can be seen as deviants and can encounter resistance. Yet, both men and women prefer leaders who use a combination of expressive and instrumental leadership (Boatwright and Forrest, 2000).

Sociologists recognize three leadership styles. Democratic leaders encourage group participation in all decision making. They work hard to build consensus before choosing a course of action and moving forward. This type of leader is particularly common, for example, in a club where the members vote on which activities or projects to pursue. Democratic leaders can be well liked, but there is often a danger that decisions will proceed slowly since consensus building is time-consuming. A further risk is that group members might pick sides and entrench themselves into opposing factions rather than reaching a solution.

In contrast, a laissez-faire (French for "leave it alone") leader is hands-off, allowing group members to self-manage and make their own decisions. An example of this kind of leader might be an art teacher who opens the art cupboard, leaves materials on the shelves, and tells students to help themselves and make some art. While this style can work well with highly motivated and mature participants who have clear goals and guidelines, it risks group dissolution and a lack of progress.

Finally, authoritarian leaders issue orders and assign tasks with little to no feedback from group members. These leaders are often instrumental leaders with a strong focus on meeting goals. Often, entrepreneurs fall into this mold, like Facebook founder Mark Zuckerberg. Not surprisingly, authoritarian leaders risk alienating the workers. When decisions need to made quickly or informed by a high level of expertise, however, this style of leadership can be required.

In different circumstances, each of these leadership styles can be effective and successful. Consider what leadership style you prefer. Why? Do you like the same style in different areas of your life, such as a classroom, a workplace, and a sports team?

Big Picture: Women Political Candidates



Figure 6.6: Kamala Harris, like many other women leaders, faces unique and sometimes conflicting expectations. She may want to lead, but some care more about whether she is liked. (Credit: California National Guard/flickr)

Kamala Harris broke a significant barrier when she became the first woman and first person of Black and South Asian descent to be elected vice president of the United States. A prominent presidential candidate in her own right during the 2020 primary election, Harris was asked by then-candidate Joe Biden to be his running mate in order to secure his electoral victory.

You may be surprised, however, to learn that more than ten other women were on the ballot for president or vice president on November 3, 2020. Many were not on the ballot in every state, and at least one (Ricki Sue King) actually encouraged people not to vote for her. Shirley Chisholm, Lenora Fulani, Jill Stein, Hillary Clinton and many other women have been candidates, but the United States has yet to elect a woman to the presidency.

Researchers and political analysts have long established that gender plays a significant role in how political leaders (both candidates and elected officials) are perceived. As a starting point, research indicates that, even among women, the public prefer masculine qualities in presidents. For example, a study in which subjects completed the Bem Sex-Role Inventory and Implicit Leadership Inventory found that the hypothetical "Ideal" president possessed more masculine qualities than feminine qualities (Powell and Butterfield 2011).

Beyond the implicit preference toward masculine qualities, women candidates face what is sometimes referred to the "likability trap." Essentially, the public expects and prefers certain qualities from its leaders, and also expects and prefers certain qualities based on the candidates' gender. For women presidential candidates, these expectations often conflict. For example, when a male candidate ranks low on feminine qualities, their likeability is not significantly affected. But when a female candidate, like Hillary Clinton, ranks low on feminine qualities, their likability is significantly impacted. Interestingly, the same survey found that Kamala Harris had a much more balanced gender quality rating than Clinton did. The researchers qualified that since Kamala Harris ran for vice president, rather than president, the ratings cannot be directly compared to Clinton's. This difference, though, may indicate why many women are elected to legislative and gubernatorial roles, but not to the presidency (Conroy, Martin, and Nadler, 2020).

These same perceptions present themselves in the workplace. Prescriptive stereotypes—that is, ideas about how men or women should behave—limit women's advancement to leadership positions. Men are often appreciated for being ambitious, while women who exhibit assertive behavior are generally perceived as selfish or overly competitive (Baldoni, 2020). Furthermore, when men help out in the workplace, their contribution is appreciated while the same task carried out by women goes unacknowledged. Scholars observe that women are underrepresented in the top levels of U.S. businesses and Fortune 500 companies (Heilman 2012).



Figure 6.7: This gag gift demonstrates how female leaders may be viewed if they violate social norms. (Credit: istolethetv/flickr)

Conformity

We all like to fit in to some degree. Likewise, if we want to stand out, then we want to choose how we stand out and for what reasons. For example, a person who loves cutting-edge fashion might dress in thought-provoking new styles to set a new trend.

Conformity is the extent to which an individual complies with group norms or expectations. As you might recall, we use reference groups to assess and understand how to act, to dress, and to behave. Not surprisingly, young people are particularly aware of who conforms and who does not. A high school boy whose mother makes him wear ironed button-down shirts might protest that everyone else wears T-shirts and he will look stupid. Another high school boy might like wearing those shirts as a way of standing

out. How much do you enjoy being noticed? Do you consciously prefer to conform to group norms so as not to be singled out? Are there people in your class who immediately come to mind when you think about those who don't want to conform?

Psychologist Solomon Asch (1907–1996) conducted experiments that illustrated how great the pressure to conform is, specifically within a small group (1956). Read about his work in the Sociological Research feature and consider what you would do in Asch's experiment. Would you speak up? What would help you speak up and what would discourage it?

Sociological Research: Conforming to Expectations

In 1951, psychologist Solomon Asch sat a small group of about eight people around a table. Only one of the people sitting there was the true subject; the rest were associates of the experimenter. However, the subject was led to believe that the others were all, like him, people brought in for an experiment in visual judgments. The group was shown two cards, the first card with a single vertical line, and the second card with three vertical lines differing in length. The experimenter polled the group and asked each participant one at a time which line on the second card matched up with the line on the first card.

However, this was not really a test of visual judgment. Rather, it was Asch's study on the pressures of conformity. He was curious to see what the effect of multiple wrong answers would be on the subject, who presumably was able to tell which lines matched. In order to test this, Asch had each planted respondent answer in a specific way. The subject was seated in such a way that he had to hear almost everyone else's answers before it was his turn. Sometimes the nonsubject members would unanimously choose an answer that was clearly wrong.

So what was the conclusion? Asch found that thirty-seven out of fifty test subjects responded with an "obviously erroneous" answer at least once. When faced by a unanimous wrong answer from the rest of the group, the subject conformed to a mean of four of the staged answers. Asch revised the study and repeated it, wherein the subject still heard the staged wrong answers, but was allowed to write down his answer rather than speak it aloud. In this version, the number of examples of conformity—giving an incorrect answer so as not to contradict the group—fell by two thirds. He also found that group size had an impact on how much pressure the subject felt to conform.

The results showed that speaking up when only one other person gave an erroneous answer was far more common than when five or six people defended the incorrect position. Finally, Asch discovered that people were far more likely to give the correct answer in the face of near-unanimous consent if they had a single ally. If even one person in the group also dissented, the subject conformed only a quarter as often. Clearly, it was easier to be a minority of two than a minority of one.

Asch concluded that there are two main causes for conformity: people want to be liked by the group or they believe the group is better informed than they are. He found his study results disturbing. To him, they revealed that intelligent, well-educated people would, with very little coaxing, go along with an untruth. He believed this result highlighted real problems with the education system and values in our society (Asch 1956).

Stanley Milgram, a Yale psychologist, had similar results in his experiment that is now known simply as the Milgram Experiment. In 1962, Milgram found that research subjects were overwhelmingly willing to perform acts that directly conflicted with their consciences when directed by a person of authority. In the experiment, subjects were willing to administer painful, even supposedly deadly, shocks to others who answered questions incorrectly.

To learn more about similar research, visit http://www.prisonexp.org/

The Bystander Effect and Diffusion of Responsibility

Social psychologists have recognized that other people's presence influences our behavior, whether we are aware of it or not. One example is the bystander effect, a situation in which people are less likely to interfere during an emergency or when a social norm is being violated if there are others around. They feel less responsible because of the presence of other bystanders (Beyer et al., 2017). This is known as diffusion of responsibility.

Most of the time people report that they don't want to get involved and that's why they don't respond when they see something wrong. They assume someone else will step up and help. Researchers have found that people are less likely to help if they don't know the victim (Cherry 2020).

Think about it this way, you're walking to class and there are several students around. Someone falls on the ground having a seizure. What would you do? The bystander effect suggests that unless you know the person who has fallen, you are more likely to walk away than help. However, social psychologists believe that you are much more likely to help, or at least stop and check, if you are the only one around.

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5.4: Formal Organizations

Learning Objectives

By the end of this section, you should be able to:

- Distinguish the types of formal organizations
- Recognize the characteristics of bureaucracies
- Identify the impact of the McDonaldization of society

A complaint of modern life is that society is dominated by large and impersonal secondary organizations. From schools to businesses to healthcare to government, these organizations, referred to as formal organizations, are highly bureaucratized. Indeed, all formal organizations are, or likely will become, bureaucracies. We will discuss the purpose of formal organizations and the structure of their bureaucracies.

Types of Formal Organizations



(a) (b)

Figure 6.8: Girl Scout troops and correctional facilities are both formal organizations. (Credit: (a) moonlightbulb/flickr; (b) CxOxS/flickr)

Sociologist Amitai Etzioni (1975) posited that formal organizations fall into three categories. Normative organizations, also called voluntary organizations, are based on shared interests. As the name suggests, joining them is voluntary. People find membership rewarding in an intangible way. They receive non-material benefits. The Audubon Society and a ski club are examples of normative organizations.

Coercive organizations are groups that we must be coerced, or pushed, to join. These may include prison or a rehabilitation center. Symbolic interactionist Erving Goffman states that most coercive organizations are total institutions (1961). A total institution is one in which inmates or military soldiers live a controlled lifestyle and in which total resocialization takes place.

The third type is utilitarian organizations, which, as the name suggests, are joined because of the need for a specific material reward. High school and the workplace fall into this category—one joined in pursuit of a diploma, the other in order to make money.

Table 6.1 Table of Formal Organizations: This table shows Etzioni's three types of formal organizations. (Credit: Etzioni 1975)

	Normative or Voluntary	Coercive	Utilitarian
Benefit of Membership	Intangible benefit	Corrective benefit	Tangible benefit
Type of Membership	Volunteer basis	Required	Contractual basis
Feeling of Connectedness	Shared affinity	No affinity	Some affinity

The Structure of Bureaucracies

Bureaucracies are an ideal type of formal organization. By ideal, sociologists don't mean "best." Rather, bureaucracies have a collection of characteristics that most of them exhibit. Pioneer sociologist Max Weber characterized a bureaucracy as having a hierarchy of authority, a clear division of labor, explicit rules, and impersonality (1922). People often complain about bureaucracies—declaring them slow, rule-bound, difficult to navigate, and unfriendly. Let's take a look at terms that define a bureaucracy to understand what they mean.

Hierarchy of authority refers to the chain of command that places one individual or office in charge of another, who in turn must answer to her own superiors. For example, as an employee at Walmart, your shift manager assigns you tasks. Your shift manager answers to his store manager, who must answer to her regional manager, and so on, up to the CEO who must answer to the board members, who in turn answer to the stockholders. Everyone in this bureaucracy follows the chain of command.

Bureaucracies have a clear division of labor: each individual has a specialized task to perform. For example, at a university, psychology professors teach psychology, but they do not attempt to provide students with financial aid forms. The Office of Admissions often takes on this task. In this case, it is a clear and commonsense division. But what about in a restaurant where food is backed up in the kitchen and a hostess is standing nearby texting on her phone? Her job is to seat customers, not to deliver food. Is this a smart division of labor?

Bureaucracies have explicit rules, rules that are outlined, written down, and standardized. For example, at your college or university, the student guidelines are contained within the Student Handbook. As technology changes and campuses encounter new concerns like cyberbullying, identity theft, and other problems that arise, organizations scramble to ensure their explicit rules cover these emerging issues.

Finally, bureaucracies are also characterized by impersonality, which takes personal feelings out of professional situations. This characteristic grew, to some extent, out of a desire to avoid nepotism, backroom deals, and other types of favoritism, while simultaneously protecting customers and others served by the organization. Impersonality Bureaucracies can effectively and efficiently serve volumes of customers quickly. However, explicit rules, clear division of labor, and a strict hierarchy of authority does not allow them to easily adjust to unique or new situations. As a result, customers frequently complain that stores with bureaucratic structures, like Walmart, care little about individuals, other businesses, and the community at large.

Bureaucracies are often meritocracies, meaning that hiring and promotion is based on proven and documented skills, rather than on nepotism or random choice. In order to get into a prestigious college, you need to perform well on the SAT and have an impressive transcript. In order to become a lawyer and represent clients, you must graduate law school and pass the state bar exam. Of course, there are many well-documented examples of success by those who did not proceed through traditional meritocracies. Think about technology companies with founders who dropped out of college, or performers who became famous after a YouTube video went viral.

In addition, organizations that aspire to become meritocracies encounter challenges. How well do you think established meritocracies identify talent? Wealthy families hire tutors, interview coaches, test-prep services, and consultants to help their kids get into the best schools. This starts as early as kindergarten in New York City, where competition for the most highly-regarded schools is especially fierce. Are these schools, many of which have copious scholarship funds that are intended to make the school more democratic, really offering all applicants a fair shake?

There are several positive aspects of bureaucracies. They are intended to improve efficiency, ensure equal opportunities, and serve a large population. And there are times when rigid hierarchies are needed. But remember that many of our bureaucracies grew large at the same time that our school model was developed—during the Industrial Revolution. Young workers were trained, and organizations were built for mass production, assembly line work, and factory jobs. In these scenarios, a clear chain of command was critical. Now, in the information age, this kind of rigid training and adherence to protocol can actually decrease both productivity and efficiency.

Today's workplace requires a faster pace, more problem solving, and a flexible approach to work. Too much adherence to explicit rules and a division of labor can leave an organization behind. And unfortunately, once established, bureaucracies can take on a life of their own. Maybe you have heard the expression "trying to turn a tanker around mid-ocean," which refers to the difficulties of changing direction with something large and set in its ways. State governments and current budget crises are examples of this challenge. It is almost impossible to make quick changes, leading states to fail, year after year, to address increasingly unbalanced

budgets. Finally, bureaucracies, grew as institutions at a time when privileged white males held all the power. While ostensibly based on meritocracy, bureaucracies can perpetuate the existing balance of power by only recognizing the merit in traditionally male and privileged paths.

Michels (1911) suggested that all large organizations are characterized by the Iron Rule of Oligarchy**,** wherein an entire organization is ruled by a few elites. Do you think this is true? Can a large organization be collaborative?



Figure 6.9: This McDonald's storefront in Egypt shows the McDonaldization of society. (Credit: s_w_ellis/flickr)

The McDonaldization of Society

The McDonaldization of Society (Ritzer 1993) refers to the increasing presence of the fast food business model in common social institutions, including government, education, and even relationships. The term itself isn't widely used in publications, research, or common conversation, but its effects are very familiar, even commonplace. The McDonald's model includes efficiency (the division of labor), predictability, calculability, and control (monitoring). For example, in your average chain grocery store, people at the register check out customers while stockers keep the shelves full of goods and deli workers slice meats and cheese to order (efficiency). Whenever you enter a store within that grocery chain, you receive the same type of goods, see the same store organization, and find the same brands at the same prices (predictability). You will find that goods are sold by the pound, so that you can weigh your fruit and vegetable purchase rather than simply guessing at the price for that bag of onions. The employees use a timecard to calculate their hours and receive overtime pay (calculability). Finally, you will notice that all store employees are wearing a uniform, and usually a name tag, so that they can be easily identified. There are security cameras to monitor the store, and some parts of the store, such as the stockroom, are generally considered off-limits to customers (control). This approach is so common in chain stores that you might not even notice it; in fact, if you went to a large-chain resturant or a store like Walmart, seeing a worker or a process that didn't have these uniform characteristics would seem odd.

While McDonaldization has resulted in improved profits and an increased availability of various goods and services to more people worldwide, it has also reduced the variety of goods available in the marketplace while rendering available products uniform, generic, and bland. Think of the difference between a mass-produced shoe and one made by a local cobbler, between a chicken from a family-owned farm and a corporate grower, or between a cup of coffee from the local diner and one from Starbucks. Some more contemporary efforts can be referred to as "de-McDonaldization": farmers markets, microbreweries, and various do-it-yourself trends. And with recent advertising and products emphasizing individuality, even McDonald's seems to be de-McDonaldizing itself.

The corporate impact of this phenomenon is interesting on its own, but sociologists and ordinary citizens are often more concerned about its echoes in other areas of society. A primary example, discussed extensively later on in this text, is education. Curricula and teaching practices were long the domain of local districts under state guidance. Some experts felt that this led to both inefficiency

and underperformance. Starting in the 1990s and especially in the early 2000s with the No Child Left Behind law, national standards began to override local approaches. But the desired outcome (improved education) is difficult to measure and far more difficult to achieve. Due to funding gaps, difficult standards, and intense public and local government opposition, the law was largely seen as having limited impact and was eventually phased out.

Healthcare has also gone to a mass production and efficiency model. As you will explore later in the text, U.S. healthcare providers and insurers faced overwhelming increases in demand, partly the result of America's aging and less healthy population. In the 1990s, providers consolidated in what was called hospital "merger mania." Local hospitals and even small doctors' offices were merged or acquired by larger systems (Fuchs 1997). The trend continued with new growth in providers like urgent care offices. Other efficiency and standardization methods include telemedicine, new types of healthcare professionals, insurance mandates, and artificial intelligence.

Sociology in the Real World: Secrets of the McJob

We often talk about bureaucracies disparagingly, and no organization takes more heat than fast food restaurants. Several books and movies, such as *Fast Food Nation: The Dark Side of the All-American Meal* by Eric Schossler, paint an ugly picture of what goes in, what goes on, and what comes out of fast food chains. From their environmental impact to their role in the U.S. obesity epidemic, fast food chains are connected to numerous societal ills. Furthermore, working at a fast food restaurant is often disparaged, and even referred to dismissively, as having a McJob rather than a real job.

But business school professor Jerry Newman went undercover and worked behind the counter at seven fast food restaurants to discover what really goes on there. His book, *My Secret Life on the McJob*, documents his experience. Unlike Schossler, Newman found that these restaurants offer much good alongside the bad. Specifically, he asserted that the employees were honest and hardworking, that management was often impressive, and that the jobs required a lot more skill and effort than most people imagined. In the book, Newman cites a pharmaceutical executive who says a fast-food service job on an applicant's résumé is a plus because it indicates the employee is reliable and can handle pressure.

Businesses like Chipotle, Panera, and Costco attempt to combat many of the effects of McDonaldization. In fact, Costco is known for paying its employees an average of $20 per hour, or slightly more than $40,000 per year. Nearly 90% of their employees receive health insurance from Costco, a number that is unheard of in the retail sector.

While Chipotle is not known for the high wages of its employees, it is known for attempting to sell high-quality foods from responsibly sourced providers. This is a different approach from what Schossler describes among burger chains like McDonalds.

So, what do you think? Are these McJobs and the organizations that offer them still serving an important role in the economy and people's careers? Or are they dead-end jobs that typify all that is negative about large bureaucracies? Have you ever worked in one? Would you?

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5.5: Key Terms

aggregate | a collection of people who exist in the same place at the same time, but who don't interact or share a sense of identity

authoritarian leader | a leader who issues orders and assigns tasks

bureaucracies | formal organizations characterized by a hierarchy of authority, a clear division of labor, explicit rules, and impersonality.

category | people who share similar characteristics but who are not connected in any way

clear division of labor | the fact that each individual in a bureaucracy has a specialized task to perform

coercive organizations | organizations that people do not voluntarily join, such as prison or a mental hospital

conformity | the extent to which an individual complies with group or societal norms

democratic leader | a leader who encourages group participation and consensus-building before moving into action

dyad | a two-member group

explicit rules | the types of rules in a bureaucracy; rules that are outlined, recorded, and standardized

expressive function | a group function that serves an emotional need

expressive leader | a leader who is concerned with process and with ensuring everyone's emotional wellbeing

formal organizations | large, impersonal organizations

group | any collection of at least two people who interact with some frequency and who share some sense of aligned identity

hierarchy of authority | a clear chain of command found in a bureaucracy

impersonality | the removal of personal feelings from a professional situation

in-group | a group a person belongs to and feels is an integral part of his identity

instrumental function | being oriented toward a task or goal

instrumental leader | a leader who is goal oriented with a primary focus on accomplishing tasks

Iron Rule of Oligarchy | the theory that an organization is ruled by a few elites rather than through collaboration

laissez-faire leader | a hands-off leader who allows members of the group to make their own decisions

leadership function | the main focus or goal of a leader

leadership style | the style a leader uses to achieve goals or elicit action from group members

McDonaldization of Society | the increasing presence of the fast food business model in common social institutions

meritocracy | a bureaucracy where membership and advancement is based on merit—proven and documented skills

normative or voluntary organizations | organizations that people join to pursue shared interests or because they provide some intangible rewards

out-group | a group that an individual is not a member of, and may even compete with

primary groups | small, informal groups of people who are closest to us

reference groups | groups to which an individual compares herself

secondary groups | larger and more impersonal groups that are task-focused and time limited

total institution | an organization in which participants live a controlled lifestyle and in which total resocialization occurs

triad | a three-member group

utilitarian organizations | organizations that are joined to fill a specific material need

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5.6: Section Summary

6.1 Types of Groups

Groups largely define how we think of ourselves. There are two main types of groups: primary and secondary. As the names suggest, the primary group is the long-term, complex one. People use groups as standards of comparison to define themselves—both who they are and who they are not. Sometimes groups can be used to exclude people or as a tool that strengthens prejudice.

6.2 Group Size and Structure

The size and dynamic of a group greatly affects how members act. Primary groups rarely have formal leaders, although there can be informal leadership. Groups generally are considered large when there are too many members for a simultaneous discussion. In secondary groups there are two types of leadership functions, with expressive leaders focused on emotional health and wellness, and instrumental leaders more focused on results. Further, there are different leadership styles: democratic leaders, authoritarian leaders, and laissez-faire leaders.

Within a group, conformity is the extent to which people want to go along with the norm. A number of experiments have illustrated how strong the drive to conform can be. It is worth considering real-life examples of how conformity and obedience can lead people to ethically and morally suspect acts.

6.3 Formal Organizations

Large organizations fall into three main categories: normative/voluntary, coercive, and utilitarian. We live in a time of contradiction: while the pace of change and technology are requiring people to be more nimble and less bureaucratic in their thinking, large bureaucracies like hospitals, schools, and governments are more hampered than ever by their organizational format. At the same time, the past few decades have seen the development of a trend to bureaucratize and conventionalize local institutions. Increasingly, Main Streets across the country resemble each other; instead of a Bob's Coffee Shop and Jane's Hair Salon there is a Dunkin Donuts and a Supercuts. This trend has been referred to as the McDonaldization of society.

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5.7: Section Quiz

6.1 Types of Groups

1.

What does a Functionalist consider when studying a phenomenon like the Tea Party movement?

a. The minute functions that every person at the protests plays in the whole
b. The internal conflicts that play out within such a diverse and leaderless group
c. How the movement contributes to the stability of society by offering the discontented a safe, controlled outlet for dissension
d. The factions and divisions that form within the movement

2.

What is the largest difference between the Functionalist and Conflict perspectives and the Interactionist perspective?

a. The former two consider long-term repercussions of the group or situation, while the latter focuses on the present.
b. The first two are the more common sociological perspective, while the latter is a newer sociological model.
c. The first two focus on hierarchical roles within an organization, while the last takes a more holistic view.
d. The first two perspectives address large-scale issues facing groups, while the last examines more detailed aspects.

3.

What role do secondary groups play in society?

a. They are transactional, task-based, and short-term, filling practical needs.
b. They provide a social network that allows people to compare themselves to others.
c. The members give and receive emotional support.
d. They allow individuals to challenge their beliefs and prejudices.

4.

When a high school student gets teased by her basketball team for receiving an academic award, she is dealing with competing _____.

a. primary groups
b. out-groups
c. reference groups
d. secondary groups

5.

Which of the following is *not* an example of an in-group?

a. The Ku Klux Klan
b. A fraternity
c. A synagogue
d. A high school

6.

What is a group whose values, norms, and beliefs come to serve as a standard for one's own behavior?

a. Secondary group
b. Formal organization
c. Reference group
d. Primary group

7.

A parent who is worrying over her teenager’s dangerous and self-destructive behavior and low self-esteem may wish to look at her child’s:

a. reference group

b. in-group
c. out-group
d. All of the above

6.2 Group Size and Structure

8.

Two people who have just had a baby have turned from a _____ to a _____.

a. primary group; secondary group
b. dyad; triad
c. couple; family
d. de facto group; nuclear family

9.

Who is more likely to be an expressive leader?

a. The sales manager of a fast-growing cosmetics company
b. A high school teacher at a reform school
c. The director of a summer camp for chronically ill children
d. A manager at a fast-food restaurant

10.

Which of the following is *not* an appropriate group for democratic leadership?

a. A fire station
b. A college classroom
c. A high school prom committee
d. A homeless shelter

11.

In Asch's study on conformity, what contributed to the ability of subjects to resist conforming?

a. A very small group of witnesses
b. The presence of an ally
c. The ability to keep one's answer private
d. All of the above

12.

Which type of group leadership has a communication pattern that flows from the top down?

a. Authoritarian
b. Democratic
c. Laissez-faire
d. Expressive

6.3 Formal Organizations

13.

Which is *not* an example of a normative organization?

a. A book club
b. A church youth group
c. A People for the Ethical Treatment of Animals (PETA) protest group
d. A study hall

14.

Which of these is an example of a total institution?

a. Jail
b. High school
c. Political party
d. A gym

15.

Why do people join utilitarian organizations?

a. Because they feel an affinity with others there
b. Because they receive a tangible benefit from joining
c. Because they have no choice
d. Because they feel pressured to do so

16.

Which of the following is *not* a characteristic of bureaucracies?

a. Coercion to join
b. Hierarchy of authority
c. Explicit rules
d. Division of labor

17.

What are some of the intended positive aspects of bureaucracies?

a. Increased productivity
b. Increased efficiency
c. Equal treatment for all
d. All of the above

18.

What is an advantage of the McDonaldization of society?

a. There is more variety of goods.
b. There is less theft.
c. There is more worldwide availability of goods.
d. There is more opportunity for businesses.

19.

What is a disadvantage of the McDonaldization of society?

a. There is less variety of goods.
b. There is an increased need for employees with postgraduate degrees.
c. There is less competition so prices are higher.
d. There are fewer jobs so unemployment increases.

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5.8: Short Answer

6.1 Types of Groups

1.

How has technology changed your primary groups and secondary groups? Do you have more (and separate) primary groups due to online connectivity? Do you believe that someone, like Levy, can have a true primary group made up of people she has never met? Why, or why not?

2.

Compare and contrast two different political groups or organizations, such as the MeToo and Tea Party movements. How do the groups differ in terms of leadership, membership, and activities? How do the group's goals influence participants? Are any of them in-groups (and have they created out-groups)? Explain your answer.

3.

The concept of hate crimes has been linked to in-groups and out-groups. Can you think of an example where people have been excluded or tormented due to this kind of group dynamic?

6.2 Group Size and Structure

4.

Think of a scenario where an authoritarian leadership style would be beneficial. Explain. What are the reasons it would work well? What are the risks?

5.

Describe a time you were led by a leader using, in your opinion, a leadership style that didn't suit the situation. When and where was it? What could she or he have done better?

6.

Imagine you are in Asch's study. Would you find it difficult to give the correct answer in that scenario? Why or why not? How would you change the study now to improve it?

7.

What kind of leader do you tend to be? Do you embrace different leadership styles and functions as the situation changes? Give an example of a time you were in a position of leadership and what function and style you expressed.

6.3 Formal Organizations

8.

What do you think about the recent spotlight on fast food restaurants? Do you think they contribute to society's ills? Do you believe they provide a needed service? Have you ever worked a job like this? What did you learn?

9.

Do you consider today's large companies like General Motors, Amazon, or Facebook to be bureaucracies? Why, or why not? Which of the main characteristics of bureaucracies do you see in them? Which are absent?

10.

Where do you prefer to shop, eat out, or grab a cup of coffee? Large chains like Walmart or smaller retailers? Starbucks or a local restaurant? What do you base your decisions on? Does this section change how you think about these choices? Why, or why not?

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5.9: Further Research

6.1 Types of Groups

For more information about cyberbullying causes and statistics, check out this website on cyberbullying research.

6.2 Group Size and Structure

What is your leadership style? This leadership style quiz helps you find out.

6.3 Formal Organizations

As mentioned above, the concept of McDonaldization is a growing one. Check out this article discussing the phenomenon of McDonaldization further.

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CHAPTER OVERVIEW

6: Deviance and Social Control

Tattoos, vegan lifestyles, single parenthood, breast implants, and even jogging were once considered deviant but are now widely accepted. The change process usually takes some time and may be accompanied by significant disagreement, especially for social norms that are viewed as essential. For example, divorce affects the social institution of family, and so divorce carried a deviant and stigmatized status at one time. Marijuana use was once seen as deviant and criminal, but U.S. social norms on this issue are changing.

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Thumbnail: Latin Kings graffiti of the King Master along with the abbreviations "L" and "K" on the sides. The Latin Kings are the largest Hispanic street gang in the US. (Public Domain).

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6.1: Introduction



Figure 7.1: In their push for marijuana legalization, advocates worked to change the notion that cannabis users were associated with criminal behavior. (Credit: Cannabis Culture/flickr)

Chapter Outline

7.1 Deviance and Control
7.2 Theoretical Perspectives on Deviance and Crime
7.3 Crime and the Law

After decades of classification as an illegal substance, marijuana is now legal in some form in nearly every state in the country. Most of the others have decriminalized the drug and/or have made it available for medical use. Considering public opinion and the policy stances of governors and legislators just ten or fifteen years ago, this is a remarkable turn of events.

In 2013, the Pew Research Center found for the first time that a majority of people in the United States (52 percent) favored legalizing marijuana. Until that point, most people were in favor of retaining the drug's status as illegal. (The question about marijuana's legal status was first asked in a 1969 Gallup poll, and only 12 percent of U.S. adults favored legalization at that time.) Marijuana had for years been seen as a danger to society, especially to youth, and many people applied stereotypes to users, often considering them lazy or burdens on society, and often conflating marijuana use with negative stereotypes about race. In essence, marijuana users were considered deviants.

Public opinion has certainly changed. That 2013 study showed support for legalization had just gone over the 50 percent mark. By 2019, the number was up to 67 percent. Fully two-thirds of Americans favored permitting some types of legal usage, as well as decriminalization and elimination of jail time for users of the drug (Daniller 2019). Government officials took note, and states began changing their policies. Now, many people who had once shunned cannabis users are finding benefits of the substance, and perhaps rethinking their past opinions.

As in many aspects of sociology, there are no absolute answers about deviance. What people agree is deviant differs in various societies and subcultures, and it may change over time.

Tattoos, vegan lifestyles, single parenthood, breast implants, and even jogging were once considered deviant but are now widely accepted. The change process usually takes some time and may be accompanied by significant disagreement, especially for social norms that are viewed as essential. For example, divorce affects the social institution of family, and so divorce carried a deviant and

stigmatized status at one time. Marijuana use was once seen as deviant and criminal, but U.S. social norms on this issue are changing.

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6.2: Deviance and Control

Learning Objectives

By the end of this section, you should be able to:

- Define deviance, and explain the nature of deviant behavior
- Differentiate between methods of social control



Figure 7.2: Are financial crimes deviant? Why do we consider them less harmful than other types of crimes, even though they may impact many more victims? (Credit: Justin Ruckman/flickr)

Wells Fargo CEO John Stumpf was forced to resign after his company enrolled customers in unnecessary auto insurance programs, while also fraudulently creating bank accounts without client consent. Both of these actions are prohibited by a range of laws and regulations. Over a million victims were charged improper fees or overcharged for insurance; some suffered reductions in their credit scores, and an estimated 25,000 people had their cars improperly repossessed. Even though these actions were found to be criminal, no one from Wells Fargo faced jail time, as is common in financial crimes. Deviance does not always align with punishment, and perceptions of its impact vary greatly.

What, exactly, is deviance? And what is the relationship between deviance and crime? According to sociologist William Graham Sumner, deviance is a violation of established contextual, cultural, or social norms, whether folkways, mores, or codified law (1906). It can be as minor as picking your nose in public or as major as committing murder. Although the word “deviance” has a negative connotation in everyday language, sociologists recognize that deviance is not necessarily bad (Schoepflin 2011). In fact, from a structural functionalist perspective, one of the positive contributions of deviance is that it fosters social change. For example, during the U.S. civil rights movement, Rosa Parks violated social norms when she refused to move to the “Black section” of the bus, and the Little Rock Nine broke customs of segregation to attend an Arkansas public school.

“What is deviant behavior?” cannot be answered in a straightforward manner. Whether an act is labeled deviant or not depends on many factors, including location, audience, and the individual committing the act (Becker 1963). Listening to music on your phone on the way to class is considered acceptable behavior. Listening to music during your 2 p.m. sociology lecture is considered rude. Listening to music when on the witness stand before a judge may cause you to be held in contempt of court and consequently fined or jailed.

As norms vary across cultures and time, it also makes sense that notions of deviance change. Sixty years ago, public schools in the United States had dress codes that often banned women from wearing pants to class. Today, it's socially acceptable for women to wear pants, but less so for men to wear skirts. And more recently, the act of wearing or not wearing a mask became a matter of deviance, and in some cases, political affiliation and legality. Whether an act is deviant or not depends on society's response to that act.

Sociology in the Real World: Why I Drive a Hearse

When sociologist Todd Schoepflin ran into his childhood friend Bill, he was shocked to see him driving a hearse for everyday tasks, instead of an ordinary car. A professionally trained researcher, Schoepflin wondered what effect driving a hearse had on his friend and what effect it might have on others on the road. Would using such a vehicle for everyday errands be considered deviant by most people?

Schoepflin interviewed Bill, curious first to know why he drove such an unconventional car. Bill had simply been on the lookout for a reliable winter car; on a tight budget, he searched used car ads and stumbled upon one for the hearse. The car ran well, and the price was right, so he bought it.

Bill admitted that others' reactions to the car had been mixed. His parents were appalled, and he received odd stares from his coworkers. A mechanic once refused to work on it, and stated that it was "a dead person machine." On the whole, however, Bill received mostly positive reactions. Strangers gave him a thumbs-up on the highway and stopped him in parking lots to chat about his car. His girlfriend loved it, his friends wanted to take it tailgating, and people offered to buy it. Could it be that driving a hearse isn't really so deviant after all?

Schoepflin theorized that, although viewed as outside conventional norms, driving a hearse is such a mild form of deviance that it actually becomes a mark of distinction. Conformists find the choice of vehicle intriguing or appealing, while nonconformists see a fellow oddball to whom they can relate. As one of Bill's friends remarked, "Every guy wants to own a unique car like this, and *you* can certainly pull it off." Such anecdotes remind us that although deviance is often viewed as a violation of norms, it's not always viewed in a negative light (Schoepflin 2011).



Figure 7.3: A hearse with the license plate "LASTRYD." How would you view the owner of this car? (Credit: Brian Teutsch/flickr)

Deviance, Crime, and Society

Deviance is a more encompassing term than crime, meaning that it includes a range of activities, some of which are crimes and some of which are not. Sociologists may study both with equal interest, but, as a whole, society views crime as far more significant.

Crime preoccupies several levels of government, and it drives concerns among families and communities.

Deviance may be considered relative: Behaviors may be considered deviant based mostly on the circumstances in which they occurred; those circumstances may drive the perception of deviance more than the behavior itself. Relatively minor acts of deviance can have long-term impacts on the person and the people around them. For example, if an adult, who should "know better," spoke loudly or told jokes at a funeral, they may be chastised and forever marked as disrespectful or unusual. But in many cultures, funerals are followed by social gatherings – some taking on a party-like atmosphere – so those same jovial behaviors would be perfectly acceptable, and even encouraged, just an hour later.

As discussed earlier, we typically learn these social norms as children and evolve them with experience. But the relativity of deviance can have significant societal impacts, including perceptions and prosecutions of crime. They may often be based on racial, ethnic, or related prejudices. When 15-year-old Elizabeth Eckford of the Little Rock Nine attempted to enter her legally desegregated high school, she was abiding by the law; but she was considered deviant by the crowd of White people that harassed and insulted her. (These events are discussed in more detail in the Education chapter.)

Consider the example of marijuana legalization mentioned earlier. Why was marijuana illegal in the first place? In fact, it wasn't. Humans have used cannabis openly in their societies for thousands of years. While it was not a widely used substance in the United States, it had been accepted as a medicinal and recreational option, and was neither prohibited nor significantly regulated until the early 1900s. What changed?

In the early 1900s, an influx of immigrants began entering the country from Mexico. These newcomers took up residence in White communities, spoke a different language, and began competing for jobs and resources. They used marijuana more frequently than most Americans. Police and others began to circulate rumors regarding the substance's link to violence and immorality. Newspapers and lawmakers spoke about the "Marijuana Menace" and the "evil weed," and articles and images began to portray it as a corrupting force on America's youth. Beginning in 1916, state after state began passing laws prohibiting marijuana use, and in 1937 Congress passed a federal law banning it (White 2012). Penalties for its usage increased over time, spiking during the War on Drugs, with racially and ethnically disparate applications. But more recently, as discussed in the introduction, marijuana is once again seen as an important medical treatment and an acceptable recreational pursuit. What changed this time?

Perceptions and proclamations of deviance have long been a means to oppress people by labeling their private behavior as criminal. Until the 1970s and 1980s, same-sex acts were prohibited by state laws. It was illegal to be gay or lesbian, and the restrictions extended to simple displays like holding hands. Other laws prohibited clothing deemed "inappropriate" for one's biological sex. As a result, military service members and even war veterans were dishonorably discharged (losing all benefits) if they were discovered to be gay. Police harassed and humiliated LGBTQ people and regularly raided gay bars. And anti-LGBTQ street violence or hate crimes were tacitly permitted because they were rarely prosecuted and often lightly punished. While most states had eliminated their anti-LGBTQ laws by the time the Supreme Court struck them down in 2003, 14 states still had some version of them on the books.

To further explore the relativity of deviance and its relationship to perceptions of crime, consider gambling. Excessive or high-risk gambling is usually seen as deviant, but more moderate gambling is generally accepted. Still, gambling has long been limited in most of the United States, making it a crime to participate in certain types of gambling or to do so outside of specified locations. For example, a state may allow betting on horse races but not on sports. Changes to these laws are occurring, but for decades, a generally non-deviant behavior has been made criminal: When otherwise law-abiding people decided to engage in low-stakes and non-excessive gambling, they were breaking the law. Sociologists may study the essential question arising from this situation: Are these gamblers being deviant by breaking the law, even when the actual behavior at hand is not generally considered deviant?

Social Control

When a person violates a social norm, what happens? A driver caught speeding can receive a speeding ticket. A student who wears a bathrobe to class gets a warning from a professor. An adult belching loudly is avoided. All societies practice social control, the regulation and enforcement of norms. The underlying goal of social control is to maintain social order, an arrangement of practices and behaviors on which society's members base their daily lives. Think of social order as an employee handbook and social control as a manager. When a worker violates a workplace guideline, the manager steps in to enforce the rules; when an employee is doing an exceptionally good job at following the rules, the manager may praise or promote the employee.

The means of enforcing rules are known as sanctions. Sanctions can be positive as well as negative. Positive sanctions are rewards given for conforming to norms. A promotion at work is a positive sanction for working hard. Negative sanctions are punishments for violating norms. Being arrested is a punishment for shoplifting. Both types of sanctions play a role in social control.

Sociologists also classify sanctions as formal or informal. Although shoplifting, a form of social deviance, may be illegal, there are no laws dictating the proper way to scratch your nose. That doesn't mean picking your nose in public won't be punished; instead, you will encounter informal sanctions. Informal sanctions emerge in face-to-face social interactions. For example, wearing flip-flops to an opera or swearing loudly in church may draw disapproving looks or even verbal reprimands, whereas behavior that is seen as positive—such as helping an elderly person carry grocery bags across the street—may receive positive informal reactions, such as a smile or pat on the back.

Formal sanctions, on the other hand, are ways to officially recognize and enforce norm violations. If a student violates a college's code of conduct, for example, the student might be expelled. Someone who speaks inappropriately to the boss could be fired. Someone who commits a crime may be arrested or imprisoned. On the positive side, a soldier who saves a life may receive an official commendation.

The table below shows the relationship between different types of sanctions.

Table 7.1 Informal/Formal Sanctions : Formal and informal sanctions may be positive or negative. Informal sanctions arise in social interactions, whereas formal sanctions officially enforce norms.

	Informal	Formal
Positive	An expression of thanks	A promotion at work
Negative	An angry comment	A parking fine

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6.3: Theoretical Perspectives on Deviance and Crime

Learning Objectives

By the end of this section, you should be able to:

- Describe the functionalist view of deviance in society through four sociologist's theories
- Explain how conflict theory understands deviance and crime in society
- Describe the symbolic interactionist approach to deviance, including labeling and other theories



Figure 7.4: Functionalists believe that deviance plays an important role in society and can be used to challenge people's views. Protesters, such as these PETA members, often use this method to draw attention to their cause. (Credit: David Shankbone/flickr)

Why does deviance occur? How does it affect a society? Since the early days of sociology, scholars have developed theories that attempt to explain what deviance and crime mean to society. These theories can be grouped according to the three major sociological paradigms: functionalism, symbolic interactionism, and conflict theory.

Functionalism

Sociologists who follow the functionalist approach are concerned with the way the different elements of a society contribute to the whole. They view deviance as a key component of a functioning society. Strain theory, social disorganization theory, and cultural deviance theory represent three functionalist perspectives on deviance in society.

Émile Durkheim: The Essential Nature of Deviance

Émile Durkheim believed that deviance is a necessary part of a successful society. One way deviance is functional, he argued, is that it challenges people's present views (1893). For instance, when Black students across the United States participated in sit-ins during the civil rights movement, they challenged society's notions of segregation. Moreover, Durkheim noted, when deviance is punished, it reaffirms currently held social norms, which also contributes to society (1893). Seeing a student given detention for skipping class reminds other high schoolers that playing hooky isn't allowed and that they, too, could get detention.

Durkheim's point regarding the impact of punishing deviance speaks to his arguments about law. Durkheim saw laws as an expression of the "collective conscience," which are the beliefs, morals, and attitudes of a society. "A crime is a crime because we condemn it," he said (1893). He discussed the impact of societal size and complexity as contributors to the collective conscience and the development of justice systems and punishments. For example, in large, industrialized societies that were largely bound together by the interdependence of work (the division of labor), punishments for deviance were generally less severe. In smaller, more homogeneous societies, deviance might be punished more severely.

Robert Merton: Strain Theory

Sociologist Robert Merton agreed that deviance is an inherent part of a functioning society, but he expanded on Durkheim's ideas by developing strain theory, which notes that access to socially acceptable goals plays a part in determining whether a person conforms or deviates. From birth, we're encouraged to achieve the "American Dream" of financial success. A person who attends business school, receives an MBA, and goes on to make a million-dollar income as CEO of a company is said to be a success. However, not everyone in our society stands on equal footing. That MBA-turned-CEO may have grown up in the best school district and had means to hire tutors. Another person may grow up in a neighborhood with lower-quality schools, and may not be able to pay for extra help. A person may have the socially acceptable goal of financial success but lack a socially acceptable way to reach that goal. According to Merton's theory, an entrepreneur who can't afford to launch their own company may be tempted to embezzle from their employer for start-up funds.

Merton defined five ways people respond to this gap between having a socially accepted goal and having no socially accepted way to pursue it.

1. *Conformity*: Those who conform choose not to deviate. They pursue their goals to the extent that they can through socially accepted means.
2. *Innovation*: Those who innovate pursue goals they cannot reach through legitimate means by instead using criminal or deviant means.
3. *Ritualism*: People who ritualize lower their goals until they can reach them through socially acceptable ways. These members of society focus on conformity rather than attaining a distant dream.
4. *Retreatism*: Others retreat and reject society's goals and means. Some people who beg and people who are homeless have withdrawn from society's goal of financial success.
5. *Rebellion*: A handful of people rebel and replace a society's goals and means with their own. Terrorists or freedom fighters look to overthrow a society's goals through socially unacceptable means.

Social Disorganization Theory

Developed by researchers at the University of Chicago in the 1920s and 1930s, social disorganization theory asserts that crime is most likely to occur in communities with weak social ties and the absence of social control. An individual who grows up in a poor neighborhood with high rates of drug use, violence, teenage delinquency, and deprived parenting is more likely to become engaged in crime than an individual from a wealthy neighborhood with a good school system and families who are involved positively in the community.



Figure 7.5: Proponents of social disorganization theory believe that individuals who grow up in impoverished areas are more likely to participate in deviant or criminal behaviors. (Credit: Apollo 1758/Wikimedia Commons)

Social disorganization theory points to broad social factors as the cause of deviance. A person isn't born as someone who will commit crimes but becomes one over time, often based on factors in their social environment. Robert Sampson and Byron Groves (1989) found that poverty and family disruption in given localities had a strong positive correlation with social disorganization. They also determined that social disorganization was, in turn, associated with high rates of crime and delinquency—or deviance. Recent studies Sampson conducted with Lydia Bean (2006) revealed similar findings. High rates of poverty and single-parent homes correlated with high rates of juvenile violence. Research into social disorganization theory can greatly influence public policy. For instance, studies have found that children from disadvantaged communities who attend preschool programs that teach basic social skills are significantly less likely to engage in criminal activity. (Lally 1987)

Conflict Theory

Conflict theory looks to social and economic factors as the causes of crime and deviance. Unlike functionalists, conflict theorists don't see these factors as positive functions of society. They see them as evidence of inequality in the system. They also challenge social disorganization theory and control theory and argue that both ignore racial and socioeconomic issues and oversimplify social trends (Akers 1991). Conflict theorists also look for answers to the correlation of gender and race with wealth and crime.

Karl Marx: An Unequal System

Conflict theory was greatly influenced by the work of German philosopher, economist, and social scientist Karl Marx. Marx believed that the general population was divided into two groups. He labeled the wealthy, who controlled the means of production and business, the bourgeois. He labeled the workers who depended on the bourgeois for employment and survival the proletariat. Marx believed that the bourgeois centralized their power and influence through government, laws, and other authority agencies in order to maintain and expand their positions of power in society. Though Marx spoke little of deviance, his ideas created the foundation for conflict theorists who study the intersection of deviance and crime with wealth and power.

C. Wright Mills: The Power Elite

In his book *The Power Elite* (1956), sociologist C. Wright Mills described the existence of what he dubbed the power elite, a small group of wealthy and influential people at the top of society who hold the power and resources. Wealthy executives, politicians, celebrities, and military leaders often have access to national and international power, and in some cases, their decisions affect everyone in society. Because of this, the rules of society are stacked in favor of a privileged few who manipulate them to stay on

top. It is these people who decide what is criminal and what is not, and the effects are often felt most by those who have little power. Mills' theories explain why celebrities can commit crimes and suffer little or no legal retribution. For example, *USA Today* maintains a database of NFL players accused and convicted of crimes. 51 NFL players had been convicted of committing domestic violence between the years 2000 and 2019. They have been sentenced to a collective 49 days in jail, and most of those sentences were deferred or otherwise reduced. In most cases, suspensions and fines levied by the NFL or individual teams were more severe than the justice system's (Schrotenboer 2020 and clickitticket.com 2019).

Crime and Social Class

While crime is often associated with the underprivileged, crimes committed by the wealthy and powerful remain an under-punished and costly problem within society. The FBI reported that victims of burglary, larceny, and motor vehicle theft lost a total of $15.3 billion dollars in 2009 (FB1 2010). In comparison, when former advisor and financier Bernie Madoff was arrested in 2008, the U.S. Securities and Exchange Commission reported that the estimated losses of his financial Ponzi scheme fraud were close to $50 billion (SEC 2009).

This imbalance based on class power is also found within U.S. criminal law. In the 1980s, the use of crack cocaine (a less expensive but powerful drug) quickly became an epidemic that swept the country's poorest urban communities. Its pricier counterpart, cocaine, was associated with upscale users and was a drug of choice for the wealthy. The legal implications of being caught by authorities with crack versus cocaine were starkly different. In 1986, federal law mandated that being caught in possession of 50 grams of crack was punishable by a ten-year prison sentence. An equivalent prison sentence for cocaine possession, however, required possession of 5,000 grams. In other words, the sentencing disparity was 1 to 100 (New York Times Editorial Staff 2011). This inequality in the severity of punishment for crack versus cocaine paralleled the unequal social class of respective users. A conflict theorist would note that those in society who hold the power are also the ones who make the laws concerning crime. In doing so, they make laws that will benefit them, while the powerless classes who lack the resources to make such decisions suffer the consequences. Throughout the 1980s and early 1990s, states passed numerous laws increasing penalties, especially for repeat offenders. The U.S. government passed an even more significant law, the Violent Crime Control and Law Enforcement Act of 1994 (known as the 1994 Crime Bill), which further increased penalties, funded prisons, and incentivized law enforcement agencies to further pursue drug offenders. One outcome of these policies was the mass incarceration of Black and Hispanic people, which led to a cycle of poverty and reduced social mobility. The crack-cocaine punishment disparity remained until 2010, when President Obama signed the Fair Sentencing Act, which decreased the disparity to 1 to 18 (The Sentencing Project 2010).



Figure 7.6: From 1986 until 2010, the punishment for possessing crack, a "poor person's drug," was 100 times stricter than the punishment for cocaine use, a drug favored by the wealthy. (Credit: Wikimedia Commons)

Symbolic Interactionism

Symbolic interactionism is a theoretical approach that can be used to explain how societies and/or social groups come to view behaviors as deviant or conventional.

Labeling Theory

Although all of us violate norms from time to time, few people would consider themselves deviant. Those who do, however, have often been labeled "deviant" by society and have gradually come to believe it themselves. Labeling theory examines the ascribing of a deviant behavior to another person by members of society. Thus, what is considered deviant is determined not so much by the behaviors themselves or the people who commit them, but by the reactions of others to these behaviors. As a result, what is considered deviant changes over time and can vary significantly across cultures.

Sociologist Edwin Lemert expanded on the concepts of labeling theory and identified two types of deviance that affect identity formation. Primary deviance is a violation of norms that does not result in any long-term effects on the individual's self-image or interactions with others. Speeding is a deviant act, but receiving a speeding ticket generally does not make others view you as a bad person, nor does it alter your own self-concept. Individuals who engage in primary deviance still maintain a feeling of belonging in society and are likely to continue to conform to norms in the future.

Sometimes, in more extreme cases, primary deviance can morph into secondary deviance. Secondary deviance occurs when a person's self-concept and behavior begin to change after his or her actions are labeled as deviant by members of society. The person may begin to take on and fulfill the role of a "deviant" as an act of rebellion against the society that has labeled that individual as such. For example, consider a high school student who often cuts class and gets into fights. The student is reprimanded frequently by teachers and school staff, and soon enough, develops a reputation as a "troublemaker." As a result, the student starts acting out even more and breaking more rules; the student has adopted the "troublemaker" label and embraced this deviant identity. Secondary deviance can be so strong that it bestows a master status on an individual. A master status is a label that describes the chief characteristic of an individual. Some people see themselves primarily as doctors, artists, or grandfathers. Others see themselves as beggars, convicts, or addicts.

Techniques of Neutralization

How do people deal with the labels they are given? This was the subject of a study done by Sykes and Matza (1957). They studied teenage boys who had been labeled as juvenile delinquents to see how they either embraced or denied these labels. Have you ever used any of these techniques?

Let's take a scenario and apply all five techniques to explain how they are used. A young person is working for a retail store as a cashier. Their cash drawer has been coming up short for a few days. When the boss confronts the employee, they are labeled as a thief for the suspicion of stealing. How does the employee deal with this label?

The Denial of Responsibility: When someone doesn't take responsibility for their actions or blames others. They may use this technique and say that it was their boss's fault because they don't get paid enough to make rent or because they're getting a divorce. They are rejecting the label by denying responsibility for the action.

The Denial of Injury: Sometimes people will look at a situation in terms of what effect it has on others. If the employee uses this technique they may say, "What's the big deal? Nobody got hurt. Your insurance will take care of it." The person doesn't see their actions as a big deal because nobody "got hurt."

The Denial of the Victim: If there is no victim there's no crime. In this technique the person sees their actions as justified or that the victim deserved it. Our employee may look at their situation and say, "I've worked here for years without a raise. I was owed that money and if you won't give it to me I'll get it my own way."

The Condemnation of the Condemners: The employee might "turn it around on" the boss by blaming them. They may say something like, "You don't know my life, you have no reason to judge me." This is taking the focus off of their actions and putting the onus on the accuser to, essentially, prove the person is living up to the label, which also shifts the narrative away from the deviant behavior.

Appeal to a Higher Authority: The final technique that may be used is to claim that the actions were for a higher purpose. The employee may tell the boss that they stole the money because their mom is sick and needs medicine or something like that. They

are justifying their actions by making it seem as though the purpose for the behavior is a greater “good” than the action is “bad.” (Sykes & Matza, 1957)

Social Policy and Debate: The Right to Vote

Before she lost her job as an administrative assistant, Leola Strickland postdated and mailed a handful of checks for amounts ranging from $90 to $500. By the time she was able to find a new job, the checks had bounced, and she was convicted of fraud under Mississippi law. Strickland pleaded guilty to a felony charge and repaid her debts; in return, she was spared from serving prison time.

Strickland appeared in court in 2001. More than ten years later, she is still feeling the sting of her sentencing. Why? Because Mississippi is one of twelve states in the United States that bans convicted felons from voting (ProCon 2011).

To Strickland, who said she had always voted, the news came as a great shock. She isn’t alone. Some 5.3 million people in the United States are currently barred from voting because of felony convictions (ProCon 2009). These individuals include inmates, parolees, probationers, and even people who have never been jailed, such as Leola Strickland.

Under the Fourteenth Amendment, states are allowed to deny voting privileges to individuals who have participated in “rebellion or other crime” (Krajick 2004). Although there are no federally mandated laws on the matter, most states practice at least one form of *felony disenfranchisement*.

Is it fair to prevent citizens from participating in such an important process? Proponents of disfranchisement laws argue that felons have a debt to pay to society. Being stripped of their right to vote is part of the punishment for criminal deeds. Such proponents point out that voting isn’t the only instance in which ex-felons are denied rights; state laws also ban released criminals from holding public office, obtaining professional licenses, and sometimes even inheriting property (Lott and Jones 2008).

Opponents of felony disfranchisement in the United States argue that voting is a basic human right and should be available to all citizens regardless of past deeds. Many point out that felony disfranchisement has its roots in the 1800s, when it was used primarily to block Black citizens from voting. These laws disproportionately target poor minority members, denying them a chance to participate in a system that, as a social conflict theorist would point out, is already constructed to their disadvantage (Holding 2006). Those who cite labeling theory worry that denying deviants the right to vote will only further encourage deviant behavior. If ex-criminals are disenfranchised from voting, are they being disenfranchised from society?



Figure 7.7: Should a former felony conviction permanently strip a U.S. citizen of the right to vote? (Credit: Joshin Yamada/flickr)

Edwin Sutherland: Differential Association

In the early 1900s, sociologist Edwin Sutherland sought to understand how deviant behavior developed among people. Since criminology was a young field, he drew on other aspects of sociology including social interactions and group learning (Laub 2006). His conclusions established differential association theory, which suggested that individuals learn deviant behavior from those close to them who provide models of and opportunities for deviance. According to Sutherland, deviance is less a personal choice and more a result of differential socialization processes. For example, a young person whose friends are sexually active is more likely to view sexual activity as acceptable. Sutherland developed a series of propositions to explain how deviance is learned. In proposition five, for example, he discussed how people begin to accept and participate in a behavior after learning whether it is viewed as "favorable" by those around them. In proposition six, Sutherland expressed the ways that exposure to more "definitions" favoring the deviant behavior than those opposing it may eventually lead a person to partake in deviance (Sutherland 1960), applying almost a quantitative element to the learning of certain behaviors. In the example above, a young person may find sexual activity more acceptable once a certain number of their friends become sexually active, not after only one does so.

Sutherland's theory may explain why crime is multigenerational. A longitudinal study beginning in the 1960s found that the best predictor of antisocial and criminal behavior in children was whether their parents had been convicted of a crime (Todd and Jury 1996). Children who were younger than ten years old when their parents were convicted were more likely than other children to engage in spousal abuse and criminal behavior by their early thirties. Even when taking socioeconomic factors such as dangerous

neighborhoods, poor school systems, and overcrowded housing into consideration, researchers found that parents were the main influence on the behavior of their offspring (Todd and Jury 1996).

Travis Hirschi: Control Theory

Continuing with an examination of large social factors, **control theory** states that social control is directly affected by the strength of social bonds and that deviance results from a feeling of disconnection from society. Individuals who believe they are a part of society are less likely to commit crimes against it.

Travis Hirschi (1969) identified four types of social bonds that connect people to society:

1. *Attachment* measures our connections to others. When we are closely attached to people, we worry about their opinions of us. People conform to society's norms in order to gain approval (and prevent disapproval) from family, friends, and romantic partners.
2. *Commitment* refers to the investments we make in the community. A well-respected local businessperson who volunteers at their synagogue and is a member of the neighborhood block organization has more to lose from committing a crime than a person who doesn't have a career or ties to the community.
3. Similarly, levels of *involvement*, or participation in socially legitimate activities, lessen a person's likelihood of deviance. A child who plays little league baseball and takes art classes has fewer opportunities to _____.
4. The final bond, *belief*, is an agreement on common values in society. If a person views social values as beliefs, they will conform to them. An environmentalist is more likely to pick up trash in a park, because a clean environment is a social value to them (Hirschi 1969).

Table 7.2

Functionalism	**Associated Theorist**	**Deviance arises from:**
Strain Theory	Robert Merton	A lack of ways to reach socially accepted goals by accepted methods
Social Disorganization Theory	University of Chicago researchers	Weak social ties and a lack of social control; society has lost the ability to enforce norms with some groups
Cultural Deviance Theory	Clifford Shaw and Henry McKay	Conformity to the cultural norms of lower-class society
Conflict Theory	**Associated Theorist**	**Deviance arises from:**
Unequal System	Karl Marx	Inequalities in wealth and power that arise from the economic system
Power Elite	C. Wright Mills	Ability of those in power to define deviance in ways that maintain the status quo
Symbolic Interactionism	**Associated Theorist**	**Deviance arises from:**
Labeling Theory	Edwin Lemert	The reactions of others, particularly those in power who are able to determine labels
Differential Association Theory	Edwin Sutherland	Learning and modeling deviant behavior seen in other people close to the individual
Control Theory	Travis Hirschi	Feelings of disconnection from society

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6.4: Crime and the Law

Learning Objectives

By the end of this section, you should be able to:

- Identify and differentiate between different types of crimes
- Evaluate U.S. crime statistics
- Understand the three branches of the U.S. criminal justice system



Figure 7.8: Both underage smoking and underage vaping are either illegal or highly regulated in every U.S. state. If vaping is a crime, who is the victim? What is the obligation of the government to protect children, and in some cases adults, from themselves? (Credit: Vaping360/flickr)

Although deviance is a violation of social norms, it's not always punishable, and it's not necessarily bad. Crime, on the other hand, is a behavior that violates official law and is punishable through formal sanctions. Walking to class backward is a deviant behavior. Driving with a blood alcohol percentage over the state's limit is a crime. Like other forms of deviance, however, ambiguity exists concerning what constitutes a crime and whether all crimes are, in fact, "bad" and deserve punishment. For example, during the 1960s, civil rights activists often violated laws intentionally as part of their effort to bring about racial equality. In hindsight, we recognize that the laws that deemed many of their actions crimes—for instance, Rosa Parks refusing to give up her seat to a White man—were inconsistent with social equality.

As you have learned, all societies have informal and formal ways of maintaining social control. Within these systems of norms, societies have legal codes that maintain formal social control through laws, which are rules adopted and enforced by a political authority. Those who violate these rules incur negative formal sanctions. Normally, punishments are relative to the degree of the crime and the importance to society of the value underlying the law. As we will see, however, there are other factors that influence criminal sentencing.

Types of Crimes

Not all crimes are given equal weight. Society generally socializes its members to view certain crimes as more severe than others. For example, most people would consider murdering someone to be far worse than stealing a wallet and would expect a murderer to be punished more severely than a thief. In modern U.S. society, crimes are classified as one of two types based on their severity. Violent crimes (also known as "crimes against a person") are based on the use of force or the threat of force. Rape, murder, and armed robbery fall under this category. Nonviolent crimes involve the destruction or theft of property but do not use force or the

threat of force. Because of this, they are also sometimes called “property crimes.” Larceny, car theft, and vandalism are all types of nonviolent crimes. If you use a crowbar to break into a car, you are committing a nonviolent crime; if you mug someone with the crowbar, you are committing a violent crime.

When we think of crime, we often picture street crime, or offenses committed by ordinary people against other people or organizations, usually in public spaces. An often overlooked category is corporate crime, or crime committed by white-collar workers in a business environment. Embezzlement, insider trading, and identity theft are all types of corporate crime. Although these types of offenses rarely receive the same amount of media coverage as street crimes, they can be far more damaging. Financial frauds such as insurance scams, Ponzi schemes, and improper practices by banks can devastate families who lose their savings or home.

An often-debated third type of crime is victimless crime. Crimes are called victimless when the perpetrator is not explicitly harming another person. As opposed to battery or theft, which clearly have a victim, a crime like drinking a beer when someone is twenty years old or selling a sexual act do not result in injury to anyone other than the individual who engages in them, although they are illegal. While some claim acts like these are victimless, others argue that they actually do harm society. Prostitution may foster abuse toward women by clients or pimps. Drug use may increase the likelihood of employee absences. Such debates highlight how the deviant and criminal nature of actions develops through ongoing public discussion.

Big Picture: Hate Crimes

Attacks based on a person’s race, religion, or other characteristics are known as hate crimes. Hate crimes in the United States evolved from the time of early European settlers and their violence toward Native Americans. Such crimes weren’t investigated until the early 1900s, when the Ku Klux Klan began to draw national attention for its activities against Black people and other groups. The term “hate crime,” however, didn’t become official until the 1980s (Federal Bureau of Investigation 2011).

The severity and impact of hate crimes is significant, but the different crime reporting methods mentioned earlier can obscure the issue. According to the Department of Justice, an average of approximately 205,000 Americans fall victim to hate crimes each year (Bureau of Justice Statistics 2021). But the FBI reports a much lower number; for example, the 2019 report indicates 7,314 criminal incidents and 8,559 related offenses as being motivated by bias (FBI 2020). The discrepancy is due to many factors: very few people actually report hate crimes for fear of retribution or based on the difficulties of enduring a criminal proceeding; also, law enforcement agencies must find clear proof that a particular crime was motivated by bias rather than other factors. (For example, an assailant who robs someone and uses a slur while committing that crime may not be deemed to be bias-motivated.) But both reports show a growth in hate crimes, with quantities increasing each year.

The majority of hate crimes are racially motivated, but many are based on religious (especially anti-Semitic) prejudice (FBI 2020). The murders of Brandon Teena in 1993 and Matthew Shepard in 1998 significantly increased awareness of hate crimes based on gender expression and sexual orientation; LGBTQ people remain a major target of hate crimes.

The motivation behind hate crimes can arise quickly, singling out specific groups who endure a rash of abuses in a short period of time. For example, beginning in 2020, people increasingly began committing violent crimes against people of Asian descent, with evidence that the attackers associated the victims with the coronavirus pandemic (Asian American Bar Association 2021).

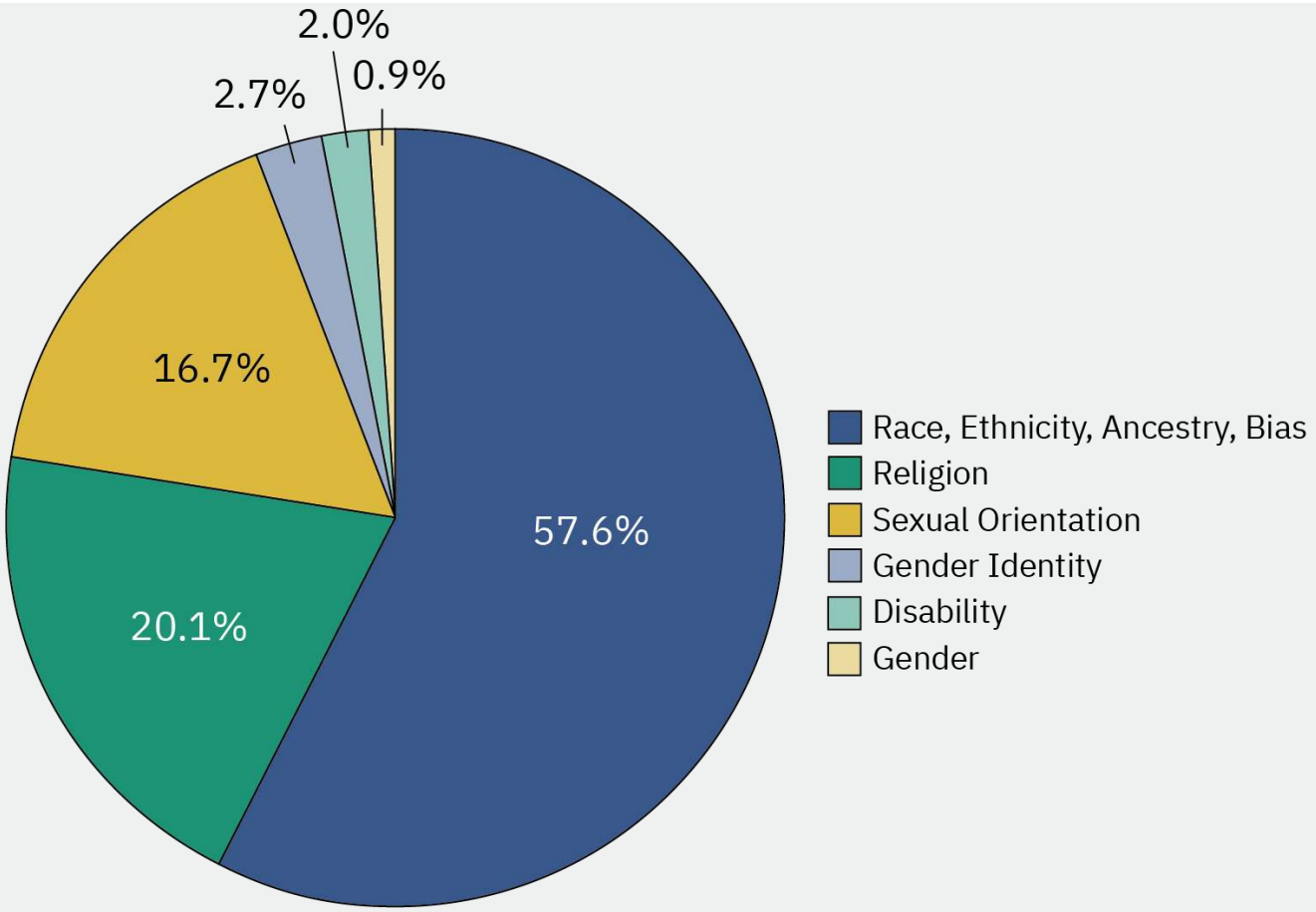


Figure 7.9: Bias Motivation Categories for Victims of Single-bias Incidents in 2019. The FBI Hate Crimes report identified 8,552 victims of hate crimes in 2019. This represents less than five percent of the number of people who claimed to be victims of hate crimes when surveyed. (Graph courtesy of FBI 2020)

Crime Statistics

The FBI gathers data from approximately 17,000 law enforcement agencies, and the Uniform Crime Reports (UCR) is the annual publication of this data (FBI 2021). The UCR has comprehensive information from police reports but fails to account for the many crimes that go unreported, often due to victims' fear, shame, or distrust of the police. The quality of this data is also inconsistent because of differences in approaches to gathering victim data; important details are not always asked for or reported (Cantor and Lynch 2000). As of 2021, states will be required to provide data for the National Incident-Based Reporting System (NIBRS), which captures more detailed information on each crime, including time of day, location, and other contexts. NIBRS is intended to provide more data-informed discussion to better improve crime prevention and policing (FBI 2021).

The U.S. Bureau of Justice Statistics publishes a separate self-report study known as the National Crime Victimization Survey (NCVS). A self-report study is a collection of data gathered using voluntary response methods, such as questionnaires or telephone interviews. Self-report data are gathered each year, asking approximately 160,000 people in the United States about the frequency and types of crime they've experienced in their daily lives (BJS 2019). The NCVS reports a higher rate of crime than the UCR, likely picking up information on crimes that were experienced but never reported to the police. Age, race, gender, location, and income-level demographics are also analyzed.

The NCVS survey format allows people to more openly discuss their experiences and also provides a more-detailed examination of crimes, which may include information about consequences, relationship between victim and criminal, and substance abuse involved. One disadvantage is that the NCVS misses some groups of people, such as those who don't have telephones and those who move frequently. The quality of information may also be reduced by inaccurate victim recall of the crime (Cantor and Lynch 2000).

Public Perception of Crime

Neither the NCVR nor the UCR accounts for all crime in the United States, but general trends can be determined. Crime rates, particularly for violent and gun-related crimes, have been on the decline since peaking in the early 1990s (Cohn, Taylor, Lopez, Gallagher, Parker, and Maass 2013). However, the public believes crime rates are still high, or even worsening. Recent surveys (Saad 2011; Pew Research Center 2013, cited in Overburg and Hoyer 2013) have found U.S. adults believe crime is worse now than it was twenty years ago.

Inaccurate public perception of crime may be heightened by popular crime series such as Law & Order (Warr 2008) and by extensive and repeated media coverage of crime. Many researchers have found that people who closely follow media reports of crime are likely to estimate the crime rate as inaccurately high and more likely to feel fearful about the chances of experiencing crime (Chiricos, Padgett, and Gertz 2000). Recent research has also found that people who reported watching news coverage of 9/11 or the Boston Marathon Bombing for more than an hour daily became more fearful of future terrorism (Holman, Garfin, and Silver 2014).

The U.S. Criminal Justice System

A criminal justice system is an organization that exists to enforce a legal code. There are three branches of the U.S. criminal justice system: the police, the courts, and the corrections system.

Police

Police are a civil force in charge of enforcing laws and public order at a federal, state, or community level. No unified national police force exists in the United States, although there are federal law enforcement officers. Federal officers operate under specific government agencies such as the Federal Bureau of Investigations (FBI); the Bureau of Alcohol, Tobacco, Firearms, and Explosives (ATF); and the Department of Homeland Security (DHS). Federal officers can only deal with matters that are explicitly within the power of the federal government, and their field of expertise is usually narrow. A county police officer may spend time responding to emergency calls, working at the local jail, or patrolling areas as needed, whereas a federal officer would be more likely to investigate suspects in firearms trafficking or provide security for government officials.

State police have the authority to enforce statewide laws, including regulating traffic on highways. Local or county police, on the other hand, have a limited jurisdiction with authority only in the town or county in which they serve.



Figure 7.10: Police use a range of tools and resources to protect the community and prevent crime. As a part of K9 units, dogs search for explosives or illegal substances on trains and at other public facilities. (Credit: MTA/flickr)

Courts

Once a crime has been committed and a violator has been identified by the police, the case goes to court. A court is a system that has the authority to make decisions based on law. The U.S. judicial system is divided into federal courts and state courts. As the name implies, federal courts (including the U.S. Supreme Court) deal with federal matters, including trade disputes, military justice, and government lawsuits. Judges who preside over federal courts are selected by the president with the consent of Congress.

State courts vary in their structure but generally include three levels: trial courts, appellate courts, and state supreme courts. In contrast to the large courtroom trials in TV shows, most noncriminal cases are decided by a judge without a jury present. Traffic court and small claims court are both types of trial courts that handle specific civil matters.

Criminal cases are heard by trial courts with general jurisdictions. Usually, a judge and jury are both present. It is the jury's responsibility to determine guilt and the judge's responsibility to determine the penalty, though in some states the jury may also decide the penalty. Unless a defendant is found "not guilty," any member of the prosecution or defense (whichever is the losing side) can appeal the case to a higher court. In some states, the case then goes to a special appellate court; in others it goes to the highest state court, often known as the state supreme court.



(a) (b)

Figure 7.11: This county courthouse in Kansas (left) is a typical setting for a state trial court. Compare this to the courtroom of the Michigan Supreme Court (right). (Credit: (a) Ammodramus/Wikimedia Commons; Photo (b) Steve & Christine/Wikimedia Commons)

Corrections

The corrections system is charged with supervising individuals who have been arrested, convicted, and sentenced for a criminal offense, plus people detained while awaiting hearings, trials, or other procedures. At the end of 2018, approximately 2.3 million people were incarcerated in the United States (BJS 2020); these include people who are in state and federal prisons as well as those in local jails or related facilities, as explained below. Since many convicted people are placed on probation or parole, have their sentences deferred or otherwise altered, or are released under other circumstances, the total number of people within the corrections system is much higher. In 2018, the total number of people either incarcerated, detained, paroled, or on probation was 6,410,000 (BJS 2020).

The U.S. incarceration rate has grown considerably in the last hundred years, but has begun to decline in the past decade. The total correctional population (including parolees and those on probation), peaked in 2007 at 7.3 million, resulting in approximately 1 in 32 people being under some sort of correctional supervision. With the 2018 correction system number close to 6.4 million people, that ratio goes to 1 in every 40 people (BJS 2020). The declines are seen as a positive, but the United States holds the largest number of prisoners of any nation in the world.

Prison is different from jail. A jail provides temporary confinement, usually while an individual awaits trial or parole. Prisons are facilities built for individuals serving sentences of more than a year. Whereas jails are small and local, prisons are large and run by either the state or the federal government. While incarcerated, people have differing levels of freedom and opportunity for engagement. Some inmates have options to take classes, play organized sports, and otherwise enrich themselves, usually with the goal of improving their lives upon release. Other incarcerated people have very limited opportunities. Usually these distinctions are based on the severity of their crimes and their behavior once imprisoned, but available resources and funding can be a significant factor.

Parole refers to a temporary release from prison or jail that requires supervision and the consent of officials. Parole is different from probation, which is supervised time used as an alternative to prison. Probation and parole can both follow a period of incarceration in prison, especially if the prison sentence is shortened. Most people in these situations are supervised by correctional officers or other appropriate professionals, including mental health professionals; they may attend regular meetings or counseling sessions and may be required to report on their activities and travel. People on probation or parole often have strict guidelines; not only will they be returned to jail upon committing a crime, but they may also be prohibited from associating with known criminals or suspects. These strategies are designed to prevent people on parole or probation from returning to criminal engagements, and to increase the likelihood that they will remain positive members of the community through interactions with family, productive employment, and mental health treatment if needed.

Policing and Race

This chapter described just a few of the sociological theories regarding deviance and crime; there are many more, as well as many approaches for preventing crime and enforcing laws. Citizens, law enforcement, and elected officials weigh a wide array of

contexts and personal experiences when considering the best way to address crime. In at least some cases, decision makers are motivated by a desire to protect the status quo or improve their political or financial position.

As discussed earlier, during the 1980s, crack cocaine was exploding in usage among lower income, Black, and Hispanic people. White middle class and upper economic class Americans became terrified of the potential for their family and children to be involved with drugs and drug-related crime. State governments passed increasingly harsh laws, resulting in stiffer penalties and the removal of judges' discretion in drug case sentencing. Among the most well known of these were "three strikes laws," which mandated long sentences for anyone convicted of multiple drug offenses, even if the offenses themselves were minor. Practices like civil forfeiture, in which law enforcement or municipalities could seize cash and property of suspected criminals even before they were convicted, provided a significant financial incentive to investigate drug crimes (Tiegen 2018).

The additional funding sources and high likelihood of successful prosecution drove police forces toward more aggressive and inequitable tactics. After training by the Drug Enforcement Agency, police forces around the country began racial profiling in a focused, consistent manner. Black and Hispanic people were many times more likely than White people to be pulled over for routine traffic stops. Local police forces focused on patrolling minority-inhabited neighborhoods, resulting in more arrests and prosecutions of Black and Hispanic people (Harris 2020).

No issue related to race and policing is of more concern than the shooting of unarmed Black people by police. The lack of punishment of police officers for committing these acts perpetuates the issue of unequal justice. Eric Garner was killed by an officer using a prohibited chokehold after Garner had allegedly committed a misdemeanor. Breonna Taylor was killed by police who violently infiltrated the wrong home. None of the officers involved in those deaths were prosecuted, though several were fired. The officer who killed George Floyd was immediately charged with the crime, and was eventually convicted, but some believe that to be the case due to the clear and horrific video of the event (Abdollah 2021).

Police advocates, elected officials, and ordinary citizens often express the importance of effective and just law enforcement. When "Defund The Police" became a widespread position during 2020, many Black people spoke out against it; polling revealed that a majority of Black people did not support the idea, and over 80 percent of Black people preferred having the police spend the same or more time in their communities (Saad 2020). While this frequently cited result is relatively consistent across different polls, it also reveals divisions within the Black community, often based on age or other factors. The same polls find that many Black people still distrust the police or feel less secure when they see them (Yahoo/Yougov 2020).

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6.5: Key Terms

conflict theory | a theory that examines social and economic factors as the causes of criminal deviance

control theory | a theory that states social control is directly affected by the strength of social bonds and that deviance results from a feeling of disconnection from society

corporate crime | crime committed by white-collar workers in a business environment

corrections system | the system tasked with supervising individuals who have been arrested for, convicted of, or sentenced for criminal offenses

court | a system that has the authority to make decisions based on law

crime | a behavior that violates official law and is punishable through formal sanctions

criminal justice system | an organization that exists to enforce a legal code

cultural deviance theory | a theory that suggests conformity to the prevailing cultural norms of lower-class society causes crime

deviance | a violation of contextual, cultural, or social norms

differential association theory | a theory that states individuals learn deviant behavior from those close to them who provide models of and opportunities for deviance

formal sanctions | sanctions that are officially recognized and enforced

hate crimes | attacks based on a person's race, religion, or other characteristics

informal sanctions | sanctions that occur in face-to-face interactions

labeling theory | the ascribing of a deviant behavior to another person by members of society

legal codes | codes that maintain formal social control through laws

master status | a label that describes the chief characteristic of an individual

negative sanctions | punishments for violating norms

nonviolent crimes | crimes that involve the destruction or theft of property, but do not use force or the threat of force

police | a civil force in charge of regulating laws and public order at a federal, state, or community level

positive sanctions | rewards given for conforming to norms

power elite | a small group of wealthy and influential people at the top of society who hold the power and resources

primary deviance | a violation of norms that does not result in any long-term effects on the individual's self-image or interactions with others

sanctions | the means of enforcing rules

secondary deviance | deviance that occurs when a person's self-concept and behavior begin to change after his or her actions are labeled as deviant by members of society

self-report study | a collection of data acquired using voluntary response methods, such as questionnaires or telephone interviews

social control | the regulation and enforcement of norms

social disorganization theory | a theory that asserts crime occurs in communities with weak social ties and the absence of social control

social order | an arrangement of practices and behaviors on which society's members base their daily lives

strain theory | a theory that addresses the relationship between having socially acceptable goals and having socially acceptable means to reach those goals

street crime | crime committed by average people against other people or organizations, usually in public spaces

victimless crime | activities against the law, but that do not result in injury to any individual other than the person who engages in them

violent crimes | crimes based on the use of force or the threat of force

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6.6: Section Summary

7.1 Deviance and Control

Deviance is a violation of norms. Whether or not something is deviant depends on contextual definitions, the situation, and people's response to the behavior. Society seeks to limit deviance through the use of sanctions that help maintain a system of social control. Deviance is often relative, and perceptions of it can change quickly and unexpectedly.

7.2 Theoretical Perspectives on Deviance and Crime

The three major sociological paradigms offer different explanations for the motivation behind deviance and crime. Functionalists point out that deviance is a social necessity since it reinforces norms by reminding people of the consequences of violating them. Violating norms can open society's eyes to injustice in the system. Conflict theorists argue that crime stems from a system of inequality that keeps those with power at the top and those without power at the bottom. Symbolic interactionists focus attention on the socially constructed nature of the labels related to deviance. Crime and deviance are learned from the environment and enforced or discouraged by those around us.

7.3 Crime and the Law

Crime is established by legal codes and upheld by the criminal justice system. In the United States, there are three branches of the justice system: police, courts, and corrections. Although crime rates and incarceration increased throughout most of the twentieth century, they are now dropping. Despite these developments, inequitable law enformcenent is a destructive reality in American communities, and efforts are underway to improve outcomes.

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6.7: Section Quiz

7.1 Deviance and Control

1.

Which of the following best describes how deviance is defined?

a. Deviance is defined by federal, state, and local laws.
b. Deviance's definition is determined by one's religion.
c. Deviance occurs whenever someone else is harmed by an action.
d. Deviance is socially defined.

2.

During the civil rights movement, Rosa Parks and other Black protestors spoke out against segregation by refusing to sit at the back of the bus. This is an example of _____.

a. An act of social control
b. An act of deviance
c. A social norm
d. Criminal mores

3.

A student has a habit of talking on their cell phone during class. One day, the professor stops the lecture and asks the student to respect others in the class by turning off the phone. In this situation, the professor used _____ to maintain social control.

a. Informal negative sanctions
b. Informal positive sanctions
c. Formal negative sanctions
d. Formal positive sanctions

4.

Societies practice social control to maintain _____.

a. formal sanctions
b. social order
c. cultural deviance
d. sanction labeling

5.

One day, you decide to wear pajamas to the grocery store. While you shop, you notice people giving you strange looks and whispering to others. In this case, the grocery store patrons are demonstrating _____.

a. deviance
b. formal sanctions
c. informal sanctions
d. positive sanctions

7.2 Theoretical Perspectives on Deviance and Crime

6.

A student wakes up late and realizes their sociology exam starts in five minutes. They jump into their car and speed down the road, where they are pulled over by a police officer. The student explains that they are running late, and the officer lets them off with a warning. The student's actions are an example of _____.

a. primary deviance
b. positive deviance
c. secondary deviance

d. master deviance

7.

According to C. Wright Mills, which of the following people is most likely to be a member of the power elite?

a. A war veteran
b. A senator
c. A professor
d. A mechanic

8.

According to social disorganization theory, crime is most likely to occur where?

a. A community where neighbors don't know each other very well
b. A neighborhood with mostly elderly citizens
c. A city with a large minority population
d. A college campus with students who are very competitive

9.

According to the concept of the power elite, why would a celebrity commit a crime?

a. Because his parents committed similar crimes
b. Because his fame protects him from retribution
c. Because his fame disconnects him from society
d. Because he is challenging socially accepted norms

10.

A convicted sexual offender is released on parole and arrested two weeks later for repeated sexual crimes. How would labeling theory explain this?

a. The offender has been labeled deviant by society and has accepted a new master status.
b. The offender has returned to their old neighborhood and so reestablished their former habits.
c. The offender has lost the social bonds they made in prison and feels disconnected from society.
d. The offender is poor and responding to the different cultural values that exist in their community.

11.

_____ deviance is a violation of norms that _____result in a person being labeled a deviant.

a. Secondary; does not
b. Negative; does
c. Primary; does not
d. Primary; may or may not

7.3 Crime and the Law

12.

Which of the following is an example of corporate crime?

a. Embezzlement
b. Larceny
c. Assault
d. Burglary

13.

Spousal abuse is an example of a _____.

a. street crime
b. corporate crime

c. violent crime
d. nonviolent crime

14.

Which of the following situations best describes crime trends in the United States?

a. Rates of violent and nonviolent crimes are decreasing.
b. Rates of violent crimes are decreasing, but there are more nonviolent crimes now than ever before.
c. Crime rates have skyrocketed since the 1970s due to lax corrections laws.
d. Rates of street crime have gone up, but corporate crime has gone down.

15.

What is a disadvantage of the *National Crime Victimization Survey* (NCVS)?

a. The NCVS doesn't include demographic data, such as age or gender.
b. The NCVS may be unable to reach important groups, such as those without phones.
c. The NCVS doesn't address the relationship between the criminal and the victim.
d. The NCVS only includes information collected by police officers.

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6.8: Short Answer

7.1 Deviance and Control

1.

If given the choice, would you purchase an unusual car such as a hearse for everyday use? How would your friends, family, or significant other react? Since deviance is culturally defined, most of the decisions we make are dependent on the reactions of others. Is there anything the people in your life encourage you to do that you don't? Why don't you?

2.

Think of a recent time when you used informal negative sanctions. To what act of deviance were you responding? How did your actions affect the deviant person or persons? How did your reaction help maintain social control?

7.2 Theoretical Perspectives on Deviance and Crime

3.

Pick a famous politician, business leader, or celebrity who has been arrested recently. What crime did they allegedly commit? Who was the victim? Explain their actions from the point of view of one of the major sociological paradigms. What factors best explain how this person might be punished if convicted of the crime?

4.

If we assume that the power elite's status is always passed down from generation to generation, how would Edwin Sutherland explain these patterns of power through differential association theory? What crimes do these elite few get away with?

7.3 Crime and the Law

5.

Recall the crime statistics presented in this section. Do they surprise you? Are these statistics represented accurately in the media? Why, or why not?

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6.9: Further Research

7.1 Deviance and Control

Although we rarely think of it in this way, deviance can have a positive effect on society. Check out the Positive Deviance Initiative, a program initiated by Tufts University to promote social movements around the world that strive to improve people's lives.

7.2 Theoretical Perspectives on Deviance and Crime

The Skull and Bones Society made news in 2004 when it was revealed that then-President George W. Bush and his Democratic challenger, John Kerry, had both been members at Yale University. In the years since, conspiracy theorists have linked the secret society to numerous world events, arguing that many of the nation's most powerful people are former Bonesmen. Although such ideas may raise a lot of skepticism, many influential people of the past century have been Skull and Bones Society members, and the society is sometimes described as a college version of the power elite later in life.

7.3 Crime and the Law

Is the U.S. criminal justice system confusing? You're not alone. Check out this handy flowchart from the Bureau of Justice Statistics.

How is crime data collected in the United States? Read about the methods of data collection and take the National Crime Victimization Survey.

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CHAPTER OVERVIEW

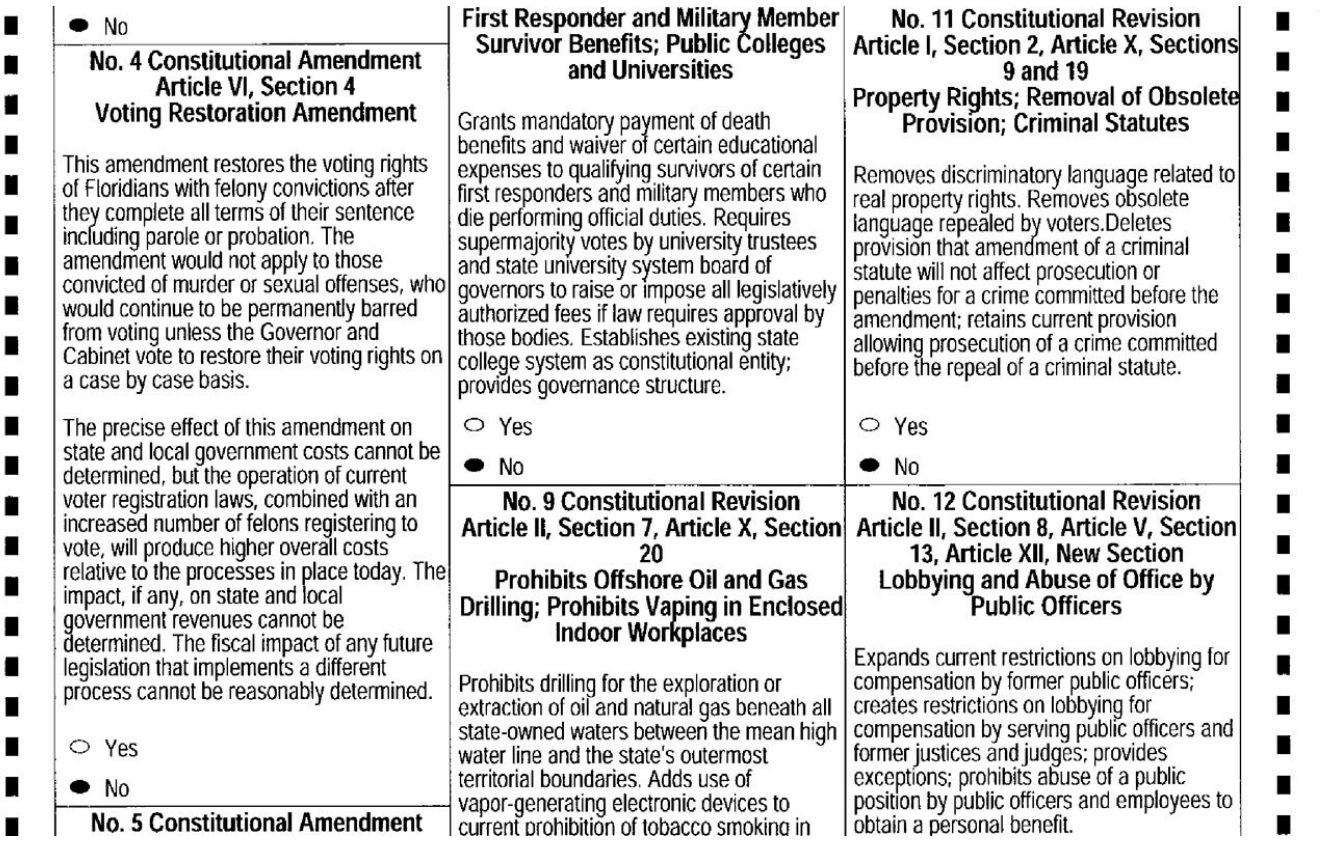
7: Government and Political Science

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Thumbnail: Constitution of the United States.

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7.1: Introduction


● No

No. 4 Constitutional Amendment
Article VI, Section 4
Voting Restoration Amendment

This amendment restores the voting rights of Floridians with felony convictions after they complete all terms of their sentence including parole or probation. The amendment would not apply to those convicted of murder or sexual offenses, who would continue to be permanently barred from voting unless the Governor and Cabinet vote to restore their voting rights on a case by case basis.

The precise effect of this amendment on state and local government costs cannot be determined, but the operation of current voter registration laws, combined with an increased number of felons registering to vote, will produce higher overall costs relative to the processes in place today. The impact, if any, on state and local government revenues cannot be determined. The fiscal impact of any future legislation that implements a different process cannot be reasonably determined.

○ Yes
● No

No. 5 Constitutional Amendment

First Responder and Military Member Survivor Benefits; Public Colleges and Universities

Grants mandatory payment of death benefits and waiver of certain educational expenses to qualifying survivors of certain first responders and military members who die performing official duties. Requires supermajority votes by university trustees and state university system board of governors to raise or impose all legislatively authorized fees if law requires approval by those bodies. Establishes existing state college system as constitutional entity; provides governance structure.

○ Yes
● No

No. 9 Constitutional Revision
Article II, Section 7, Article X, Section 20
Prohibits Offshore Oil and Gas Drilling; Prohibits Vaping in Enclosed Indoor Workplaces

Prohibits drilling for the exploration or extraction of oil and natural gas beneath all state-owned waters between the mean high water line and the state's outermost territorial boundaries. Adds use of vapor-generating electronic devices to current prohibition of tobacco smoking in

No. 11 Constitutional Revision
Article I, Section 2, Article X, Sections 9 and 19
Property Rights; Removal of Obsolete Provision; Criminal Statutes

Removes discriminatory language related to real property rights. Removes obsolete language repealed by voters.Deletes provision that amendment of a criminal statute will not affect prosecution or penalties for a crime committed before the amendment; retains current provision allowing prosecution of a crime committed before the repeal of a criminal statute.

○ Yes
● No

No. 12 Constitutional Revision
Article II, Section 8, Article V, Section 13, Article XII, New Section
Lobbying and Abuse of Office by Public Officers

Expands current restrictions on lobbying for compensation by former public officers; creates restrictions on lobbying for compensation by serving public officers and former justices and judges; provides exceptions; prohibits abuse of a public position by public officers and employees to obtain a personal benefit.

Figure 17.1: In 2018, Florida voters made a decision regarding the voting rights of people convicted of a felony. The referendum took a direct measure of the people's will, rather than navigating through representative process. However, passing a referendum and enacting the laws to carry it out are two different processes, which Floridians came to understand when the state government attached further obligations and restrictions to voting rights.

Chapter Outline

17.1 Power and Authority
17.2 Forms of Government
17.3 Politics in the United States
17.4 Theoretical Perspectives on Government and Power

On November 6, 2018, Florida residents voted overwhelmingly to restore voting rights to people convicted of most felonies after they had completed their sentences. Rather than undergoing the complex process of passing a law through legislative representatives, the people voted directly on the matter as part of their ballot, a process typically referred to as a referendum. The two-thirds majority in favor of the referendum seemed to make the voters' intention clear, but their intentions would not be carried as directly as they thought.

Many believe that voting is a privilege to be granted to "upstanding" citizens. The 14th Amendment gives government the right to restrict voting for those who have "participated in rebellion or other crime." As of 2021, 48 states had some type of restrictions for people with felony convictions, though the vast majority of those permit people to vote upon completion of their sentence (ACLU 2021). At the time of the 2018 referendum, Florida had almost 1.7 million people unable to vote due to felony convictions, which was roughly ten percent of its total population; to put it another way, Florida had more disenfranchised people than any other state (Lewis 2018). Many statewide Florida elections are decided by only a few percentage points. For example, the last three elections for governor were decided by less than two percent of the vote.

Disenfranchisement laws affect people of certain races, ethnicities, and socioeconomic status more significantly than other groups. For example, in Florida, 23 percent of Black people were unable to vote because of felony convictions (Brennan Center 2020).

Despite the overwhelming majority of citizens who supported the change, the Florida governor and legislature effectively blocked the referendum's implementation. In early 2019, less than two weeks after the resolution went into effect, the government passed a law indicating that voting would only be allowed for convicted felons who served their sentences and had also paid all fines and penalties owed to the state. The effect was significant: Fines associated with sentences can be quite large, and people with felony convictions have major issues with employment. The law severely diminished the referendum's effect. By the time of the 2020 Presidential election, about 700,000 people with felony convictions, who had served their sentences, still could not vote.

Many in Florida felt that their referendum clearly indicated the people's choice, and their power had been taken. On the other hand, the legislators indicated that they were obtaining money owed to the state, and that the brief, 140-word referendum didn't specify the method of implementation. Florida is going through a conflict that has faced the nation from its earliest days: Who has the right to make decisions? Who has the power?

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7.2: Power and Authority

Learning Objectives

By the end of this section, you should be able to:

- Define and differentiate between power and authority
- Identify and describe the three types of authority



Figure 17.2: Government buildings are built to symbolize authority, but they also represent a specific perspective or message. The Capitol Complex in Bangladesh, Sher-e-Bangla Nagar, was designed to capture the essence of an entirely new country. Rather than the fortress-like, Greek- and Roman-inspired structures of many government buildings, architect Louis Kahn set the rounded, asymmetrical, modern complex within an artificial lake, with many open spaces exposed to the elements (Credit: Lykantrop/Wikimedia Commons)

The world has almost 200 countries. Many of those countries have states or provinces with their own governments. In some countries such as the United States and Canada, Native Americans and First Nations have their own systems of government in some relationship with the federal government. Just considering those thousands of different entities, it's easy to see what differentiates governments. What about what they have in common? Do all of them serve the people? Protect the people? Increase prosperity?

The answer to those questions might be a matter of opinion, perspective, and circumstance. However, one reality seems clear: Something all governments have in common is that they exert control over the people they govern. The nature of that control—what we will define as power and authority—is an important feature of society.

Sociologists have a distinctive approach to studying governmental power and authority that differs from the perspective of political scientists. For the most part, political scientists focus on studying how power is distributed in different types of political systems. They would observe, for example, that the United States' political system is divided into three distinct branches (legislative, executive, and judicial), and they would explore how public opinion affects political parties, elections, and the political process in general. Sociologists, however, tend to be more interested in the influences of governmental power on society and in how social conflicts arise from the distribution of power. Sociologists also examine how the use of power affects local, state, national, and global agendas, which in turn affect people differently based on status, class, and socioeconomic standing.

What Is Power?



Figure 17.3: Nazi leader Adolf Hitler was one of the most powerful and destructive dictators in modern history. He is pictured here with fascist Benito Mussolini of Italy. (Credit: U.S. National Archives and Records Administration)

For centuries, philosophers, politicians, and social scientists have explored and commented on the nature of power. Pittacus (c. 640–568 B.C.E.) opined, "The measure of a man is what he does with power," and Lord Acton perhaps more famously asserted, "Power tends to corrupt; absolute power corrupts absolutely" (1887). Indeed, the concept of power can have decidedly negative connotations, and the term itself is difficult to define.

Many scholars adopt the definition developed by German sociologist Max Weber, who said that power is the ability to exercise one's will over others (Weber 1922). Power affects more than personal relationships; it shapes larger dynamics like social groups, professional organizations, and governments. Similarly, a government's power is not necessarily limited to control of its own citizens. A dominant nation, for instance, will often use its clout to influence or support other governments or to seize control of other nation states. Efforts by the U.S. government to wield power in other countries have included joining with other nations to form the Allied forces during World War II, entering Iraq in 2002 to topple Saddam Hussein's regime, and imposing sanctions on the government of North Korea in the hopes of constraining its development of nuclear weapons.

Endeavors to gain power and influence do not necessarily lead to violence, exploitation, or abuse. Leaders such as Martin Luther King Jr. and Mohandas Gandhi, for example, commanded powerful movements that effected positive change without military force. Both men organized nonviolent protests to combat corruption and injustice and succeeded in inspiring major reform. They relied on a variety of nonviolent protest strategies, such as rallies, sit-ins, marches, petitions, and boycotts.

Modern technology has made such forms of nonviolent reform easier to implement. Often, protesters can use cell phones and the Internet to disseminate information and plans to masses of protesters in a rapid and efficient manner. Some governments like Myanmar, China, and Russia tamp down communication and protest through platform bans or Internet blocks (see the Media and Technology chapter for more information). But in the Arab Spring uprisings of 2010-11, for example, Twitter feeds and other social media helped protesters coordinate their movements, share ideas, and bolster morale, as well as gain global support for their causes. Social media was also important in getting accurate accounts of the demonstrations out to the world, in contrast to many earlier situations in which government control of the media censored news reports. Notice that in these examples, the users of power were the citizens rather than the governments. They found they had power because they were able to exercise their will over their own leaders. Thus, government power does not necessarily equate to absolute power.



Figure 17.4: Young people and students were among the most ardent supporters of democratic reform in the recent Arab Spring. Social media also played an important role in rallying grassroots support. (Credit: cjb22/flickr)

Big Picture: Social Media as a Terrorist Tool

British aid worker, Alan Henning, was the fourth victim of the Islamic State (known as ISIS or ISIL) to be beheaded before video cameras in a recording titled, “Another Message to America and Its Allies,” which was posted on YouTube and pro-Islamic state Twitter feeds in the fall of 2014. Henning was captured during his participation in a convoy taking medical supplies to a hospital in conflict-ravaged northern Syria. His death was publicized via social media, as were the earlier beheadings of U.S. journalists Jim Foley and Steven Sotloff and British aid worker David Haines. The terrorist groups also used social media to demand an end to intervention in the Middle East by U.S., British, French, and Arab forces.

An international coalition, led by the United States, has been formed to combat ISIS in response to this series of publicized murders. France and the United Kingdom, members of the North Atlantic Treaty Organization (NATO), and Belgium are seeking government approval through their respective parliaments to participate in airstrikes. The specifics of target locations are a key point, however, and they emphasize the delicate and political nature of current conflict in the region. Due to perceived national interest and geopolitical dynamics, Britain and France are more willing to be a part of airstrikes on ISIS targets in Iran and likely to avoid striking targets in Syria. Several Arab nations are a part of the coalition, including Bahrain, Jordan, Saudi Arabia, Qatar, and the United Arab Emirates. Turkey, another NATO member, has not announced involvement in airstrikes, presumably because ISIS is holding forty-nine Turkish citizens hostage.

U.S. intervention in Libya and Syria is controversial, and it arouses debate about the role of the United States in world affairs, as well as the practical need for, and outcome of, military action in the Middle East. Experts and the U.S. public alike are weighing the need for fighting terrorism in its current form of the Islamic State and the bigger issue of helping to restore peace in the Middle East. Some consider ISIS a direct and growing threat to the United States if left unchecked. Others believe U.S. intervention unnecessarily worsens the Middle East situation and prefer that resources be used at home rather than increasing military involvement in an area of the world where they believe the United States has intervened long enough.

Types of Authority

The protesters in Tunisia and the civil rights protesters of Martin Luther King, Jr.'s day had influence apart from their position in a government. Their influence came, in part, from their ability to advocate for what many people held as important values. Government leaders might have this kind of influence as well, but they also have the advantage of wielding power associated with their position in the government. As this example indicates, there is more than one type of authority in a community.

Authority refers to accepted power—that is, power that people agree to follow. People listen to authority figures because they feel that these individuals are worthy of respect. Generally speaking, people perceive the objectives and demands of an authority figure as reasonable and beneficial, or true.

Not all authority figures are police officers, elected officials or government authorities. Besides formal offices, authority can arise from tradition and personal qualities. Economist and sociologist Max Weber realized this when he examined individual action as it relates to authority, as well as large-scale structures of authority and how they relate to a society's economy. Based on this work, Weber developed a classification system for authority. His three types of authority are traditional authority, charismatic authority and legal-rational authority (Weber 1922).

Table 17.1 Weber's Three Types of Authority: Max Weber identified and explained three distinct types of authority:

	Traditional	Charismatic	Legal-Rational
Source of Power	Legitimized by long-standing custom	Based on a leader's personal qualities	Authority resides in the office, not the person
Leadership Style	Historic personality	Dynamic personality	Bureaucratic officials
Example	Patriarchy (traditional positions of authority)	Napoleon, Jesus Christ, Mother Teresa, Martin Luther King, Jr.	U.S. presidency and Congress Modern British Parliament

Traditional Authority

According to Weber, the power of traditional authority is accepted because that has traditionally been the case; its legitimacy exists because it has been accepted for a long time. Britain's Queen Elizabeth, for instance, occupies a position that she inherited based on the traditional rules of succession for the monarchy. People adhere to traditional authority because they are invested in the past and feel obligated to perpetuate it. In this type of authority, a ruler typically has no real force to carry out his will or maintain his position but depends primarily on a group's respect.

A more modern form of traditional authority is patrimonialism, which is traditional domination facilitated by an administration and military that are purely personal instruments of the master (Eisenberg 1998). In this form of authority, all officials are personal favorites appointed by the ruler. These officials have no rights, and their privileges can be increased or withdrawn based on the

caprices of the leader. The political organization of ancient Egypt typified such a system: when the royal household decreed that a pyramid be built, every Egyptian was forced to work toward its construction.

Traditional authority can be intertwined with race, class, and gender. In most societies, for instance, men are more likely to be privileged than women and thus are more likely to hold roles of authority. Similarly, members of dominant racial groups or upper-class families also win respect more readily. In the United States, the Kennedy family, which has produced many prominent politicians, exemplifies this model.

Charismatic Authority

Followers accept the power of charismatic authority because they are drawn to the leader's personal qualities. The appeal of a charismatic leader can be extraordinary, and can inspire followers to make unusual sacrifices or to persevere in the midst of great hardship and persecution. Charismatic leaders usually emerge in times of crisis and offer innovative or radical solutions. They may even offer a vision of a new world order. Hitler's rise to power in the postwar economic depression of Germany is an example.

Charismatic leaders tend to hold power for short durations, and according to Weber, they are just as likely to be tyrannical as they are heroic. Diverse male leaders such as Hitler, Napoleon, Jesus Christ, César Chávez, Malcolm X, and Winston Churchill are all considered charismatic leaders. Because so few women have held dynamic positions of leadership throughout history, the list of charismatic female leaders is comparatively short. Many historians consider figures such as Joan of Arc, Margaret Thatcher, and Mother Teresa to be charismatic leaders.

Rational-Legal Authority

According to Weber, power made legitimate by laws, written rules, and regulations is termed rational-legal authority. In this type of authority, power is vested in a particular rationale, system, or ideology and not necessarily in the person who implements the specifics of that doctrine. A nation that follows a constitution applies this type of authority. On a smaller scale, you might encounter rational-legal authority in the workplace via the standards set forth in the employee handbook, which provides a different type of authority than that of your boss.

Of course, ideals are seldom replicated in the real world. Few governments or leaders can be neatly categorized. Some leaders, like Mohandas Gandhi for instance, can be considered charismatic *and* legal-rational authority figures. Similarly, a leader or government can start out exemplifying one type of authority and gradually evolve or change into another type.

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7.3: Forms of Government

Learning Objectives

By the end of this section, you should be able to:

- Define common forms of government, such as monarchy, oligarchy, dictatorship, and democracy
- Compare common forms of government and identify real-life examples of each



Figure 17.5: After becoming the leader of the Indian National Congress, Mohandas Ghandi employed a range of nonviolent methods to gain better rights and treatment for women and poor people and especially for the independence of India. He used fasting as a form of protest, and was imprisoned by the ruling British government (Credit: Elliot and Fry/Wikimedia Commons)

Most people generally agree that anarchy, or the absence of organized government, does not facilitate a desirable living environment for society, but it is much harder for individuals to agree upon the particulars of how a population should be governed. Throughout history, various forms of government have evolved to suit the needs of changing populations and mindsets, each with pros and cons. Today, members of Western society hold that democracy is the most just and stable form of government, although former British Prime Minister Winston Churchill once declared to the House of Commons, “Indeed it has been said that democracy is the worst form of government except for all those other forms that have been tried from time to time” (Shapiro 2006).

Monarchy

Even though people in the United States tend to be most aware of Great Britain's royals, many other nations also recognize kings, queens, princes, princesses, and other figures with official royal titles. The power held by these positions varies from one country to another. Strictly speaking, a monarchy is a government in which a single person (a monarch) rules until he or she dies or abdicates the throne. Usually, a monarch claims the rights to the title by way of hereditary succession or as a result of some sort of divine appointment or calling. As mentioned above, the monarchies of most modern nations are ceremonial remnants of tradition, and individuals who hold titles in such sovereignties are often aristocratic figureheads.

A few nations today, however, are run by governments wherein a monarch has absolute or unmitigated power. Such nations are called absolute monarchies. Although governments and regimes are constantly changing across the global landscape, it is generally safe to say that most modern absolute monarchies are concentrated in the Middle East and Africa. The small, oil-rich nation of Oman, for instance, is an example of an absolute monarchy. In this nation, Sultan Qaboos bin Said ruled from the 1970s until his death in 2020, when his cousin, Haitham bin Tariq, became Sultan. The Sultan creates all laws, appoints all judges, and has no formal check on their power. Living conditions and opportunities for Oman's citizens have improved to the point that the UN ranked the nation as the most improved in the world in the past (UNDP 2010), but many citizens who live under the reign of an absolute ruler must contend with oppressive or unfair policies that are installed based on the unchecked whims or political agendas of that leader.

In today's global political climate, monarchies far more often take the form of constitutional monarchies, governments of nations that recognize monarchs but require these figures to abide by the laws of a greater constitution. Many countries that are now constitutional monarchies evolved from governments that were once considered absolute monarchies. In most cases, constitutional monarchies, such as Great Britain and Canada, feature elected prime ministers whose leadership role is far more involved and significant than that of its titled monarchs. In spite of their limited authority, monarchs endure in such governments because people enjoy their ceremonial significance and the pageantry of their rites.



Figure 17.6: Qaboos bin Said ruled Oman as its absolute monarch for fifty years, and oversaw the country's development from a relatively isolated nation to one that uses its vast supplies of oil to build wealth and influence. Queen Noor of Jordan is the dowager queen of this constitutional monarchy and has limited political authority. Queen Noor is American by birth, but relinquished her citizenship when she married. She is a noted global advocate for Arab-Western relations. (Credit A: Wikimedia Commons; B: Skoll World Forum/flickr)

Oligarchy

The power in an oligarchy is held by a small, elite group. Unlike in a monarchy, members of an oligarchy do not necessarily achieve their statuses based on ties to noble ancestry. Rather, they may ascend to positions of power because of military might, economic power, or similar circumstances.

The concept of oligarchy is somewhat elusive; rarely does a society openly define itself as an oligarchy. Generally, the word carries negative connotations and conjures notions of a corrupt group whose members make unfair policy decisions in order to maintain their privileged positions. Many modern nations that claim to be democracies are really oligarchies. In fact, some prominent journalists, such as Paul Krugman, who won a Nobele laureate prize in economics, have labeled the United States an oligarchy, pointing to the influence of large corporations and Wall Street executives on U.S. policy (Krugman 2011). Other political analysts assert that all democracies are really just "elected oligarchies," or systems in which citizens must vote for an individual who is part of a pool of candidates who come from the society's elite ruling class (Winters 2011).

Oligarchies have existed throughout history, and today many consider Russia an example of oligarchic political structure. After the fall of communism, groups of business owners captured control of this nation's natural resources and have used the opportunity to expand their wealth and political influence. Once an oligarchic power structure has been established, it can be very difficult for middle- and lower-class citizens to advance their socioeconomic status.

Social Policy and Debate: Is the United States an Oligarchy?



Figure 17.7: The Breakers, the famous Newport, Rhode Island, home of the Vanderbilts, is a powerful symbol of the extravagant wealth that characterized the Gilded Age. (Credit: ckramer/flickr)

The American Gilded Age saw the rise and dominance of ultra-rich families such as the Vanderbilts, Rockefellers, and Carnegies, and the wealthy often indulged in absurd luxuries. One example is a lavish dinner party hosted for a pampered pet dog who attended wearing a $15,000 diamond collar (PBS Online 1999). At the same time, most Americans barely scraped by, living below what was considered the poverty level.

Some scholars believe that the United States has now embarked on a second gilded age, pointing out that the 400 wealthiest American families now own more than the 'lower' 150 million Americans put together (Zucman 2019), and that the top 1%

own more than the bottom 50%.

Wealthy individuals and corporations are major political donors. Based on campaign finance reform legislation in 1971 and 2002, political campaign contributions were regulated and limited; however, the 2012 Supreme Court decision in the case of Citizens United versus the Federal Election Commission repealed many of those restrictions. The Court ruled that contributions of corporations and unions to Political Action Committees (PACs) are a form of free speech that cannot be abridged and so cannot be limited or disclosed. Opponents believe this is potentially a step in promoting oligarchy in the United States; the ultra-wealthy and those who control the purse strings of large corporations and unions will, in effect, be able to elect their candidate of choice through their unlimited spending power, as well as influence policy decisions, appointments to nonelected government jobs, and other forms of political power. Krugman (2011) says, “We have a society in which money is increasingly concentrated in the hands of a few people, and in which that concentration of income and wealth threatens to make us a democracy in name only.”

How will that threat be fully assessed? And just because a small group of people can exert influence, do they? And does that influence work?

Wealthy people, and the companies and or industries they represent, use lobbying groups, think tanks, and legislative consulting group to directly influence policy. Investigations have compiled the widespread use and promotion of "model legislation," in which a lobbyist or industry group writes a bill that lawmakers then promote on their own. USA Today/Arizona Republic found that from 2010-18, over 10,000 bills were pushed through legislatures after being written and promoted by outside groups. These laws often thwart the will of the voters, or place the interests of a very small group of people above those of everyone else. For example, the interestingly titled Asbestos Transparency Bill was written by the asbestos industry to help protect it from lawsuits (O'Dell 2019). The same organizations also identify, train, manage, and compensate expert witnesses to testify on their behalf in front of various legislative and regulatory bodies.

Does it work? Political scientists studied who benefits from laws and policies, and found that 78 percent of Congress's decisions benefit the top 10 percent of Americans. Note that those same laws sometimes benefit other Americans as well. But only 5 percent of laws and policies have been shown to benefit the larger 90 percent of people while not benefiting the wealthiest Americans (Represent.US 2014).

Dictatorship

Power in a dictatorship is held by a single person (or a very small group) that wields complete and absolute authority over a government and population. Like some absolute monarchies, dictatorships may be corrupt and seek to limit or even eradicate the liberties of the general population. Dictators use a variety of means to perpetuate their authority. Economic and military might, as well as intimidation and brutality are often foremost among their tactics; individuals are less likely to rebel when they are starving and fearful. Many dictators start out as military leaders and are conditioned to the use of violence against opposition.

Some dictators also possess the personal appeal that Max Weber identified with a charismatic leader. Subjects of such a dictator may believe that the leader has special ability or authority and may be willing to submit to his or her authority. The late Kim Jong-Il, North Korean dictator, and his successor, Kim Jong-Un, exemplify this type of charismatic dictatorship.

Some dictatorships do not align themselves with any particular belief system or ideology; the goal of this type of regime is usually limited to preserving the authority of the dictator. A totalitarian dictatorship is even more oppressive and attempts to control all aspects of its subjects’ lives; including occupation, religious beliefs, and number of children permitted in each family. Citizens may be forced to publicly demonstrate their faith in the regime by participating in marches and demonstrations.

Some “benevolent” dictators, such as Napoleon and Anwar Sadat, are credited with advancing their people’s standard of living or exercising a moderate amount of evenhandedness. Others grossly abuse their power. Joseph Stalin, Adolf Hitler, Saddam Hussein, Cambodia’s Pol Pot, and Zimbabwe’s Robert Mugabe, for instance, are heads of state who earned a reputation for leading through fear and intimidation.



Figure 17.8: Dictator Kim Jong-Il of North Korea was a charismatic leader of an absolute dictatorship. His followers responded emotionally to the death of their leader in 2011. (Credit: babeltrave/flickr)

Democracy

A democracy is a form of government that strives to provide all citizens with an equal voice, or vote, in determining state policy, regardless of their level of socioeconomic status. Another important fundamental of the democratic state is the establishment and governance of a just and comprehensive constitution that delineates the roles and responsibilities of leaders and citizens alike.

Democracies, in general, ensure certain basic rights for their citizens. First and foremost, citizens are free to organize political parties and hold elections. Leaders, once elected, must abide by the terms of the given nation's constitution and are limited in the powers they can exercise, as well as in the length of the duration of their terms. Most democratic societies also champion freedom of individual speech, the press, and assembly, and they prohibit unlawful imprisonment. Of course, even in a democratic society, the government constrains citizens' total freedom to act however they wish. A democratically elected government does this by passing laws and writing regulations that, at least ideally, reflect the will of the majority of its people.

Although the United States champions the democratic ideology, it is not a "pure" democracy. In a purely democratic society, all citizens would vote on all proposed legislation, and this is not how laws are passed in the United States. There is a practical reason for this: a pure democracy would be hard to implement. Thus, the United States is a constitution-based federal republic in which citizens elect representatives to make policy decisions on their behalf. The term representative democracy, which is virtually synonymous with *republic*, can also be used to describe a government in which citizens elect representatives to promote policies that favor their interests. In the United States, representatives are elected at local and state levels, and the votes of the Electoral

College determine who will hold the office of president. Each of the three branches of the U.S. government—the executive, judicial, and legislative—is held in check by the other branches.

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7.4: Politics in the United States

Learning Objectives

By the end of this section, you should be able to:

- Explain the significance of voting in determining U.S. policy
- Discuss factors the influence voter participation rates in U.S. election
- Explore the influence of race, class, and gender issues on the voting process



Figure 17.9: Americans' voting rights are a fundamental element of the U.S. democratic structure. In elections people care about, the turnout can be very high, and people go to great lengths to ensure their vote is counted. (Credit: GPA Photo Archive/flickr)

When describing a nation's politics, we should define the term. Different people may associate the term with freedom, compromise, power, corruption, or rhetoric. Political science looks at politics as the interaction between citizens and the institutions of government. Sociology studies politics as a means to understand the underlying social norms and values of a group. A society's political structures and practices provide insight into the distribution of power and wealth, as well as larger philosophical values and cultural beliefs. A cursory sociological analysis of U.S. politics might suggest that Americans' desire to promote equality and democracy on a theoretical level is at odds with the nation's real-life capitalist orientation.

Lincoln's famous phrase "of the people, by the people, for the people" is at the heart of the U.S. system, and sums up its most essential aspect: that citizens willingly and freely elect representatives they believe will look out for their best interests. Although many Americans take free elections for granted, it is a vital foundation of any democratic polity. When the U.S. government was formed, however, large groups like women and African Americans were denied the right to vote. Each of these groups struggled to secure suffrage rights, yet this historical struggle doesn't always inspire many Americans to show up at the polls and cast their ballots. Problems with the democratic process, including limited voter turnout, require us to more closely examine complex social issues that influence political participation.

Voter Participation

Voter participation is essential to the success of a democratic republic like the U.S. Although many Americans are quick to complain about laws and political leadership, in any given election year roughly half the population does not vote (United States Elections Project, 2010). Some years have seen even lower turnouts; in 2010, for instance, only 37.8 percent of the population participated in the electoral process (United States Elections Project, 2011). Poor turnout can skew election results, particularly if

one age groups socioeconomic class is more diligent in its efforts to make it to the polls, despite the efforts of many community organizers, voting advocacy groups, and partisan "get out the vote" campaigns.

Race, Gender, and Class Issues

Although recent records have shown more minorities voting now than ever before, this trend is still fairly new. Historically, African Americans and other minorities have been underrepresented at the polls. Black men were not allowed to vote at all until after the Civil War. Black women gained the right to vote along with other women only with the ratification of the Nineteenth Amendment in 1920. For years, African Americans who were brave enough to vote were discouraged by discriminatory "Jim Crow" laws passed in many southern states, which required poll taxes and literacy tests of prospective voters. Literacy tests were outlawed in 1965, when President Lyndon Johnson signed the Voting Rights Act.

The 1960s saw other important reforms in U.S. voting. Shortly before the Voting Rights Act was passed, the 1964 U.S. Supreme Court case *Reynolds v. Sims* changed the nature of elections. This landmark decision reaffirmed the notion of “one person, one vote,” a concept holding that all people’s votes should be counted equally. Before this decision, unequal distributions of populations enabled small groups of people in sparsely populated rural areas to have as much voting power as the denser populations of urban areas. After *Reynolds v. Sims*, districts were redrawn so that they would include equal numbers of voters.

In 2013 the Supreme Court repealed several important aspects of the 1965 Voting Rights Act, ruling that southern states no longer need the stricter scrutiny that was once required to prohibit racial discrimination in voting practices in the South. Following this decision, several states moved forward with voter identification laws that had previously been banned by federal courts. Officials in Texas, Mississippi, and Alabama claim that new identification (ID) laws were needed to reduce voter fraud. Opponents point to the Department of Justice statistics from the relevant time period, indicating that only twenty-six voters, of 197 million voters in federal elections, were found guilty of voter fraud between 2002 and 2005. "Contemporary voter identification laws are trying to solve a problem that hasn’t existed in over a century” (Campbell, 2012). Further legislative efforts to pass bills that would impose new restrictions on voting continue. Opponents note that new voter ID laws disproportionately affect minorities and the poor, posing an additional obstacle to many hoping to exercise their Constitutional right to vote.

Like race and ethnicity, social class also has influenced voting practices. Voting rates among lower-educated, lower-paid workers are lower than for people with higher socioeconomic status, which fosters a system in which people with more power and access to resources have the means to reinforce their power and safeguard their resources. Several explanations have been offered to account for this difference (Raymond 2010). Workers in low-paying service jobs might find it harder to get to the polls because they lack flexibility in their work hours, and quality daycare to look after children while they vote. Because a larger share of racial and ethnic minorities are employed in such positions, social class may be linked to race and ethnicity in its influence on voting rates. New requirements for specific types of voter identification in some states are likely to compound these issues, because it may take additional time away from work, impose a substantial cost to obtain necessary documents, as well as to cover additional child care or transportation needs, in order for voters to get the needed IDs. The impact on the poor may cause a further decrease in voter participation, reducing the incentives for elected officials to represent their interests. Attitudes play a role as well. Some people of low socioeconomic status doubt their vote will count, or that their voice will be heard compared with the voices of the wealthy who can donate large sums to political campaigns in exchange for the chance to personally interact with candidates at fundraisers.

As suggested earlier, money can carry a lot of influence in U.S. democracy. But there are other means to make one’s voice heard. Free speech can be influential, and people can participate in the democratic system through volunteering with political parties, writing to elected officials, sharing views in a public forum such as a social media post or a letter to the editor of a news agency, joining (or forming!) an issue advocacy organizations or political action committee, participating in public demonstrations, and even running for a local office.

The Judicial System

The third branch of the U.S. government is the judicial system, which consists of local, state, and federal courts. The U.S. Supreme Court is the highest court in the United States, and it has the final say on decisions about the constitutionality of laws that citizens challenge. As noted earlier, some rulings have a direct impact on the political system, such as recent decisions about voter identification and campaign financing. Other Supreme Court decisions affect different aspects of society, and they are useful for sociological study because they help us understand cultural changes. For example, the 2015 decision in *Obergefell v. Hodges* legalized same-sex marriage nationwide, fundamentally altering the social landscape of the American family. More

recently, the 2022 ruling in *Dobbs v Jackson Women's Health Organization* overturned decades of precedent by ending federal constitutional protections for abortion, returning such authority to the states. Additionally, decisions regarding affirmative action and student debt relief continue to provide rich material for cultural analysis, as they reflect and influence evolving norms and values regarding equity, meritocracy, and the role of the state in people's individual lives.

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7.5: Theoretical Perspectives on Government and Power

Learning Objectives

By the end of this section, you should be able to:

- Differentiate the ways that functionalists, conflict theorists, and interactionists view government and politics

Sociologists rely on organizational frameworks or paradigms to make sense of their study of sociology; already there are many widely recognized schemas for evaluating sociological data and observations. Each paradigm looks at the study of sociology through a unique lens. The sociological examination of government and power can thus be evaluated using a variety of perspectives that help the evaluator gain a broader perspective. Functionalism, conflict theory, and symbolic interactionism are a few of the more widely recognized philosophical stances in practice today.

Functionalism

According to functionalism, the government has four main purposes: planning and directing society, meeting social needs, maintaining law and order, and managing international relations. According to functionalism, all aspects of society serve a purpose.

Functionalists view government and politics as a way to enforce norms and regulate conflict. Functionalists see active social change, such as the sit-in on Wall Street, as undesirable because it forces change and, as a result, undesirable things that might have to be compensated for. Functionalists seek consensus and order in society. Dysfunction creates social problems that lead to social change. For instance, functionalists would see monetary political contributions as a way of keeping people connected to the democratic process. This would be in opposition to a conflict theorist who would see this financial contribution as a way for the rich to perpetuate their own wealth.

Conflict Theory

Conflict theory focuses on the social inequalities and power difference within a group, analyzing society through this lens. Philosopher and social scientist Karl Marx was a seminal force in developing the conflict theory perspective; he viewed social structure, rather than individual personality characteristics, as the cause of many social problems, such as poverty and crime. Marx believed that conflict between groups struggling to either attain wealth and power or keep the wealth and power they had was inevitable in a capitalist society, and conflict was the only way for the underprivileged to eventually gain some measure of equality.

C. Wright Mills (1956) elaborated on some of Marx's concepts, coining the phrase power elite to describe what he saw as the small group of powerful people who control much of a society. Mills believed the power elite use government to develop social policies that allow them to keep their wealth. Contemporary theorist G. William Domhoff (2011) elaborates on ways in which the power elite may be seen as a subculture whose members follow similar social patterns such as joining elite clubs, attending select schools, and vacationing at a handful of exclusive destinations.



Figure 17.10: Although military technology has evolved considerably over the course of history, the fundamental causes of conflict among nations remain essentially the same. (Credit: Wikimedia Commons)

Even before there were modern nation-states, political conflicts arose among competing societies or factions of people. Vikings attacked continental European tribes in search of loot, and, later, European explorers landed on foreign shores to claim the resources of indigenous groups. Conflicts also arose among competing groups within individual sovereignties, as evidenced by the bloody French Revolution. Nearly all conflicts in the past and present, however, are spurred by basic desires: the drive to protect or gain territory and wealth, and the need to preserve liberty and autonomy.

According to sociologist and philosopher Karl Marx, such conflicts are necessary, although ugly, steps toward a more egalitarian society. Marx saw a historical pattern in which revolutionaries toppled elite power structures, after which wealth and authority became more evenly dispersed among the population, and the overall social order advanced. In this pattern of change through conflict, people tend to gain greater personal freedom and economic stability (1848).

Modern-day conflicts are still driven by the desire to gain or protect power and wealth, whether in the form of land and resources or in the form of liberty and autonomy. Internally, groups within the U.S. struggle within the system, by trying to achieve the outcomes they prefer. Political differences over budget issues, for example, led to the recent shutdown of the federal government, and alternative political groups, such as the Tea Party, are gaining a significant following.

The Arab Spring exemplifies oppressed groups acting collectively to change their governmental systems, seeking both greater liberty and greater economic equity. Some nations, such as Tunisia, have successfully transitioned to governmental change; others, like Egypt, have not yet reached consensus on a new government.

Unfortunately, the change process in some countries reached the point of active combat between the established government and the portion of the population seeking change, often called revolutionaries or rebels. Libya and Syria are two such countries; the multifaceted nature of the conflict, with several groups competing for their own desired ends, makes creation of a peaceful resolution more challenging.

Popular uprisings of citizens seeking governmental change have occurred this year in Bosnia, Brazil, Greece, Iran, Jordan, Portugal, Spain, Turkey, Ukraine, and most recently in Hong Kong. Although much smaller in size and scope, demonstrations occurred in the aftermath of the killing of George Floyd in the summer of 2020. Some of these and related demonstrations went on for months. Small numbers of these protests or protesters were violent, and many leaders in both the protest movement and government acknowledge that the protests had changed focus to reflect general anti-government sentiments, rather than focusing on racial justice.

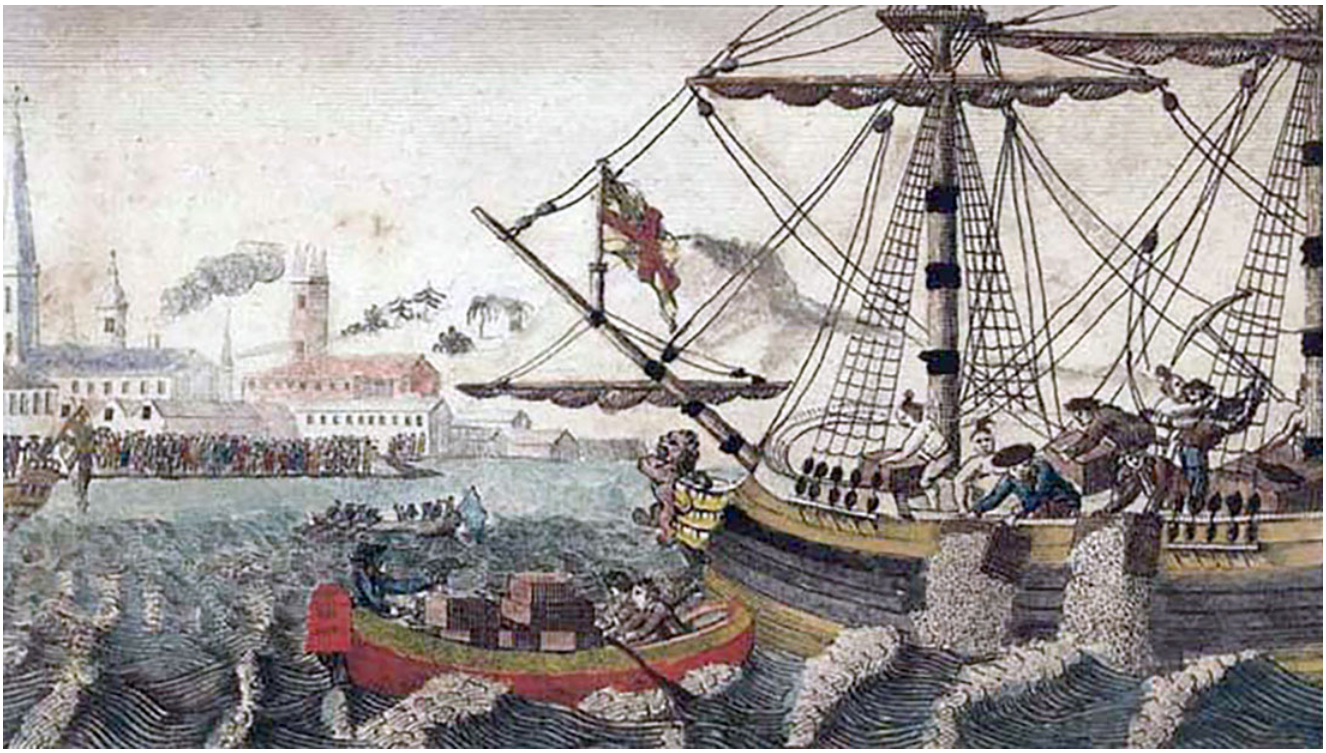


Figure 17.11: What symbols of the Boston Tea Party are represented in this painting? How might a symbolic interactionist explain the way the modern-day Tea Party has reclaimed and repurposed these symbolic meanings? (Credit: Wikimedia Commons)

Symbolic Interactionism

Other sociologists study government and power by relying on the framework of symbolic interactionism, which is grounded in the works of Max Weber and George H. Mead.

Symbolic interactionism, as it pertains to government, focuses its attention on figures, emblems, or individuals that represent power and authority. Many diverse entities in larger society can be considered symbolic: trees, doves, wedding rings. Images that represent the power and authority of the United States include the White House, the eagle, and the American flag. The Seal of the President of the United States, along with the office in general, incites respect and reverence in many Americans.

Symbolic interactionists are not interested in large structures such as the government. As micro-sociologists, they are more interested in the face-to-face aspects of politics. In reality, much of politics consists of face-to-face backroom meetings and lobbyist efforts. What the public often sees is the front porch of politics that is sanitized by the media through gatekeeping.

Symbolic interactionists are most interested in the interaction between these small groups who make decisions, or in the case of some recent congressional committees, demonstrate the inability to make any decisions at all. The heart of politics is the result of interaction between individuals and small groups over periods of time. These meetings produce new meanings and perspectives that individuals use to make sure there are future interactions.

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7.6: Key Terms

absolute monarchies | governments wherein a monarch has absolute or unmitigated power

anarchy | the absence of any organized government

authority | power that people accept because it comes from a source that is perceived as legitimate

charismatic authority | power legitimized on the basis of a leader's exceptional personal qualities

constitutional monarchies | national governments that recognize monarchs but require these figures to abide by the laws of a greater constitution

democracy | a form of government that provides all citizens with an equal voice or vote in determining state policy

dictatorship | a form of government in which a single person (or a very small group) wields complete and absolute authority over a government or populace after the dictator rises to power, usually through economic or military might

monarchy | a form of government in which a single person (a monarch) rules until that individual dies or abdicates the throne

oligarchy | a form of government in which power is held by a small, elite group

one person | a concept holding that each person's vote should be counted equally

patrimonialism | a type of authority wherein military and administrative factions enforce the power of the master

politics | a means of studying a nation's or group's underlying social norms as values as evidenced through its political structure and practices

power | the ability to exercise one's will over others

power elite | a small group of powerful people who control much of a society

rational-legal authority | power that is legitimized by rules, regulations, and laws

representative democracy | a government wherein citizens elect officials to represent their interests

totalitarian dictatorship | an extremely oppressive form of dictatorship in which most aspects of citizens' lives are controlled by the leader

traditional authority | power legitimized on the basis of long-standing customs

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7.7: Section Summary

17.1 Power and Authority

Sociologists examine government and politics in terms of their impact on individuals and larger social systems. Power is an entity or individual's ability to control or direct others, while authority is influence that is predicated on perceived legitimacy. Max Weber studied power and authority, differentiating between the two concepts and formulating a system for classifying types of authority.

17.2 Forms of Government

Nations are governed by different political systems, including monarchies, oligarchies, dictatorships, and democracies. Generally speaking, citizens of nations wherein power is concentrated in one leader or a small group are more likely to suffer violations of civil liberties and experience economic inequality. Many nations that are today organized around democratic ideals started out as monarchies or dictatorships but have evolved into more egalitarian systems. Democratic ideals, although hard to implement and achieve, promote basic human rights and justice for all citizens.

17.3 Politics in the United States

The success and validity of U.S. democracy hinges on free, fair elections that are characterized by the support and participation of diverse citizens. In spite of their importance, elections have low participation. In the past, the voice of minority groups was nearly imperceptible in elections, but recent trends have shown increased voter turnout across many minority races and ethnicities. In the past, the creation and sustenance of a fair voting process has necessitated government intervention, particularly on the legislative level. The *Reynolds v. Sims* case, with its landmark "one person, one vote" ruling, is an excellent example of such action.

17.4 Theoretical Perspectives on Government and Power

Sociologists use frameworks to gain perspective on data and observations related to the study of power and government. Functionalism suggests that societal power and structure is predicated on cooperation, interdependence, and shared goals or values. Conflict theory, rooted in Marxism, asserts that societal structures are the result of social groups competing for wealth and influence. Symbolic interactionism examines a smaller realm of sociological interest: the individual's perception of symbols of power and their subsequent reaction to the face-to-face interactions of the political realm.

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7.8: Section Quiz

17.1 Power and Authority

1.

Which statement best expresses the difference between power and authority?

a. Authority involves intimidation.
b. Authority is more subtle than power.
c. Authority is based on the perceived legitimacy of the individual in power.
d. Authority is inherited, but power is seized by military force.

2.

Which of the following types of authority does *not* reside primarily in a leader?

a. Dictatorial
b. Traditional
c. Charismatic
d. Legal-rational

3.

In the U.S. Senate, it is customary to assign each senator a seniority ranking based on years of government service and the population of the state he or she represents. A top ranking gives the senator priority for assignments to office space, committee chair positions, and seating on the senate floor. What type of authority does this example best illustrate?

a. Dictatorial
b. Traditional
c. Charismatic
d. Legal-rational

4.

Dr. Martin Luther King, Jr. used his public speaking abilities and magnetism to inspire African Americans to stand up against injustice in an extremely hostile environment. He is an example of a(n) _____ leader.

a. traditional
b. charismatic
c. legal-rational
d. illegitimate

5.

Which current world figure has the least amount of political power?

a. President Barack Obama
b. Queen Elizabeth II
c. British Prime Minister David Cameron
d. North Korean leader Kim Jong-Un

6.

Which statement best expresses why there have been so few charismatic female leaders throughout history?

a. Women have different leadership styles than men.
b. Women are not interested in leading at all.
c. Few women have had the opportunity to hold leadership roles over the courseof history.
d. Male historians have refused to acknowledge the contributions of female leaders in their records.

7.

Many constitutional monarchies started out as:

a. oligarchies
b. absolute monarchies
c. dictatorships
d. democracies

8.

Which nation is an absolute monarchy?

a. Oman
b. Great Britain
c. Denmark
d. Australia

9.

Which of the following present and former government leaders is generally considered a dictator?

a. David Cameron
b. Barack Obama
c. Qaboos bin Said Al Said
d. Kim Jong-Un

10.

A(n) _____ is an extremely oppressive government that seeks to control all aspects of its citizens' lives.

a. oligarchy
b. totalitarian dictatorship
c. anarchy
d. absolute monarchy

11.

Which is *not* a characteristic of a democracy?

a. People vote to elect officials.
b. A king or queen holds the majority of governmental control.
c. One goal of this type of government is to protect citizens' basic rights.
d. A constitution typically outlines the foundational ideas of how this government should operate.

12.

Which statement best expresses why the United States is not a true democracy?

a. Many politicians are corrupt.
b. Special-interest groups fund political campaigns.
c. Citizens elect representatives who vote on their behalf to make policy.
d. Ancient Greece was the only true democracy.

17.3 Politics in the United States

13.

In the past, Southern states discouraged African Americans from voting by requiring them to take a _____ test.

a. blood
b. literacy
c. lie detector
d. citizenship

14.

Which president signed the Voting Rights Act?

a. Lyndon Johnson
b. John F. Kennedy Jr.
c. Barack Obama
d. Franklin D. Roosevelt

15.

Which factor does not influence voting practices?

a. Race
b. Social class
c. Ethnicity
d. Voting booths

16.

The U.S. Supreme Court case _____ led to the revision of voting districts to account for differences in population density.

a. *Roe v. Wade*
b. *Reynolds v. Sims*
c. *Brown v. Board of Education*
d. *Marbury v. Madison*

17.

Which statement best explains the meaning of “one person, one vote”?

a. One person should not be allowed to vote twice.
b. A voter deserves one chance to vote.
c. A voter should vote only once a year.
d. All people's votes should count equally.

17.4 Theoretical Perspectives on Government and Power

18.

Which concept corresponds best to functionalism?

a. Happiness
b. Interdependence
c. Revolution
d. Symbolism

19.

Which sociologist is not associated with conflict theory?

a. C. Wright Mills
b. G. William Domhoff
c. Karl Marx
d. George H. Mead

20.

Karl Marx believed social structures evolve through:

a. supply and demand
b. enlightenment
c. conflict

d. cooperation

21.

The Arab Spring, Occupy Wall Street protests, and the Tea Party movement have the following in common:

a. They sought to destroy central government.
b. They are examples of conflict theory in action.
c. They can only occur in a representative democracy.
d. They used violence as the means of achieving their goals.

22.

Which is not one of functionalism's four main purposes of government?

a. Maintaining law and order
b. Meeting social needs
c. Equally distributing resources
d. Planning and directing society

23.

Sociologist G. William Domhoff's *Who Rules America?* asserts that wealth is often necessary to exert the most influence over social and political systems. This is a ____ perspective.

a. conflict theory
b. symbolic interactionist
c. functionalist
d. feminist

24.

Which of the following paradigms would consider movements such as Occupy Wall Street undesirable and unnecessarily forcing social change?

a. Symbolic interactionism
b. Functionalism
c. Feminism
d. Conflict theory

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7.9: Short Answer

17.1 Power and Authority

1.

Explain why leaders as divergent as Hitler and Jesus Christ are both categorized as charismatic authorities.

2.

Why do people accept traditional authority figures even though these types of leaders have limited means of enforcing their power?

3.

Charismatic leaders are among the most fascinating figures in history. Select a charismatic leader about whom you wish to learn more and conduct online research to find out about this individual. Then write a paragraph describing the personal qualities that led to this person's influence, considering the society in which he or she emerged.

17.2 Forms of Government

4.

Do you feel the United States has become an oligarchy? Why, or why not?

5.

Explain how an absolute monarchy differs from a dictatorship.

6.

In which form of government do average citizens have the least political power? What options might they have for exerting political power under this type of regime?

17.3 Politics in the United States

7.

If the percentage of Asian Americans in Congress is far below the percentage of Asian Americans in the United States, does that mean Asian Americans lack political power? Why or why not?

8.

Explain how a voter's social class can affect his or her voting practices.

9.

Besides voting, how can U.S. citizens influence political processes and outcomes? Which of these strategies have you personally used?

17.4 Theoretical Perspectives on Government and Power

10.

What is one criticism of functionalism?

11.

Explain what is meant by the term *power elite*. Consider its original intention as coined by C. Wright Mills as well as your understanding of it.

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7.10: Further Research

17.1 Power and Authority

Want to learn more about sociologists at work in the real world? Read this overview of sociological perspectives on disenfranchisement of people convicted of felonies.

17.2 Forms of Government

The Tea Party is among the highest-profile grassroots organizations active in U.S. politics today. What is its official platform? Examine the Tea Party website to find out more information.

17.3 Politics in the United States

The 1965 Voting Rights Act was preceded by Lyndon Johnson's signing of the 1964 Civil Rights Act. Both articles were instrumental in establishing equal rights for African Americans. Check out Cornell University's website on this civil rights to learn more about this civil rights legislation.

17.4 Theoretical Perspectives on Government and Power

Functionalism is a complex philosophical theory that pertains to a variety of disciplines beyond sociology. Visit the entry devoted to functionalism on *Stanford Encyclopedia of Philosophy* for a more comprehensive overview.

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CHAPTER OVERVIEW

8: Health and Medicine

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Thumbnail: Surgeons repairing a ruptured Achilles tendon on a man (Public Domain; SSgt. Derrick C. Goode, U.S. Air Force).

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8.1: Introduction



Figure 19.1: Medical personnel are at the front lines of extremely dangerous work. Personal protective clothing is essential for any health worker entering an infection zone. (Credit: Navy Medicine/flickr)

Chapter Outline

19.1 The Social Construction of Health
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On March 19, 2014 a "mystery" hemorrhagic fever outbreak occurred in Liberia and Sierra Leone. This outbreak was later confirmed to be Ebola, a disease first discovered in what is now the Democratic Republic of Congo. The 2014-2016 outbreak sickened more than 28,000 people and left more than 11,000 dead (CDC 2020).

For the people in West Africa, the outbreak was personally tragic and terrifying. In much of the rest of the world, the outbreak increased tensions, but did not change anyone's behavior. Infection of U.S. medical staff (both in West Africa and at home) led to fear and distrust, and restrictions on flights from West Africa was one proposed way to stop the spread of the disease. Ebola first entered the United States via U.S. missionary medical staff who were infected in West Africa and then transported home for treatment. Several other Ebola outbreaks occurred in West Africa in subsequent years, killing thousands of people.

Six years after the massive 2014 epidemic, the people of West Africa faced another disease, but this time they were not alone. The Coronavirus pandemic swept across the globe in a matter of months. While some countries managed the disease far better than others, it affected everyone. Highly industrialized countries, such as China, Italy, and the United States, were early centers of the outbreak. Brazil and India had later increases, as did the U.K. and Russia. Most countries took measures that were considered extreme—closing their borders, forcing schools and businesses to close, transforming their people's lives. Other nations went further, completely shutting down at the discovery of just a few cases. And some countries had mixed responses, typically resulting in high rates of infection and overwhelming losses of life. In Brazil and the United States, for example, political leaders and large swaths of the populations rejected measures to contain the virus. By the time vaccines became widely available, those two countries had the highest numbers of coronavirus death worldwide.

Did the world learn from the Ebola virus epidemics? Or did only parts of it learn? Prior to the United States facing the worst COVID-19 outbreak in the world, the government shut down travel, as did many countries in Europe. This was certainly an important step, but other measures fell short; conflicting messages about mask wearing and social distancing became political weapons amid the country's Presidential election, and localized outbreaks and spikes of deaths were continually traced to gatherings that occurred against scientific guidance. Brazil's president actively disputed medical opinions, rejected any travel or business restrictions, and was in conflict with many people in his own government (even his political allies); with Brazil's slower pace of vaccination compared to the U.S., it saw a steep increase in cases and deaths just as the United States' numbers started to decline.

Both those opposed to heavy restrictions and those who used them to fight the disease acknowledge that the impacts went far beyond physical health. Families shattered by the loss of a loved one had to go through the pain without relatives to support them at funerals or other gatherings. Many who recovered from the virus had serious health issues to contend with, while other people who delayed important treatments had larger problems than they normally would have. Fear, isolation, and strained familial relationships led to emotional problems. Many families lost income. Learning was certainly impacted as education practices went through sudden shifts. The true outcomes will likely not be fully understood for years after the pandemic is under control.

So now, after the height of the coronavirus pandemic, what does “health” mean to you? Does your opinion of it differ from your pre-COVID attitudes? Many people who became severely ill or died from COVID had other health issues (known as comorbidities) such as hypertension and obesity. Do you know people whose attitudes about their general health changed? Do you know people who are more or less suspicious of the government, more or less likely to listen to doctors or scientists? What do you think will be the best way to prevent illness and death should another pandemic strike?

Medical sociology is the systematic study of how humans manage issues of health and illness, disease and disorders, and healthcare for both the sick and the healthy. Medical sociologists study the physical, mental, and social components of health and illness. Major topics for medical sociologists include the doctor/patient relationship, the structure and socioeconomics of healthcare, and how culture impacts attitudes toward disease and wellness.

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8.2: The Social Construction of Health

Learning Objectives

By the end of this section, you should be able to:

- Define the term medical sociology
- Differentiate between the cultural meaning of illness, the social construction of illness, and the social construction of medical knowledge

The social construction of health is a major research topic within medical sociology. At first glance, the concept of a social construction of health does not seem to make sense. After all, if disease is a measurable, physiological problem, then there can be no question of socially constructing disease, right? Well, it's not that simple. The idea of the social construction of health emphasizes the socio-cultural aspects of the discipline's approach to physical, objectively definable phenomena.

Sociologists Conrad and Barker (2010) offer a comprehensive framework for understanding the major findings of the last fifty years of development in this concept. Their summary categorizes the findings in the field under three subheadings: the cultural meaning of illness, the social construction of the illness experience, and the social construction of medical knowledge.

The Cultural Meaning of Illness

Many medical sociologists contend that illnesses have both a biological and an experiential component and that these components exist independently of each other. Our culture, not our biology, dictates which illnesses are stigmatized and which are not, which are considered disabilities and which are not, and which are deemed contestable (meaning some medical professionals may find the existence of this ailment questionable) as opposed to definitive (illnesses that are unquestionably recognized in the medical profession) (Conrad and Barker 2010).

For instance, sociologist Erving Goffman (1963) described how social stigmas hinder individuals from fully integrating into society. In essence, Goffman (1963) suggests we might view illness as a stigma that can push others to view the ill in an undesirable manner. The stigmatization of illness often has the greatest effect on the patient and the kind of care they receive. Many contend that our society and even our healthcare institutions discriminate against certain diseases—like mental disorders, AIDS, sexually transmitted diseases, and skin disorders (Sartorius 2007). Facilities for these diseases may be sub-par; they may be segregated from other healthcare areas or relegated to a poorer environment. The stigma may keep people from seeking help for their illness, making it worse than it needs to be.

Contested illnesses are those that are questioned or questionable by some medical professionals. Disorders like fibromyalgia or chronic fatigue syndrome may be either true illnesses or only in the patients' heads, depending on the opinion of the medical professional. This dynamic can affect how a patient seeks treatment and what kind of treatment they receive.

The Social Construction of the Illness Experience

The idea of the social construction of the illness experience is based on the concept of reality as a social construction. In other words, there is no objective reality; there are only our own perceptions of it. The social construction of the illness experience deals with such issues as the way some patients control the manner in which they reveal their diseases and the lifestyle adaptations patients develop to cope with their illnesses.

In terms of constructing the illness experience, culture and individual personality both play a significant role. For some people, a long-term illness can have the effect of making their world smaller, more defined by the illness than anything else. For others, illness can be a chance for discovery, for re-imaging a new self (Conrad and Barker 2007). Culture plays a huge role in how an individual experiences illness. Widespread diseases like AIDS or breast cancer have specific cultural markers that have changed over the years and that govern how individuals—and society—view them.

Today, many institutions of wellness acknowledge the degree to which individual perceptions shape the nature of health and illness. Regarding physical activity, for instance, the Centers for Disease Control (CDC) recommends that individuals use a standard level of exertion to assess their physical activity. This Rating of Perceived Exertion (RPE) gives a more complete view of an individual's actual exertion level, since heartrate or pulse measurements may be affected by medication or other issues (Centers for Disease

Control 2011a). Similarly, many medical professionals use a comparable scale for perceived pain to help determine pain management strategies.

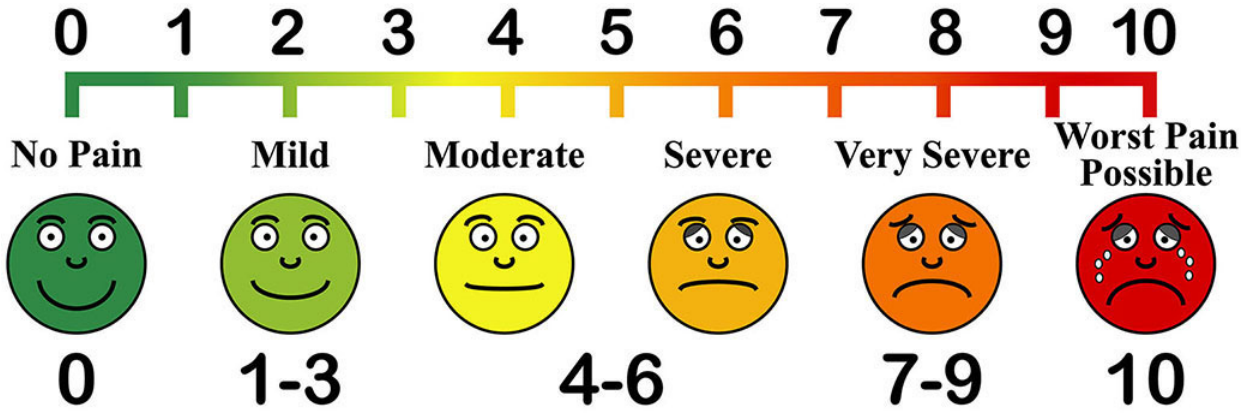


Figure 19.2: PAIN ASSESSMENT TOOL. The Mosby pain rating scale helps health care providers assess an individual's level of pain. What might a symbolic interactionist observe about this method? (Credit: Arvin61r58/openclipart)

The Social Construction of Medical Knowledge

Conrad and Barker show how medical knowledge is socially constructed; that is, it can both reflect and reproduce inequalities in gender, class, race, and ethnicity. Conrad and Barker (2011) use the example of the social construction of women's health and how medical knowledge has changed significantly in the course of a few generations. For instance, in the early nineteenth century, pregnant women were discouraged from driving or dancing for fear of harming the unborn child, much as they are discouraged, with more valid reason, from smoking or drinking alcohol today.

Social Policy and Debate: Has Breast Cancer Awareness Gone Too Far?



Figure 19.3: Pink ribbons are a ubiquitous reminder of breast cancer. But do pink ribbon chocolates do anything to eradicate the disease? (Credit: wishuponacupcake/Wikimedia Commons)

Every October, the world turns pink. Football and baseball players wear pink accessories. Skyscrapers and large public buildings are lit with pink lights at night. Shoppers can choose from a huge array of pink products. In 2014, people wanting to support the fight against breast cancer could purchase any of the following pink products: KitchenAid mixers, Master Lock

padlocks and bike chains, Wilson tennis rackets, Fiat cars, and Smith & Wesson handguns. You read that correctly. The goal of all these pink products is to raise awareness and money for breast cancer. However, the relentless creep of pink has many people wondering if the pink marketing juggernaut has gone too far.

Pink has been associated with breast cancer since 1991, when the Susan G. Komen Foundation handed out pink ribbons at its 1991 Race for the Cure event. Since then, the pink ribbon has appeared on countless products, and then by extension, the color pink has come to represent support for a cure of the disease. No one can argue about the Susan G. Komen Foundation's mission—to find a cure for breast cancer—or the fact that the group has raised millions of dollars for research and care. However, some people question if, or how much, all these products really help in the fight against breast cancer (Begos 2011).

The advocacy group Breast Cancer Action (BCA) position themselves as watchdogs of other agencies fighting breast cancer. They accept no funding from entities, like those in the pharmaceutical industry, with potential profit connections to this health industry. They've developed a trademarked "Think Before You Pink" campaign to provoke consumer questioning of the end contributions made to breast cancer by companies hawking pink wares. They do not advise against "pink" purchases; they just want consumers to be informed about how much money is involved, where it comes from, and where it will go. For instance, what percentage of each purchase goes to breast cancer causes? BCA does not judge how much is enough, but it informs customers and then encourages them to consider whether they feel the amount is enough (Think Before You Pink 2012).

BCA also suggests that consumers make sure that the product they are buying does not actually *contribute* to breast cancer, a phenomenon they call "pinkwashing." This issue made national headlines in 2010, when the Susan G. Komen Foundation partnered with Kentucky Fried Chicken (KFC) on a promotion called "Buckets for the Cure." For every bucket of grilled or regular fried chicken, KFC would donate fifty cents to the Komen Foundation, with the goal of reaching 8 million dollars: the largest single donation received by the foundation. However, some critics saw the partnership as an unholy alliance. Higher body fat and eating fatty foods has been linked to increased cancer risks, and detractors, including BCA, called the Komen Foundation out on this apparent contradiction of goals. Komen's response was that the program did a great deal to raise awareness in low-income communities, where Komen previously had little outreach (Hutchison 2010).

What do you think? Are fundraising and awareness important enough to trump issues of health? What other examples of "pinkwashing" can you think of?

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8.3: Global Health

Learning Objectives

By the end of this section, you should be able to:

- Define social epidemiology
- Apply theories of social epidemiology to an understanding of global health issues
- Differentiate high-income and low-income nations

Social epidemiology is the study of the causes and distribution of diseases. Social epidemiology can reveal how social problems are connected to the health of different populations. These epidemiological studies show that the health problems of high-income nations differ from those of low-income nations, but also that diseases and their diagnosis are changing. Cardiovascular disease, for example, is now the both most prevalent disease and the disease most likely to be fatal in lower-income countries. And globally, 70 percent of cardiovascular disease cases and deaths are due to modifiable risks (Dagenais 2019).

Some theorists differentiate among three types of countries: core nations, semi-peripheral nations, and peripheral nations. Core nations are those that we think of as highly developed or industrialized, semi-peripheral nations are those that are often called developing or newly industrialized, and peripheral nations are those that are relatively undeveloped. While the most pervasive issue in the U.S. healthcare system is affordable access to healthcare, other core countries have different issues, and semi-peripheral and peripheral nations are faced with a host of additional concerns. Reviewing the status of global health offers insight into the various ways that politics and wealth shape access to healthcare, and it shows which populations are most affected by health disparities.

Health in High-Income Nations

Obesity, which is on the rise in high-income nations, has been linked to many diseases, including cardiovascular problems, musculoskeletal problems, diabetes, and respiratory issues. According to the Organization for Economic Cooperation and Development (2011), obesity rates are rising in all countries, with the greatest gains being made in the highest-income countries. The United States has the highest obesity rate at 42 percent; some of these people are considered severely obese, which occurs in 9 percent of U.S. adults (Hales 2020).

Wallace Huffman and his fellow researchers (2006) contend that several factors are contributing to the rise in obesity in developed countries:

- Improvements in technology and reduced family size have led to a reduction of work to be done in household production.
- Unhealthy market goods, including processed foods, sweetened drinks, and sweet and salty snacks are replacing home-produced goods.
- Leisure activities are growing more sedentary, for example, computer games, web surfing, and television viewing.
- More workers are shifting from active work (agriculture and manufacturing) to service industries.
- Increased access to passive transportation has led to more driving and less walking.

Obesity and weight issues have significant societal costs, including lower life expectancies and higher shared healthcare costs.

While ischemic heart disease is the single most prevalent cause of death in higher-income countries, cancers of all types combine to be a higher overall cause of death. Cancer accounts for twice as many deaths as cardiovascular disease in higher-income countries (Mahase 2019).

Health in Low-Income Nations

In peripheral nations with low per capita income, it is not the cost of healthcare that is the most pressing concern. Rather, low-income countries must manage such problems as infectious disease, high infant mortality rates, scarce medical personnel, and inadequate water and sewer systems. Due to such health concerns, low-income nations have higher rates of infant mortality and lower average life spans.

One of the biggest contributors to medical issues in low-income countries is the lack of access to clean water and basic sanitation resources. According to a 2014 UNICEF report, almost half of the developing world's population lacks improved sanitation

facilities. The World Health Organization (WHO) tracks health-related data for 193 countries, and organizes them by region. In their 2011 World Health Statistics report, they document the following statistics:

- Globally in 2019, the rate of mortality for children under five was 38 per 1,000 live births, which is a dramatic change from previous decades. (In 1990, the rate was 93 deaths per 1,000 births (World Health Organization 2020.)) In low-income countries, however, that rate is much higher. The child mortality rate in low-income nations was 11 times higher than that of high-income countries—76 deaths per 1,000 births compared to 7 deaths per 1,000 births (Keck 2020). To consider it regionally, the highest under-five mortality rate remains in the WHO African Region (74 per 1000 live births), around 9 times higher than that in the WHO European Region (8 per 1000 live births) (World Health Organization 2021).
- The most frequent causes of death in children under five years old are pneumonia, diarrhea, congenital anomalies, preterm birth complications, birth asphyxia/trauma, and malaria, all of which can be prevented or treated with affordable interventions including immunization, adequate nutrition, safe water and food and quality care by a trained health provider when needed.

The availability of doctors and nurses in low-income countries is one-tenth that of nations with a high income. Challenges in access to medical education and access to patients exacerbate this issue for would-be medical professionals in low-income countries (World Health Organization 2011).

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8.4: Health in the United States

Learning Objectives

By the end of this section, you should be able to:

- Apply social epidemiology to health in the United States
- Explain disparities of health based on gender, socioeconomic status, race, and ethnicity
- Summarize mental health and disability issues in the United States
- Explain the terms stigma and medicalization

Health in the United States is a complex and often contradictory issue. One the one hand, as one of the wealthiest nations, the United States fares well in health comparisons with the rest of the world. However, the United States also lags behind almost every industrialized country in terms of providing care to *all* its citizens. The following sections look at different aspects of health in the United States.

Health by Race and Ethnicity

When looking at the social epidemiology of the United States, it is hard to miss the disparities among races. The discrepancy between Black and White Americans shows the gap clearly; in 2018, the average life expectancy for White males was approximately five years longer than for Black males: 78.8 compared to 74.7 (Wamsley 2021). (Note that in 2020 life expectancies of all races declined further, though the unprecedented COVID-19 pandemic was a significant cause.) Other indicates show a similar disparity. The 2018 infant mortality rates for different races and ethnicities are as follows:

- Non-Hispanic Black people: 10.8
- Native Hawaiian people or other Pacific Islanders: 9.4
- Native American/Alaska Native people: 8.2
- Hispanic people: 4.9
- Non-Hispanic White people: 4.6
- Asian and Asian American people: 3.6 (Centers for Disease Control 2021)

According to a report from the Henry J. Kaiser Foundation (2007), African Americans also have higher incidence of several diseases and causes of mortality, from cancer to heart disease to diabetes. In a similar vein, it is important to note that ethnic minorities, including Mexican Americans and Native Americans, also have higher rates of these diseases and causes of mortality than White people.

Lisa Berkman (2009) notes that this gap started to narrow during the Civil Rights movement in the 1960s, but it began widening again in the early 1980s. What accounts for these perpetual disparities in health among different ethnic groups? Much of the answer lies in the level of healthcare that these groups receive. The National Healthcare Disparities Report shows that even after adjusting for insurance differences, racial and ethnic minority groups receive poorer quality of care and less access to care than dominant groups. The Report identified these racial inequalities in care:

- Black people, Native Americans, and Alaska Native people received worse care than Whites for about 40 percent of quality measures.
- Hispanic people, Native Hawaiian people, and Pacific Islanders received worse care than White people for more than 30 percent of quality measures.
- Asian people received worse care than White people for nearly 30 percent of quality measures but better care for nearly 30 percent of quality measures (Agency for Healthcare Research and Quality 2020).

Health by Socioeconomic Status

Discussions of health by race and ethnicity often overlap with discussions of health by socioeconomic status, since the two concepts are intertwined in the United States. As the Agency for Health Research and Quality (2010) notes, “racial and ethnic minorities are more likely than non-Hispanic whites to be poor or near poor,” so much of the data pertaining to subordinate groups is also likely to be pertinent to low socioeconomic groups. Marilyn Winkleby and her research associates (1992) state that “one of

the strongest and most consistent predictors of a person's morbidity and mortality experience is that person's socioeconomic status (SES). This finding persists across all diseases with few exceptions, continues throughout the entire lifespan, and extends across numerous risk factors for disease." Morbidity is the incidence of disease.

It is important to remember that economics are only part of the SES picture; research suggests that education also plays an important role. Phelan and Link (2003) note that many behavior-influenced diseases like lung cancer (from smoking), coronary artery disease (from poor eating and exercise habits), and AIDS initially were widespread across SES groups. However, once information linking habits to disease was disseminated, these diseases decreased in high SES groups and increased in low SES groups. This illustrates the important role of education initiatives regarding a given disease, as well as possible inequalities in how those initiatives effectively reach different SES groups.

Health by Gender

Women are affected adversely both by unequal access to and institutionalized sexism in the healthcare industry. According to a recent report from the Kaiser Family Foundation, women experienced a decline in their ability to see needed specialists between 2001 and 2008. In 2008, one quarter of women questioned the quality of their healthcare (Ranji and Salganico 2011). Quality is partially indicated by access and cost. In 2018, roughly one in four (26%) women—compared to one in five (19%) men—reported delaying healthcare or letting conditions go untreated due to cost. Because of costs, approximately one in five women postponed preventive care, skipped a recommended test or treatment, or reduced their use of medication due to cost (Kaiser Family Foundation 2018).

We can see an example of institutionalized sexism in the way that women are more likely than men to be diagnosed with certain kinds of mental disorders. Psychologist Dana Becker notes that 75 percent of all diagnoses of Borderline Personality Disorder (BPD) are for women according to the *Diagnostic Statistical Manual of Mental Disorders*. This diagnosis is characterized by instability of identity, of mood, and of behavior, and Becker argues that it has been used as a catch-all diagnosis for too many women. She further decries the pejorative connotation of the diagnosis, saying that it predisposes many people, both within and outside of the profession of psychotherapy, against women who have been so diagnosed (Becker).

Many critics also point to the medicalization of women's issues as an example of institutionalized sexism. Medicalization refers to the process by which previously normal aspects of life are redefined as deviant and needing medical attention to remedy. Historically and contemporaneously, many aspects of women's lives have been medicalized, including menstruation, premenstrual syndrome, pregnancy, childbirth, and menopause. The medicalization of pregnancy and childbirth has been particularly contentious in recent decades, with many women opting against the medical process and choosing a more natural childbirth. Fox and Worts (1999) find that all women experience pain and anxiety during the birth process, but that social support relieves both as effectively as medical support. In other words, medical interventions are no more effective than social ones at helping with the difficulties of pain and childbirth. Fox and Worts further found that women with supportive partners ended up with less medical intervention and fewer cases of postpartum depression. Of course, access to quality birth care outside the standard medical models may not be readily available to women of all social classes.

Sociology in the Real World: Medicalization of Sleeplessness



Figure 19.4: Many people fail to get enough sleep. But is insomnia a disease that should be cured with medication? (Credit: Wikimedia Commons)

How is your "sleep hygiene?" Sleep hygiene refers to the lifestyle and sleep habits that contribute to sleeplessness. Bad habits that can lead to sleeplessness include inconsistent bedtimes, lack of exercise, late-night employment, napping during the day, and sleep environments that include noise, lights, or screen time (National Institutes of Health 2011a).

According to the National Institute of Health, examining sleep hygiene is the first step in trying to solve a problem with sleeplessness.

For many people in the United States, however, making changes in sleep hygiene does not seem to be enough. According to a 2006 report from the Institute of Medicine, sleeplessness is an underrecognized public health problem affecting up to 70 million people. It is interesting to note that in the months (or years) after this report was released, advertising by the pharmaceutical companies behind Ambien, Lunesta, and Sepracor (three sleep aids) averaged $188 million weekly promoting these drugs (Gellene 2009).

According to a study in the *American Journal of Public Health* (2011), prescriptions for sleep medications increased dramatically from 1993 to 2007. While complaints of sleeplessness during doctor's office visits more than doubled during this time, insomnia diagnoses increased more than sevenfold, from about 840,000 to 6.1 million. The authors of the study conclude that sleeplessness has been medicalized as insomnia, and that "insomnia may be a public health concern, but potential overtreatment with marginally effective, expensive medications with nontrivial side effects raises definite population health concerns" (Moloney, Konrad, and Zimmer 2011). Indeed, a study published in 2004 in the *Archives of Internal Medicine* shows that cognitive behavioral therapy, not medication, was the most effective sleep intervention (Jacobs, Pace-Schott, Stickgold, and Otto 2004).

A century ago, people who couldn't sleep were told to count sheep. Now they pop a pill, and all those pills add up to a very lucrative market for the pharmaceutical industry. Is this industry behind the medicalization of sleeplessness, or is it just

responding to a need?

Mental Health and Disability

The treatment received by those defined as mentally ill or disabled varies greatly from country to country. In the post-millennial United States, those of us who have never experienced such a disadvantage take for granted the rights our society guarantees for each citizen. We do not think about the relatively recent nature of the protections, unless, of course, we know someone constantly inconvenienced by the lack of accommodations or misfortune of suddenly experiencing a temporary disability.

Mental Health

People with mental disorders (a condition that makes it more difficult to cope with everyday life) and people with mental illness (a severe, lasting mental disorder that requires long-term treatment) experience a wide range of effects. According to the National Institute of Mental Health (NIMH), the United States has over 50 million adults with mental illness or mental disorder, or 20 percent of the total adult population. Of these, 13 million have what is considered serious mental illness or mental disorder (5 percent of the adult population); serious mental illness is that which causes impairment or disability (National Institute of Mental Health 2021). Finally, 16.5 percent of children aged 6-17 experienced mental illness or disorder (National Alliance on Mental Illness 2021).

The most common mental disorders in the United States are anxiety disorders. Almost 18 percent of U.S. adults are likely to be affected in a single year, and 28 percent are likely to be affected over the course of a lifetime (Anxiety and Depression Institute of America 2021). It is important to distinguish between occasional feelings of anxiety and a true anxiety disorder. Anxiety is a normal reaction to stress that we all feel at some point, but anxiety disorders are feelings of worry and fearfulness that last for months at a time. Anxiety disorders include obsessive compulsive disorder (OCD), panic disorders, posttraumatic stress disorder (PTSD), and both social and specific phobias.

The second most common mental disorders in the United States are mood disorders; roughly 10 percent of U.S. adults are likely to be affected yearly, while 21 percent are likely to be affected over the course of a lifetime (National Institute of Mental Health 2005). Mood disorders are the most common causes of illness-related hospitalization in the U.S. (Agency for Healthcare Research and Quality 2021). Major mood disorders are depression and dysthymic disorder. Like anxiety, depression might seem like something that everyone experiences at some point, and it is true that most people feel sad or “blue” at times in their lives. A true depressive episode, however, is more than just feeling sad for a short period. It is a long-term, debilitating illness that usually needs treatment to cure. Bipolar disorder is characterized by dramatic shifts in energy and mood, often affecting the individual’s ability to carry out day-to-day tasks. Bipolar disorder used to be called manic depression because of the way people would swing between manic and depressive episodes.

Depending on what definition is used, there is some overlap between mood disorders and personality disorders, which affect 9 percent of people in the United States yearly. A personality disorder is an enduring and inflexible pattern of long duration leading to significant distress or impairment, that is not due to use of substances or another medical condition. In other words, personality disorders cause people to behave in ways that are seen as abnormal to society but seem normal to them.

The diagnosis and classification regarding personality disorders has been evolving and is somewhat controversial. To guide diagnosis and potential treatments of mental disorders, the American Psychological Association publishes the *Diagnostic and Statistical Manual on Mental Disorders* (DSM). Experts working on the latest version initially proposed changing the categories of personality disorders. However, the final publication retains the original ten categories, but contains an alternate/emerging approach for classifying them. This evolution demonstrates the challenges and the wide array of treating conditions, and also represents areas of difference between theorists, practitioners, governing bodies, and other stakeholders. As discussed in the Sociological Research chapter, study and investigation is a diligent and multi-dimensional process. As the diagnostic application evolves, we will see how their definitions help scholars across disciplines understand the intersection of health issues and how they are defined by social institutions and cultural norms.



Figure 19.5: Medication is a common option for children with ADHD. (Credit: Deviation56/Wikimedia Commons)

Another commonly diagnosed mental disorder is Attention-Deficit/Hyperactivity Disorder (ADHD), which affects 9 percent of U.S. children and 4 percent of adults on a lifetime basis (Danielson 2018). Since ADHD is one of the most common childhood disorders, it is often incorrectly considered only a disease found in children. But ADHD can be a serious issue for adults who either had been diagnosed as children or who are diagnosed as adults. ADHD is marked by difficulty paying attention, difficulty controlling behavior, and hyperactivity. As a result, it can lead to educational and behavioral issues in children, success issues in college, and challenges in workplace and family life. However, there is some social debate over whether such drugs are being overprescribed (American Psychological Association). A significant difficulty in diagnosis, treatment, and societal understanding of ADHD is that it changes in expression based on a wide range of factors, including age (CHADD 2020).

Autism Spectrum Disorders (ASD) encompass a group of developmental brain disorders that are characterized by "deficits in social interaction, verbal and nonverbal communication, and engagement in repetitive behaviors or interests" (National Institute of Mental Health). As of 2021, the CDC estimates that 1 in 54 children has an autism spectrum disorder. Beyond the very high incidence, the rate of diagnosis has been increasing steadily as awareness became more widespread. In 2005, the rate was 1 in 166 children; in 2012 it was 1 in 88 children. The rate of increase and awareness has assisted diagnosis and treatment, but autism is a cause of significant fear among parents and families. Because of its impact on relationships and especially verbal communication, children with autism (and their parents) can be shunned, grossly misunderstood, and mistreated. For example, people with an autism spectrum disorder who cannot verbalize are often assumed to be unintelligent, or are sometimes left out of conversations or activities because others feel they cannot participate. Parents may be reluctant to let their children play with or associate with children with ASD. Adults with ASD go through many of the same misconceptions and mistreatments, such as being denied opportunities or being made to feel unwelcome (Applied Behavior Analysis).



Figure 19.6: The accessibility sign indicates that people with disabilities can access the facility. The Americans with Disabilities Act requires that access be provided to everyone. (Credit: Ltljltlj/Wikimedia Commons)

Disability refers to a reduction in one's ability to perform everyday tasks. The World Health Organization makes a distinction between the various terms used to describe disabilities. They use the term impairment to describe the physical limitations, while reserving the term disability to refer to the social limitation.

Before the passage of the Americans with Disabilities Act (ADA) in 1990, people in the United States with disabilities were often excluded from opportunities and social institutions many of us take for granted. This occurred not only through employment and other kinds of discrimination but also through casual acceptance by most people in the United States of a world designed for the convenience of the able-bodied. Imagine being in a wheelchair and trying to use a sidewalk without the benefit of wheelchair-accessible curbs. Imagine as a blind person trying to access information without the widespread availability of Braille. Imagine having limited motor control and being faced with a difficult-to-grasp round door handle. Issues like these are what the ADA tries to address. Ramps on sidewalks, Braille instructions, and more accessible door levers are all accommodations to help people with disabilities.

People with disabilities can be stigmatized by their illnesses. Stigmatization means their identity is spoiled; they are labeled as different, discriminated against, and sometimes even shunned. They are labeled (as an interactionist might point out) and ascribed a master status (as a functionalist might note), becoming "the blind girl" or "the boy in the wheelchair" instead of someone afforded a full identity by society. This can be especially true for people who are disabled due to mental illness or disorders.

As discussed in the section on mental health, many mental health disorders can be debilitating and can affect a person's ability to cope with everyday life. This can affect social status, housing, and especially employment. According to the Bureau of Labor Statistics (2011), people with a disability had a higher rate of unemployment than people without a disability in 2010: 14.8 percent to 9.4 percent. This unemployment rate refers only to people actively looking for a job. In fact, eight out of ten people with a disability are considered "out of the labor force;" that is, they do not have jobs and are not looking for them. The combination of this population and the high unemployment rate leads to an employment-population ratio of 18.6 percent among those with disabilities. The employment-population ratio for people without disabilities was much higher, at 63.5 percent (U.S. Bureau of Labor Statistics 2011).

Sociology in the Real World: Obesity: The Last Acceptable Prejudice?

Many people who see a person with obesity may make negative assumptions about them based on their size. According to a study from the Yale Rudd Center for Food Policy and Obesity, large people are the object of “widespread negative stereotypes that overweight and obese persons are lazy, unmotivated, lacking in self-discipline, less competent, noncompliant, and sloppy” (Puhl and Heuer 2009).

Historically, both in the United States and elsewhere, it was considered acceptable to discriminate against people based on prejudiced opinions. Even after slavery was abolished through the 13th Amendment in 1865, institutionalized racism and prejudice against Black people persisted. In an example of stereotype interchangeability, the same insults that are flung today at the overweight and obese population (lazy, for instance) have been flung at various racial and ethnic groups in earlier history.

Why is it considered acceptable to feel prejudice toward—even to hate—people with obesity? Puhl and Heuer suggest that these feelings stem from the perception that obesity is preventable through self-control, better diet, and more exercise. Highlighting this contention is the fact that studies have shown that people’s perceptions of obesity are more positive when they think the obesity was caused by non-controllable factors like biology (a thyroid condition, for instance) or genetics.

Health experts emphasize that obesity is a disease, and that it is not the result of simple overeating. There are often a number of contributing factors that make it more difficult to avoid. Even with some understanding of non-controllable factors that might affect obesity, people with obesity are still subject to stigmatization. Puhl and Heuer’s study is one of many that document discrimination at work, in the media, and even in the medical profession. Large people are less likely to get into college than thinner people, and they are less likely to succeed at work.

Stigmatization of people with obesity comes in many forms, from the seemingly benign to the potentially illegal. In movies and television shows, overweight people are often portrayed negatively, or as stock characters who are the butt of jokes. One study found that in children’s movies “obesity was equated with negative traits (evil, unattractive, unfriendly, cruel) in 64 percent of the most popular children's videos. In 72 percent of the videos, characters with thin bodies had desirable traits, such as kindness or happiness” (Hines and Thompson 2007). In movies and television for adults, the negative portrayal is often meant to be funny. Think about the way you have seen obese people portrayed in movies and on television; now think of any other subordinate group being openly denigrated in such a way. It is difficult to find a parallel example.

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8.5: Comparative Health and Medicine

Learning Objectives

By the end of this section, you should be able to:

- Explain the different types of health care available in the United States
- Compare the health care system of the United States with that of other countries

There are broad, structural differences among the healthcare systems of different countries. In core nations, those differences might arise in the administration of healthcare, while the care itself is similar. In peripheral and semi-peripheral countries, a lack of basic healthcare administration can be the defining feature of the system. Most countries rely on some combination of modern and traditional medicine. In core countries with large investments in technology, research, and equipment, the focus is usually on modern medicine, with traditional (also called alternative or complementary) medicine playing a secondary role. In the United States, for instance, the American Medical Association (AMA) resolved to support the incorporation of complementary and alternative medicine in medical education. In developing countries, even quickly modernizing ones like China, traditional medicine (often understood as "complementary" by the western world) may still play a larger role.

U.S. Healthcare

U.S. healthcare coverage can broadly be divided into two main categories: public healthcare (government-funded) and private healthcare (privately funded).

The two main publicly funded healthcare programs are Medicare, which provides health services to people over sixty-five years old as well as people who meet other standards for disability, and Medicaid, which provides services to people with very low incomes who meet other eligibility requirements. Other government-funded programs include service agencies focused on Native Americans (the Indian Health Service), Veterans (the Veterans Health Administration), and children (the Children's Health Insurance Program).

Private insurance is typically categorized as either employment-based insurance or direct-purchase insurance. Employment-based insurance is health plan coverage that is provided in whole or in part by an employer or union; it can cover just the employee, or the employee and their family. Direct purchase insurance is coverage that an individual buys directly from a private company.

Even with all these options, a sizable portion of the U.S. population remains uninsured. In 2019, about 26 million people, or 8 percent of U.S. residents, had no health insurance. 2020 saw that number go up to 31 million (Keith 2020). Several more million had health insurance for part of the year (Keisler-Starkey 2020). Uninsured people are at risk of both severe illness and also chronic illnesses that develop over time. Fewer uninsured people engage in regular check-ups or preventative medicine, and rely on urgent care for a range of acute health issues.

The number of uninsured people is far lower than in previous decades. In 2013 and in many of the years preceding it, the number of uninsured people was in the 40 million range, or roughly 18 percent of the population. The Affordable Care Act, which came into full force in 2014, allowed more people to get affordable insurance. The uninsured number reached its lowest point in 2016, before beginning to climb again (Garfield 2019).

People having some insurance may mask the fact that they could be underinsured; that is, people who pay at least 10 percent of their income on healthcare costs not covered by insurance or, for low-income adults, those whose medical expenses or deductibles are at least 5 percent of their income (Schoen, Doty, Robertson, and Collins 2011).

Why are so many people uninsured or underinsured? Skyrocketing healthcare costs are part of the issue. While most people get their insurance through their employer, not all employers offer it, especially retail companies or small businesses in which many of the workers may be part time. Finally, for many years insurers could deny coverage to people with pre-existing conditions--previous illnesses or chronic diseases.

The Patient Protection and Affordable Care Act (often abbreviated ACA or nicknamed Obamacare) was a landmark change in U.S. healthcare. Passed in 2010 and fully implemented in 2014, it increased eligibility to programs like Medicaid, helped guarantee insurance coverage for people with pre-existing conditions, and established regulations to make sure that the premium funds

collected by insurers and care providers go directly to medical care. It also included an individual mandate, which requires everyone to have insurance coverage by 2014 or pay a penalty. A series of provisions, including significant subsidies, are intended to address the discrepancies in income that are currently contributing to high rates of uninsurance and underinsurance. In 2012 the U.S. Supreme Court upheld the constitutionality of the ACA's individual mandate. 29 million people in the United States have gained health insurance under ACA (Economic Policy Institute 2021).



Figure 19.7: The Affordable Care Act has been a savior for some and a target for others. As Congress and various state governments sought to have it overturned with laws or to have it diminished by the courts, supporters took to the streets to express its importance to them. (Credit: Molly Adams)

The ACA remains contentious. The Supreme Court ruled in the case of *National Federation of Independent Businesses v. Sebelius* in 2012, that states cannot be forced to participate in the PPACA's Medicaid expansion. This ruling opened the door to further challenges to the ACA in Congress and the Federal courts, some state governments, conservative groups and independent businesses. The ACA has been a driving factor in elections and public opinion. In 2010 and 2014, many Republican gains in Congressional seats were related to fierce concern about Obamacare. However, once millions of people were covered by the law and the economy continued to improve, public sentiment and elections swung the other way. Healthcare was the top issue for voters, and desire to preserve the law was credited for many of the Democratic gains in the election, which carried over to 2020.

Healthcare Elsewhere

Clearly, healthcare in the United States has some areas for improvement. But how does it compare to healthcare in other countries? Many people in the United States are fond of saying that this country has the best healthcare in the world, and while it is true that the United States has a higher quality of care available than many peripheral or semi-peripheral nations, it is not necessarily the “best in the world.” In a report on how U.S. healthcare compares to that of other countries, researchers found that the United States does “relatively well in some areas—such as cancer care—and less well in others—such as mortality from conditions amenable to prevention and treatment” (Docteur and Berenson 2009).

One critique of the Patient Protection and Affordable Care Act is that it will create a system of socialized medicine, a term that for many people in the United States has negative connotations lingering from the Cold War era and earlier. Under a socialized medicine system, the government owns and runs the system. It employs the doctors, nurses, and other staff, and it owns and runs the hospitals (Klein 2009). The best example of socialized medicine is in Great Britain, where the National Health System (NHS) gives free healthcare to all its residents. And despite some U.S. citizens' knee-jerk reaction to any healthcare changes that hint of socialism, the United States has one socialized system with the Veterans Health Administration.

It is important to distinguish between socialized medicine, in which the government owns the healthcare system, and universal healthcare, which is simply a system that guarantees healthcare coverage for everyone. Germany, Singapore, and Canada all have universal healthcare. People often look to Canada's universal healthcare system, Medicare, as a model for the system. In Canada, healthcare is publicly funded and is administered by the separate provincial and territorial governments. However, the care itself comes from private providers. This is the main difference between universal healthcare and socialized medicine. The Canada Health Act of 1970 required that all health insurance plans must be "available to all eligible Canadian residents, comprehensive in coverage, accessible, portable among provinces, and publicly administered" (International Health Systems Canada 2010).

Heated discussions about socialization of medicine and managed-care options seem frivolous when compared with the issues of healthcare systems in developing or underdeveloped countries. In many countries, per capita income is so low, and governments are so fractured, that healthcare as we know it is virtually non-existent. Care that people in developed countries take for granted—like hospitals, healthcare workers, immunizations, antibiotics and other medications, and even sanitary water for drinking and washing—are unavailable to much of the population. Organizations like Doctors Without Borders, UNICEF, and the World Health Organization have played an important role in helping these countries get their most basic health needs met.

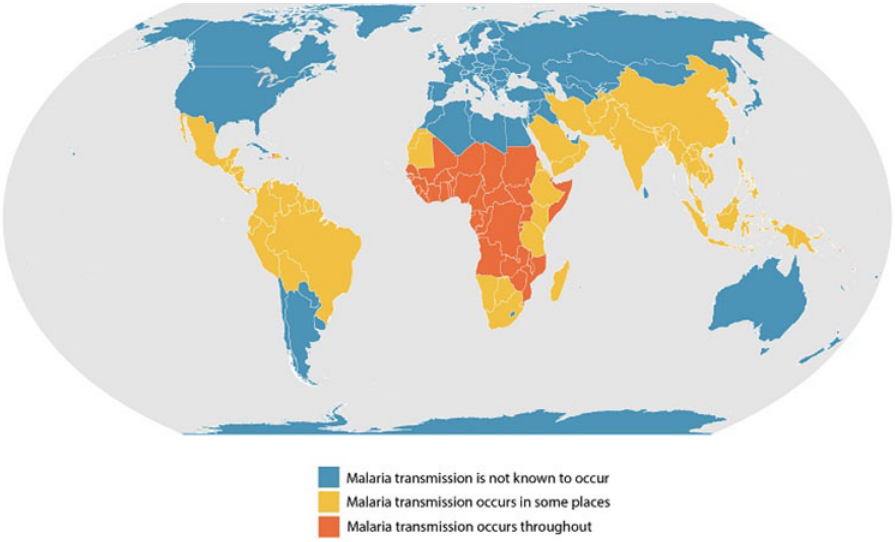


Figure 19.8: This map shows the countries where malaria is known to occur. In low-income countries, malaria is still a common cause of death. (Credit: CDC/Wikimedia Commons)

WHO, which is the health arm of the United Nations, set eight Millennium Development Goals (MDGs) in 2000 with the aim of reaching these goals by 2015. Some of the goals deal more broadly with the socioeconomic factors that influence health, but MDGs 4, 5, and 6 all relate specifically to large-scale health concerns, the likes of which most people in the United States will never contemplate. MDG 4 is to reduce child mortality, MDG 5 aims to improve maternal health, and MDG 6 strives to combat HIV/AIDS, malaria, and other diseases. The goals may not seem particularly dramatic, but the numbers behind them show how serious they are.

For MDG 4, the WHO reports that 2009 infant mortality rates in "children under 5 years old in the WHO African Region (127 per 1000 live births) and in low-income countries (117 per 1000 live births) [had dropped], but they were still higher than the 1990 global level of 89 per 1000 live births" (World Health Organization 2011). The fact that these deaths could have been avoided through appropriate medicine and clean drinking water shows the importance of healthcare.

Much progress has been made on MDG 5, with maternal deaths decreasing by 34 percent. However, almost all maternal deaths occurred in developing countries, with the African region still experiencing high numbers (World Health Organization 2011).

On MDG 6, the WHO is seeing some decreases in per capita incidence rates of malaria, tuberculosis, HIV/AIDS, and other diseases. However, the decreases are often offset by population increases (World Health Organization 2011). Again, the lowest-income countries, especially in the African region, experience the worst problems with disease. An important component of disease prevention and control is epidemiology, or the study of the incidence, distribution, and possible control of diseases. Fear of Ebola contamination, primarily in Western Africa but also to a smaller degree in the United States, became national news in the summer and fall of 2014.

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8.6: Theoretical Perspectives on Health and Medicine

Learning Objectives

By the end of this section, you should be able to:

- Apply functionalist, conflict theorist, and interactionist perspectives to health issues

Each of the three major theoretical perspectives approaches the topics of health, illness, and medicine differently. You may prefer just one of the theories that follow, or you may find that combining theories and perspectives provides a fuller picture of how we experience health and wellness.

Functionalism

According to the functionalist perspective, health is vital to the stability of the society, and therefore sickness is a sanctioned form of deviance. Talcott Parsons (1951) was the first to discuss this in terms of the sick role: patterns of expectations that define appropriate behavior for the sick and for those who take care of them.

According to Parsons, the sick person has a specific role with both rights and responsibilities. To start with, the sick person has not chosen to be sick and should not be treated as responsible for her condition. The sick person also has the right of being exempt from normal social roles; they are not required to fulfill the obligation of a well person and can avoid her normal responsibilities without censure. However, this exemption is temporary and relative to the severity of the illness. The exemption also requires legitimation by a physician; that is, a physician must certify that the illness is genuine.

The responsibility of the sick person is twofold: to try to get well and to seek technically competent help from a physician. If the sick person stays ill longer than is appropriate (malingers), they may be stigmatized.

Parsons argues that since the sick are unable to fulfill their normal societal roles, their sickness weakens the society. Therefore, it is sometimes necessary for various forms of social control to bring the behavior of a sick person back in line with normal expectations. In this model of health, doctors serve as gatekeepers, deciding who is healthy and who is sick—a relationship in which the doctor has all the power. But is it appropriate to allow doctors so much power over deciding who is sick? And what about people who are sick, but are unwilling to leave their positions for any number of reasons (personal/social obligations, financial need, or lack of insurance, for instance).

Conflict Perspective

Theorists using the conflict perspective suggest that issues with the healthcare system, as with most other social problems, are rooted in capitalist society. According to conflict theorists, capitalism and the pursuit of profit lead to the commodification of health: the changing of something not generally thought of as a commodity into something that can be bought and sold in a marketplace. In this view, people with money and power—the dominant group—are the ones who make decisions about how the healthcare system will be run. They therefore ensure that they will have healthcare coverage, while simultaneously ensuring that subordinate groups stay subordinate through lack of access. This creates significant healthcare—and health—disparities between the dominant and subordinate groups.

Alongside the health disparities created by class inequalities, there are a number of health disparities created by racism, sexism, ageism, and heterosexism. When health is a commodity, the poor are more likely to experience illness caused by poor diet, to live and work in unhealthy environments, and are less likely to challenge the system. In the United States, a disproportionate number of racial minorities also have less economic power, so they bear a great deal of the burden of poor health. It is not only the poor who suffer from the conflict between dominant and subordinate groups. For many years now, same-sex couples have been denied spousal benefits, either in the form of health insurance or in terms of medical responsibility. Further adding to the issue, doctors hold a disproportionate amount of power in the doctor/patient relationship, which provides them with extensive social and economic benefits.

While conflict theorists are accurate in pointing out certain inequalities in the healthcare system, they do not give enough credit to medical advances that would not have been made without an economic structure to support and reward researchers: a structure dependent on profitability. Additionally, in their criticism of the power differential between doctor and patient, they are perhaps

dismissive of the hard-won medical expertise possessed by doctors and not patients, which renders a truly egalitarian relationship more elusive.

Symbolic Interactionism

According to theorists working in this perspective, health and illness are both socially constructed. As we discussed in the beginning of the chapter, interactionists focus on the specific meanings and causes people attribute to illness. The term medicalization of deviance refers to the process that changes "bad" behavior into "sick" behavior. A related process is demedicalization, in which "sick" behavior is normalized again. Medicalization and demedicalization affect who responds to the patient, how people respond to the patient, and how people view the personal responsibility of the patient (Conrad and Schneider 1992).



Figure 19.9: In this engraving from the nineteenth century, "King Alcohol" is shown with a skeleton on a barrel of alcohol. The words "poverty," "misery," "crime," and "death" hang in the air behind him. (Credit: Library of Congress/Wikimedia Commons)

An example of medicalization is illustrated by the history of how our society views alcohol and alcoholism. During the nineteenth century, people who drank too much were considered bad, lazy people. They were called drunks, and it was not uncommon for them to be arrested or run out of a town. Drunks were not treated in a sympathetic way because, at that time, it was thought that it was their own fault that they could not stop drinking. During the latter half of the twentieth century, however, people who drank too much were increasingly defined as alcoholics: people with a disease or a genetic predisposition to addiction who were not responsible for their drinking. With alcoholism defined as a disease and not a personal choice, alcoholics came to be viewed with more compassion and understanding. Thus, "badness" was transformed into "sickness."

There are numerous examples of demedicalization in history as well. During the Civil War era, enslaved people who escaped from their enslavers were diagnosed with a mental disorder called drapetomania. This has since been reinterpreted as a completely appropriate response to being enslaved. A more recent example is homosexuality, which was labeled a mental disorder or a sexual orientation disturbance by the American Psychological Association until 1973.

While interactionism does acknowledge the subjective nature of diagnosis, it is important to remember who most benefits when a behavior becomes defined as illness. Pharmaceutical companies make billions treating illnesses such as fatigue, insomnia, and hyperactivity that may not actually be illnesses in need of treatment, but opportunities for companies to make more money.

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8.7: Key Terms

anxiety disorders | feelings of worry and fearfulness that last for months at a time

commodification | the changing of something not generally thought of as a commodity into something that can be bought and sold in a marketplace

contested illnesses | illnesses that are questioned or considered questionable by some medical professionals

demedicalization | the social process that normalizes “sick” behavior

disability | a reduction in one’s ability to perform everyday tasks; the World Health Organization notes that this is a social limitation

epidemiology | the study of the incidence, distribution, and possible control of diseases

impairment | the physical limitations a less-able person faces

individual mandate | a government rule that requires everyone to have insurance coverage or they will have to pay a penalty

legitimation | the act of a physician certifying that an illness is genuine

medical sociology | the systematic study of how humans manage issues of health and illness, disease and disorders, and healthcare for both the sick and the healthy

medicalization | the process by which aspects of life that were considered bad or deviant are redefined as sickness and needing medical attention to remedy

medicalization of deviance | the process that changes “bad” behavior into “sick” behavior

mood disorders | long-term, debilitating illnesses like depression and bipolar disorder

morbidity | the incidence of disease

mortality | the number of deaths in a given time or place

personality disorders | disorders that cause people to behave in ways that are seen as abnormal to society but seem normal to them

private healthcare | health insurance that a person buys from a private company; private healthcare can either be employer-sponsored or direct-purchase

public healthcare | health insurance that is funded or provided by the government

sick role | the pattern of expectations that define appropriate behavior for the sick and for those who take care of them

social epidemiology | the study of the causes and distribution of diseases

socialized medicine | when the government owns and runs the entire healthcare system

stereotype interchangeability | stereotypes that don’t change and that get recycled for application to a new subordinate group

stigmatization | the act of spoiling someone's identity; they are labeled as different, discriminated against, and sometimes even shunned due to an illness or disability

stigmatization of illness | illnesses that are discriminated against and whose sufferers are looked down upon or even shunned by society

underinsured | people who spend at least 10 percent of their income on healthcare costs that are not covered by insurance

universal healthcare | a system that guarantees healthcare coverage for everyone

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8.8: Section Summary

19.1 The Social Construction of Health

Medical sociology is the systematic study of how humans manage issues of health and illness, disease and disorders, and healthcare for both the sick and the healthy. The social construction of health explains how society shapes and is shaped by medical ideas.

19.2 Global Health

Social epidemiology is the study of the causes and distribution of diseases. From a global perspective, the health issues of high-income nations tend toward diseases like cancer as well as those that are linked to obesity, like heart disease, diabetes, and musculoskeletal disorders. Low-income nations are more likely to contend with cardiovascular disease, infectious disease, high infant mortality rates, scarce medical personnel, and inadequate water and sanitation systems.

19.3 Health in the United States

Although people in the United States are generally in good health compared to less developed countries, the United States is still facing challenging issues such as a prevalence of obesity and diabetes. Moreover, people in the United States of historically disadvantaged racial groups, ethnicities, socioeconomic status, and gender experience lower levels of healthcare. Mental health and disability are health issues that are significantly impacted by social norms.

19.4 Comparative Health and Medicine

There are broad, structural differences among the healthcare systems of different countries. In core nations, those differences include publicly funded healthcare, privately funded healthcare, and combinations of both. In peripheral and semi-peripheral countries, a lack of basic healthcare administration can be the defining feature of the system.

19.5 Theoretical Perspectives on Health and Medicine

While the functionalist perspective looks at how health and illness fit into a fully functioning society, the conflict perspective is concerned with how health and illness fit into the oppositional forces in society. The interactionist perspective is concerned with how social interactions construct ideas of health and illness.

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8.9: Section Quiz

19.1 The Social Construction of Health

1.

Who determines which illnesses are stigmatized?

a. Therapists
b. The patients themselves
c. Society
d. All of the above

2.

Chronic fatigue syndrome is an example of _____.

a. a stigmatized disease
b. a contested illness
c. a disability
d. demedicalization

3.

The Rating of Perceived Exertion (RPE) is an example of _____

a. the social construction of health
b. medicalization
c. disability accommodations
d. a contested illness

19.2 Global Health

4.

What is social epidemiology?

a. The study of why some diseases are stigmatized and others are not
b. The study of why diseases spread
c. The study of the mental health of a society
d. The study of the causes and distribution of diseases

5.

Core nations are also known as _____

a. high-income nations
b. newly industrialized nations
c. low-income nations
d. developing nations

6.

Many deaths in high-income nations are linked to _____

a. cancer
b. obesity
c. mental illness
d. lack of clean water

7.

According to the World Health Organization, what was the most frequent cause of death for children under five in low-income countries?

a. Starvation

b. Thirst
c. Pneumonia and diarrheal diseases
d. All of the above

19.3 Health in the United States

8.

Which of the following statements is *not* true?

a. The life expectancy of Black males in the United States is approximately five years shorter than for White males.
b. The infant mortality rate for Black people in the United States is almost double than it is for White people
c. Black people have lower cancer rates than White people.
d. Hispanic people have worse access to care than non-Hispanic White people.

9.

The process by which aspects of life that were considered bad or deviant are redefined as sickness and needing medical attention to remedy is called:

a. deviance
b. medicalization
c. demedicalization
d. intersection theory

10.

What are the most commonly diagnosed mental disorders in the United States?

a. ADHD
b. Mood disorders
c. Autism spectrum disorders
d. Anxiety disorders

11.

Sidewalk ramps and Braille signs are examples of _____.

a. disabilities
b. accommodations required by the Americans with Disabilities Act
c. forms of accessibility for people with disabilities
d. both b and c

12.

The high unemployment rate among people with disabilities may be a result of _____.

a. medicalization
b. obesity
c. stigmatization
d. all of the above

19.4 Comparative Health and Medicine

13.

Which public healthcare system offers insurance primarily to people over sixty-five years old?

a. Medicaid
b. Medicare
c. Veterans Health Administration
d. All of the above

14.

Which program is an example of socialized medicine?

a. Canada's system
b. The United States' Veterans Health Administration
c. The United States' new system under the Patient Protection and Affordable Care Act
d. Medicaid

15.

What does the individual mandate provision of the 2010 U.S. healthcare reform do?

a. Requires everyone to buy insurance from the government
b. Requires everyone to sign up for Medicaid
c. Requires everyone to have insurance or pay a penalty
d. None of the above

16.

Great Britain's healthcare system is an example of _____

a. socialized medicine
b. private healthcare
c. single-payer private healthcare
d. universal private healthcare

17.

What group created the Millennium Development Goals?

a. UNICEF
b. The Kaiser Family Foundation
c. Doctors Without Borders
d. The World Health Organization

19.5 Theoretical Perspectives on Health and Medicine

18.

Which of the following is *not* part of the rights and responsibilities of a sick person under the functionalist perspective?

a. The sick person is not responsible for his condition.
b. The sick person must try to get better.
c. The sick person can take as long as she wants to get better.
d. The sick person is exempt from the normal duties of society.

19.

The class, race, and gender inequalities in our healthcare system support the _____ perspective.

a. conflict
b. interactionist
c. functionalist
d. all of the above

20.

The removal of homosexuality from the *DSM* is an example of _____.

a. medicalization
b. deviance
c. interactionist theory
d. demedicalization

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8.10: Short Answer

19.1 The Social Construction of Health

1.

Pick a common illness and describe which parts of it are medically constructed, and which parts are socially constructed.

2.

What diseases are the most stigmatized? Which are the least? Is this different in different cultures or social classes?

19.2 Global Health

3.

If social epidemiologists studied the United States in the colonial period, what differences would they find between now and then?

4.

What do you think are some of the contributing factors to obesity-related diseases in the United States?

19.3 Health in the United States

5.

What factors contribute to the disparities in health among racial, ethnic, and gender groups in the United States?

6.

Do you know anyone with a mental disorder? How does it affect his or her life?

19.4 Comparative Health and Medicine

7.

What do you think are the best and worst parts of the PPACA? Why?

8.

Compare and contrast the healthcare system of the United States with the WHO's Millennium Development Goals.

19.5 Theoretical Perspectives on Health and Medicine

9.

What do you think are the best and worst parts of the PPACA? Why?

10.

Compare and contrast the healthcare system of the United States with the WHO's Millennium Development Goals.

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8.11: Further Research

19.1 The Social Construction of Health

Read this article, which discusses the measures nations and people may take to prevent or manage future pandemics. It contains many links to international efforts and studies. What do you think about our commitment to these steps?

19.2 Global Health

Study this map on global life expectancies. What trends do you notice?

19.3 Health in the United States

People with disabilities, disorders, and neurodiversity are often mistreated even by others who do not know the best way to act around them. Children with autism experience this continually. Evaluate this guide from parents of children with autism to learn more about how to treat and think about people with autism.

19.4 Comparative Health and Medicine

Project Mosquito Net says that mosquito nets sprayed with insecticide can reduce childhood malaria deaths by half.

19.5 Theoretical Perspectives on Health and Medicine

A massive surge in substance use disorders and overdoses occurred in the United States based on usage of prescription drugs. The causes were widespread and were rooted in pharmaceutical company approaches, medical policies, and social causes. Read more in article about the causes of the U.S. opioid crisis.

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CHAPTER OVERVIEW

9: Social Movements and Social Change

9.1: Introduction
9.2: Collective Behavior
9.3: Social Movements
9.4: Social Change
9.5: Key Terms
9.6: Section Summary
9.7: Section Quiz
9.8: Short Answer
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Thumbnail: Some flash mobs may function as political protests, while others are for fun. This flash mob pillow fight's purpose was to entertain. (Photo courtesy of Mattwi1S0n:/flickr)

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9.1: Introduction



Figure 21.1: Activism can take the form of enormous marches, violent clashes, fundraising, social media activity, or silent displays. In this 2016 photo, people wear hoods and prison jumpsuits to protest the conditions at Guantanamo Bay Prison, where suspected terrorists had been held for over a decade without trial and without the rights of most people being held for suspicion of crimes. (Credit: Debra Sweet/flickr)

Chapter Outline

21.1 Collective Behavior
21.2 Social Movements
21.3 Social Change

When considering social movements, the images that come to mind are often the most dramatic and dynamic: the Boston Tea Party, Martin Luther King's speech at the 1963 March on Washington, anti-war protesters putting flowers in soldiers' rifles, and Gloria Richardson brushing away a bayonet in Cambridge, Maryland. Or perhaps more violent visuals: burning buildings in Watts, protestors fighting with police, or a lone citizen facing a line of tanks in Tiananmen Square.

But social movement occurs every day, often without any pictures or fanfare, by people of all backgrounds and ages. Organizing an awareness event, volunteering at a shelter, donating to a cause, speaking at a school board meeting, running for office, or writing an article are all ways that people participate in or promote social movements. Some people drive social change by educating themselves through books or trainings. Others find one person to help at a time.

Occupy Wall Street (OWS) was a unique movement that defied some of the theoretical and practical expectations regarding social movements. OWS is set apart by its lack of a single message, its leaderless organization, and its target—financial institutions instead of the government. OWS baffled much of the public, and certainly the media, leading many to ask, "Who are they, and what do they want?"

On July 13, 2011, the organization Adbusters posted on its blog, "Are you ready for a Tahrir moment? On September 17th, flood into lower Manhattan, set up tents, kitchens, peaceful barricades and occupy Wall Street" (Castells 2012).

The "Tahrir moment" was a reference to the 2010 political uprising that began in Tunisia and spread throughout the Middle East and North Africa, including Egypt’s Tahrir Square in Cairo. Although OWS was a reaction to the continuing financial chaos that resulted from the 2008 market meltdown and not a political movement, the Arab Spring was its catalyst.

Manuel Castells (2012) notes that the years leading up to the Occupy movement had witnessed a dizzying increase in the disparity of wealth in the United States, stemming back to the 1980s. The top 1 percent in the nation had secured 58 percent of the economic growth in the period for themselves, while real hourly wages for the average worker had increased by only 2 percent. The wealth of the top 5 percent had increased by 42 percent. The average pay of a CEO was at that time 350 times that of the average worker, compared to less than 50 times in 1983 (AFL-CIO 2014). The country's leading financial institutions, to many clearly to blame for the crisis and dubbed "too big to fail," were in trouble after many poorly qualified borrowers defaulted on their mortgage loans when the loans' interest rates rose. The banks were eventually "bailed" out by the government with $700 billion of taxpayer money. According to many reports, that same year top executives and traders received large bonuses.

On September 17, 2011, an anniversary of the signing of the U.S. Constitution, the occupation began. About one thousand protestors descended upon Wall Street, and up to 20,000 people moved into Zuccotti Park, only two blocks away, where they began building a village of tents and organizing a system of communication. The protest soon began spreading throughout the nation, and its members started calling themselves "the 99 percent." More than a thousand cities and towns had Occupy demonstrations.

What did they want? Castells has dubbed OWS "A non-demand movement: The process is the message." Using Facebook, Twitter, Tumblr, and live-stream video, the protesters conveyed a multifold message with a long list of reforms and social change, including the need to address the rising disparity of wealth, the influence of money on election outcomes, the notion of "corporate personhood," a corporatized political system (to be replaced by "direct democracy"), political favoring of the rich, and rising student debt.

What did they accomplish? Despite headlines at the time softly mocking OWS for lack of cohesion and lack of clear messaging, the movement is credited with bringing attention to income inequality and the seemingly preferential treatment of financial institutions accused of wrongdoing. Recall from the chapter on Crime and Deviance that many financial crimes are not prosecuted, and their perpetrators rarely face jail time. It is likely that the general population is more sensitive to those issues than they were before the Occupy and related movements made them more visible.

What is the long-term impact? Has the United States changed the way it manages inequality? Certainly not. As discussed in several chapters, income inequality has generally increased. But is a major shift in our future?

The late James C. Davies suggested in his 1962 paper, "Toward a Theory of Revolution" that major change depends upon the mood of the people, and that it is extremely unlikely those in absolute poverty will be able to overturn a government, simply because the government has infinitely more power.

Instead, a shift is more possible when those with more power become involved. When formerly prosperous people begin to have unmet needs and unmet expectations, they become more disturbed: their mood changes. Eventually an intolerable point is reached, and revolution occurs. Thus, change comes not from the very bottom of the social hierarchy, but from somewhere in the middle (Davies 1962). For example, the Arab Spring was driven by mostly young, educated people whose promise and expectations were thwarted by corrupt autocratic governments. OWS too came not from the bottom but from people in the middle, who exploited the power of social media to enhance communication.

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9.2: Collective Behavior

Learning Objectives

By the end of this section, you should be able to:

- Describe different forms of collective behavior
- Differentiate between types of crowds
- Discuss emergent norm, value-added, and assembling perspective analyses of collective behavior

Sociology in the Real World: Flash Mobs and Challenges



Figure 21.2: Is this a good time had by all? Some flash mobs may function as political protests, while others are for fun. (Credit Richard Wood/flickr)

In March 2014, a group of musicians got together in a fish market in Odessa for a spontaneous performance of Beethoven's "Ode to Joy" from his Ninth Symphony. While tensions were building over Ukraine's efforts to join the European Union, and even as Russian troops had taken control of the Ukrainian airbase in Belbek, the Odessa Philharmonic Orchestra and Opera Chorus tried to lighten the troubled times for shoppers with music and song. Spontaneous gatherings like this are called flash mobs. They are often recorded or live streamed, and are sometimes planned to celebrate an event or person.

While flash mobs are often intensely designed and rehearsed in order to give the impression of spontaneity, challenges don't always go according to plan: Cinnamon is too intense, buckets may fall on people's heads, or a bottle breaks on the floor. But successes and failures on social media can tie people together. Challenges can lead to chats, recollections, and repeats.

Humans seek connections and shared experiences. Perhaps experiencing a flash mob event enhances this bond. It certainly interrupts our otherwise mundane routine with a reminder that we are social animals.

Forms of Collective Behavior

Flash mobs are examples of collective behavior, noninstitutionalized activity in which several or many people voluntarily engage. Other examples are a group of commuters traveling home from work and a population of teens adopting a favorite singer's hairstyle. In short, collective behavior is any group behavior that is not mandated or regulated by an institution. There are three primary forms of collective behavior: the crowd, the mass, and the public.

It takes a fairly large number of people in close proximity to form a crowd (Lofland 1993). Examples include a group of people attending an Ani DiFranco concert, tailgating at a Patriots game, or attending a worship service. Turner and Killian (1993) identified four types of crowds. Casual crowds consist of people who are in the same place at the same time but who aren't really interacting, such as people standing in line at the post office. Conventional crowds are those who come together for a scheduled event that occurs regularly, like a religious service. Expressive crowds are people who join together to express emotion, often at funerals, weddings, or the like. The final type, acting crowds**,** focuses on a specific goal or action, such as a protest movement or riot.

In addition to the different types of crowds, collective groups can also be identified in two other ways. A mass is a relatively large number of people with a common interest, though they may not be in close proximity (Lofland 1993), such as players of the popular Facebook game Farmville. A public, on the other hand, is an unorganized, relatively diffused group of people who share ideas, such as the Libertarian political party. While these two types of crowds are similar, they are not the same. To distinguish between them, remember that members of a mass share interests, whereas members of a public share ideas.

Theoretical Perspectives on Collective Behavior

Early collective behavior theories (LeBon 1895; Blumer 1969) focused on the irrationality of crowds. Eventually, those theorists who viewed crowds as uncontrolled groups of irrational people were supplanted by theorists who viewed the behavior some crowds engaged in as the rational behavior of logical beings.

Emergent-Norm Perspective



Figure 21.3: According to the emergent-norm perspective, Hurricane Katrina victims sought needed supplies for survival, but to some outsiders their behavior was normally seen as looting. (Credit: Infrogmation/Wikimedia Commons)

Sociologists Ralph Turner and Lewis Killian (1993) built on earlier sociological ideas and developed what is known as emergent norm theory. They believe that the norms experienced by people in a crowd may be disparate and fluctuating. They emphasize the importance of these norms in shaping crowd behavior, especially those norms that shift quickly in response to changing external factors. Emergent norm theory asserts that, in this circumstance, people perceive and respond to the crowd situation with their particular (individual) set of norms, which may change as the crowd experience evolves. This focus on the individual component of interaction reflects a symbolic interactionist perspective.

For Turner and Killian, the process begins when individuals suddenly find themselves in a new situation, or when an existing situation suddenly becomes strange or unfamiliar. For example, think about human behavior during Hurricane Katrina. New Orleans was decimated and people were trapped without supplies or a way to evacuate. In these extraordinary circumstances, what

outsiders saw as “looting” was defined by those involved as seeking needed supplies for survival. Normally, individuals would not wade into a corner gas station and take canned goods without paying, but given that they were suddenly in a greatly changed situation, they established a norm that they felt was reasonable.

Once individuals find themselves in a situation ungoverned by previously established norms, they interact in small groups to develop new guidelines on how to behave. According to the emergent-norm perspective, crowds are not viewed as irrational, impulsive, uncontrolled groups. Instead, norms develop and are accepted as they fit the situation. While this theory offers insight into why norms develop, it leaves undefined the nature of norms, how they come to be accepted by the crowd, and how they spread through the crowd.

Value-Added Theory

Neil Smelser’s (1962) meticulous categorization of crowd behavior, called value-added theory**,** is a perspective within the functionalist tradition based on the idea that several conditions must be in place for collective behavior to occur. Each condition adds to the likelihood that collective behavior will occur. The first condition is *structural conduciveness*, which occurs when people are aware of the problem and have the opportunity to gather, ideally in an open area. *Structural strain*, the second condition, refers to people’s expectations about the situation at hand being unmet, causing tension and strain. The next condition is the *growth and spread of a generalized belief*, wherein a problem is clearly identified and attributed to a person or group.

Fourth, *precipitating factors* spur collective behavior; this is the emergence of a dramatic event. The fifth condition is *mobilization for action*, when leaders emerge to direct a crowd to action. The final condition relates to action by the agents. Called *social control*, it is the only way to end the collective behavior episode (Smelser 1962).

A real-life example of these conditions occurred after the fatal police shooting of teenager Michael Brown, an unarmed eighteen-year-old African American, in Ferguson, MO on August 9, 2014. The shooting drew national attention almost immediately. A large group of mostly Black, local residents assembled in protest—a classic example of structural conduciveness. When the community perceived that the police were not acting in the people's interest and were withholding the name of the officer, structural strain became evident. A growing generalized belief evolved as the crowd of protesters were met with heavily armed police in military-style protective uniforms accompanied by an armored vehicle. The precipitating factor of the arrival of the police spurred greater collective behavior as the residents mobilized by assembling a parade down the street. Ultimately they were met with tear gas, pepper spray, and rubber bullets used by the police acting as agents of social control. The element of social control escalated over the following days until August 18, when the governor called in the National Guard.



Figure 21.4: Agents of social control bring collective behavior to an end. (Credit: hozinja/flickr)

Assembling Perspective

Interactionist sociologist Clark McPhail (1991) developed assembling perspective**,** another system for understanding collective behavior that credited individuals in crowds as rational beings. Unlike previous theories, this theory refocuses attention from collective behavior to collective action. Remember that collective behavior is a noninstitutionalized gathering, whereas collective action is based on a shared interest. McPhail's theory focused primarily on the processes associated with crowd behavior, plus the lifecycle of gatherings. He identified several instances of convergent or collective behavior, as shown on the chart below.

Table 21.1: Clark McPhail identified various circumstances of convergent and collective behavior (McPhail 1991).

Type of crowd	Description	Example
Convergence clusters	Family and friends who travel together	Carpooling parents take several children to the movies
Convergent orientation	Group all facing the same direction	A semi-circle around a stage
Collective vocalization	Sounds or noises made collectively	Screams on a roller coaster
Collective verbalization	Collective and simultaneous participation in a speech or song	Pledge of Allegiance in the school classroom
Collective gesticulation	Body parts forming symbols	The YMCA dance
Collective manipulation	Objects collectively moved around	Holding signs at a protest rally
Collective locomotion	The direction and rate of movement to the event	Children running to an ice cream truck

As useful as this is for understanding the components of how crowds come together, many sociologists criticize its lack of attention on the large cultural context of the described behaviors, instead focusing on individual actions.

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9.3: Social Movements

Learning Objectives

By the end of this section, you should be able to:

- Demonstrate awareness of social movements on a state, national, and global level
- Distinguish between different types of social movements
- Identify stages of social movements
- Discuss theoretical perspectives on social movements, like resource mobilization, framing, and new social movement theory

Social movements are purposeful, organized groups that strive to work toward a common social goal. While most of us learned about social movements in history classes, we tend to take for granted the fundamental changes they caused —and we may be completely unfamiliar with the trend toward global social movements. But from the antitobacco movement that has worked to outlaw smoking in public buildings and raise the cost of cigarettes, to political uprisings throughout the Arab world, movements are creating social change on a global scale.

Levels of Social Movements

Movements happen in our towns, in our nation, and around the world. Let's take a look at examples of social movements, from local to global. No doubt you can think of others on all of these levels, especially since modern technology has allowed us a near-constant stream of information about the quest for social change around the world.



Figure 21.5: Staff at University of Wisconsin protest a proposed law that would significantly reduce their ability to bargain for better pay and benfits. (Credit: marctasman/flickr)

Local

Local social movements typically refer to those in cities or towns, but they can also affect smaller constituencies, such as college campuses. Sometimes colleges are smaller hubs of a national movement, as seen during the Vietnam War protests or the Black Lives Matter protests. Other times, colleges are managing a more local issue. In 2012, The Cooper Union in New York City announced that, due to financial mismanagement and unforeseen downturns from the Great Recession, the college had a massive shortfall; it would be forced to charge tuition for the first time. To students at most other colleges, tuition would not seem out of line, but Cooper Union was founded (and initially funded) under the principle that it would not charge tuition. When the school

formally announced the plan to charge tuition, students occupied a building and, later, the college president's office. Student action eventually contributed to the president's resignation and a financial recovery plan in partnership with the state attorney general.

Another example occurred in Wisconsin. After announcing a significant budget shortfall, Governor Scott Walker put forth a financial repair bill that would reduce the collective bargaining abilities of unions and other organizations in the state. (Collective bargaining was used to attain workplace protections, benefits, healthcare, and fair pay.) Faculty at the state's college system were not in unions, but teaching assistants, researchers, and other staff had regularly collectively bargained. Faced with the prospect of reduced job protections, pay, and benefits, the staff members began one of the earliest protests against Walker's action, by protesting on campus and sending an ironic message of love to the governor on Valentine's Day. Over time, these efforts would spread to other organizations in the state.

State



Figure 21.6: Texas Secede! is an organization which would like Texas to secede from the United States. (Credit: Tim Pearce/flickr)

The most impactful state-level protest would be to cease being a state, and organizations in several states are working toward that goal. Texas secession has been a relatively consistent movement since about 1990. The past decade has seen an increase in rhetoric and campaigns to drive interest and support for a public referendum (a direct vote on the matter by the people). The Texas Nationalist Movement, Texas Secede!, and other groups have provided formal proposals and programs designed to make the idea seem more feasible. Texit has become a widely used nickname and hashtag for the movement. And in February 2021, a bill was introduced to hold a referendum that would begin formal discussions on creating an independent nation—though the bill's sponsor indicated that it was mainly intended to begin conversation and evaluations rather than directly lead to secession (De Alba 2021).

States also get involved before and after national decisions. The legalization of same-sex marriage throughout the United States led some people to feel their religious beliefs were under attack. Following swiftly upon the heels of the Supreme Court Obergefell ruling, the Indiana legislature passed a Religious Freedom Restoration Act (RFRA, pronounced "rifra"). Originally crafted decades ago with the purpose of preserving the rights of minority religious people, more recent RFRA laws allow individuals, businesses, and other organizations to decide whom they will serve based on religious beliefs. For example, Arkansas's 2021 law allowed doctors to refuse to treat patients based on the doctor's religious beliefs (Associated Press 2021). In this way, state-level organizations and social movements are responding to a national decision.



Figure 21.7: At the time of this writing, more than thirty states and the District of Columbia allow marriage for same-sex couples. State constitutional bans are more difficult to overturn than mere state bans because of the higher threshold of votes required to change a constitution. Now that the Supreme Court has stricken a key part of the Defense of Marriage Act, same-sex couples married in states that allow it are now entitled to federal benefits afforded to heterosexual couples (CNN 2014). (Credit: Jose Antonio Navas/flickr).

Global

Social organizations worldwide take stands on such general areas of concern as poverty, sex trafficking, and the use of genetically modified organisms (GMOs) in food. Nongovernmental organizations (NGOs) are sometimes formed to support such movements, such as the International Federation of Organic Agriculture Movement (FOAM). Global efforts to reduce poverty are represented by the Oxford Committee for Famine Relief (OXFAM), among others. The Fair Trade movement exists to protect and support food producers in developing countries. Occupy Wall Street, although initially a local movement, also went global throughout Europe and, as the chapter's introductory photo shows, the Middle East.

Types of Social Movements

We know that social movements can occur on the local, national, or even global stage. Are there other patterns or classifications that can help us understand them? Sociologist David Aberle (1966) addresses this question by developing categories that distinguish among social movements based on what they want to change and how much change they want. Reform movements seek to change something specific about the social structure. Examples include antinuclear groups, Mothers Against Drunk Driving (MADD), the Dreamers movement for immigration reform, and the Human Rights Campaign's advocacy for Marriage Equality. Revolutionary movements seek to completely change every aspect of society. These include the 1960s counterculture movement, including the revolutionary group The Weather Underground, as well as anarchist collectives. Texas Secede! is a revolutionary movement. Religious/Redemptive movements are "meaning seeking," and their goal is to provoke inner change or spiritual growth in individuals. Organizations pushing these movements include Heaven's Gate or the Branch Davidians. The latter is still in existence despite government involvement that led to the deaths of numerous Branch Davidian members in 1993. Alternative movements are focused on self-improvement and limited, specific changes to individual beliefs and behavior. These include trends like transcendental meditation or a macrobiotic diet. Resistance movements seek to prevent or undo change to the social structure. The Ku Klux Klan, the Minutemen, and pro-life movements fall into this category.

Stages of Social Movements

Later sociologists studied the lifecycle of social movements—how they emerge, grow, and in some cases, die out. Blumer (1969) and Tilly (1978) outline a four-stage process. In the *preliminary stage*, people become aware of an issue, and leaders emerge. This is followed by the *coalescence stage* when people join together and organize in order to publicize the issue and raise awareness. In the *institutionalization stage*, the movement no longer requires grassroots volunteerism: it is an established organization, typically with a paid staff. When people fall away and adopt a new movement, the movement successfully brings about the change it sought,

or when people no longer take the issue seriously, the movement falls into the *decline stage*. Each social movement discussed earlier belongs in one of these four stages. Where would you put them on the list?

Social Media and Social Movements



Figure 21.8: Are these activists most likely to have a larger impact through people who see their sign from the shore, or through people who will see pictures of their event on social media? (Credit: Backbone Campaign/flickr)

As we have mentioned throughout this text, and likely as you have experienced in your life, social media is a widely used mechanism in social movements. In the Groups and Organizations chapter, we discussed Tarana Burke first using "Me Too" in 2006 on a major social media venue of the time (MySpace). The phrase later grew into a massive movement when people began using it on Twitter to drive empathy and support regarding experiences of sexual harassment or sexual assault. In a similar way, Black Lives Matter began as a social media message after George Zimmerman was acquitted in the shooting death of 17-year-old Trayvon Martin, and the phrase burgeoned into a formalized (though decentralized) movement in subsequent years.

Social media has the potential to dramatically transform how people get involved in movements ranging from local school district decisions to presidential campaigns. As discussed above, movements go through several stages, and social media adds a dynamic to each of them. In the the *preliminary stage*, people become aware of an issue, and leaders emerge. Compared to movements of 20 or 30 years ago, social media can accelerate this stage substantially. Issue awareness can spread at the speed of a click, with thousands of people across the globe becoming informed at the same time. In a similar vein, those who are savvy and engaged with social media may emerge as leaders, even if, for example, they are not great public speakers.

At the next stage, the *coalescence stage*, social media is also transformative. Coalescence is the point when people join together to publicize the issue and get organized. President Obama’s 2008 campaign was a case study in organizing through social media. Using Twitter and other online tools, the campaign engaged volunteers who had typically not bothered with politics. Combined with comprehensive data tracking and the ability to micro-target, the campaign became a blueprint for others to build on. The 2020 elections featured a level of data analysis and rapid response capabilities that, while echoing the Obama campaign's early work, made the 2008 campaign look quaint. The campaigns and political analysts could measure the level of social media interaction

following any campaign stop, debate, statement by the candidate, news mention, or any other event, and measure whether the tone or "sentiment" was positive or negative. Political polls are still important, but social media provides instant feedback and opportunities for campaigns to act, react, or—on a daily basis—ask for donations based on something that had occurred just hours earlier (Knowledge at Wharton 2020).

Interestingly, social media can have interesting outcomes once a movement reaches the *institutionalization* stage. In some cases, a formal organization might exist alongside the hashtag or general sentiment, as is the case with Black Lives Matter. At any one time, BLM is essentially three things: a structured organization, an idea with deep and personal meaning for people, and a widely used phrase or hashtag. It's possible that users of the hashtag are not referring to the formal organization. It's even possible that people who hold a strong belief that Black lives matter do not agree with all of the organization's principles or its leadership. And in other cases, people may be very aligned with all three contexts of the phrase. Social media is still crucial to the social movement, but its interplay is both complex and evolving.

In a similar way, MeToo activists, including Tarana Burke herself, have sought to clarify the interweaving of different aspects of the movement. She told the Harvard Gazette in 2020:

> *I think we have to be careful about what we're calling the movement. And I think one of the things I've learned in the last two years is that folks don't really understand what a movement is or how it's defined. The people using the hashtag on the internet were the impetus for Me Too being put into the public sphere. The media coverage of the viralness of Me Too and the people being accused are media coverage of a popular story that derived from the hashtag. The movement is the work that our organization and others like us are doing to both support survivors and move people to action (Walsh 2020).*

Sociologists have identified high-risk activism, such as the civil rights movement, as a "strong-tie" phenomenon, meaning that people are far more likely to stay engaged and not run home to safety if they have close friends who are also engaged. The people who dropped out of the movement—who went home after the danger became too great—did not display any less ideological commitment. But they lacked the strong-tie connection to other people who were staying. Social media had been considered "weak-tie" (McAdam 1993 and Brown 2011). People follow or friend people they have never met. Weak ties are important for our social structure, but they seemed to limit the level of risk we'll take on their behalf. For some people, social media remains that way, but for others it can relate to or build stronger ties. For example, if people, who had for years known each other only through an online group, meet in person at an event, they may feel far more connected at that event and afterward than people who had never interacted before. And as we discussed in the Groups chapter, social media itself, even if people never meet, can bring people into primary group status, forming stronger ties.

Another way to consider the impact of social media on activism is through something that may or may not be emotional, has little implications regarding tie strength, and may be fleeting rather than permanent, but still be one of the largest considerations of any formal social movement: money. Returning to politics, think of the massive amounts of campaign money raised in each election cycle through social media. In the 2020 Presidential election and its aftermath, hundreds of millions of dollars were raised through social media. Likewise, 55 percent of people who engage with nonprofits through social media take some sort of action; and for 60 percent of them (or 33 percent of the total) that action is to give money to support the cause (Nonprofit Source 2020).

Theoretical Perspectives on Social Movements

Most theories of social movements are called collective action theories, indicating the purposeful nature of this form of collective behavior. The following three theories are but a few of the many classic and modern theories developed by social scientists.

Resource Mobilization

McCarthy and Zald (1977) conceptualize resource mobilization theory as a way to explain movement success in terms of the ability to acquire resources and mobilize individuals. Resources are primarily time and money, and the more of both, the greater the power of organized movements. Numbers of social movement organizations (SMOs), which are single social movement groups, with the same goals constitute a social movement industry (SMI). Together they create what McCarthy and Zald (1977) refer to as "the sum of all social movements in a society."

Resource Mobilization and the Civil Rights Movement

An example of resource mobilization theory is activity of the civil rights movement in the decade between the mid 1950s and the mid 1960s. Social movements had existed before, notably the Women's Suffrage Movement and a long line of labor movements, thus constituting an existing social movement sector, which is the multiple social movement industries in a society, even if they have widely varying constituents and goals. The civil rights movement had also existed well before Rosa Parks refused to give up her bus seat to a white man. Less known is that Parks was a member of the NAACP and trained in leadership (A&E Television Networks, LLC. 2014). But her action that day was spontaneous and unplanned (Schmitz 2014). Her arrest triggered a public outcry that led to the famous Montgomery bus boycott, turning the movement into what we now think of as the "civil rights movement" (Schmitz 2014).

Mobilization had to begin immediately. Boycotting the bus made other means of transportation necessary, which was provided through car pools. Churches and their ministers joined the struggle, and the protest organization In Friendship was formed as well as The Friendly Club and the Club From Nowhere. A social movement industry, which is the collection of the social movement organizations that are striving toward similar goals, was growing.

Martin Luther King Jr. emerged during these events to become the charismatic leader of the movement, gained respect from elites in the federal government, and aided by even more emerging SMOs such as the Student Non-Violent Coordinating Committee (SNCC), the Congress of Racial Equality (CORE), the National Association for the Advancement of Colored People (NAACP), and the Southern Christian Leadership Conference (SCLC), among others. Several still exist today. Although the movement in that period was an overall success, and laws were changed (even if not attitudes), the "movement" continues. So do struggles to keep the gains that were made, even as the U.S. Supreme Court has recently weakened the Voter Rights Act of 1965, once again making it more difficult for Black Americans and other minorities to vote.

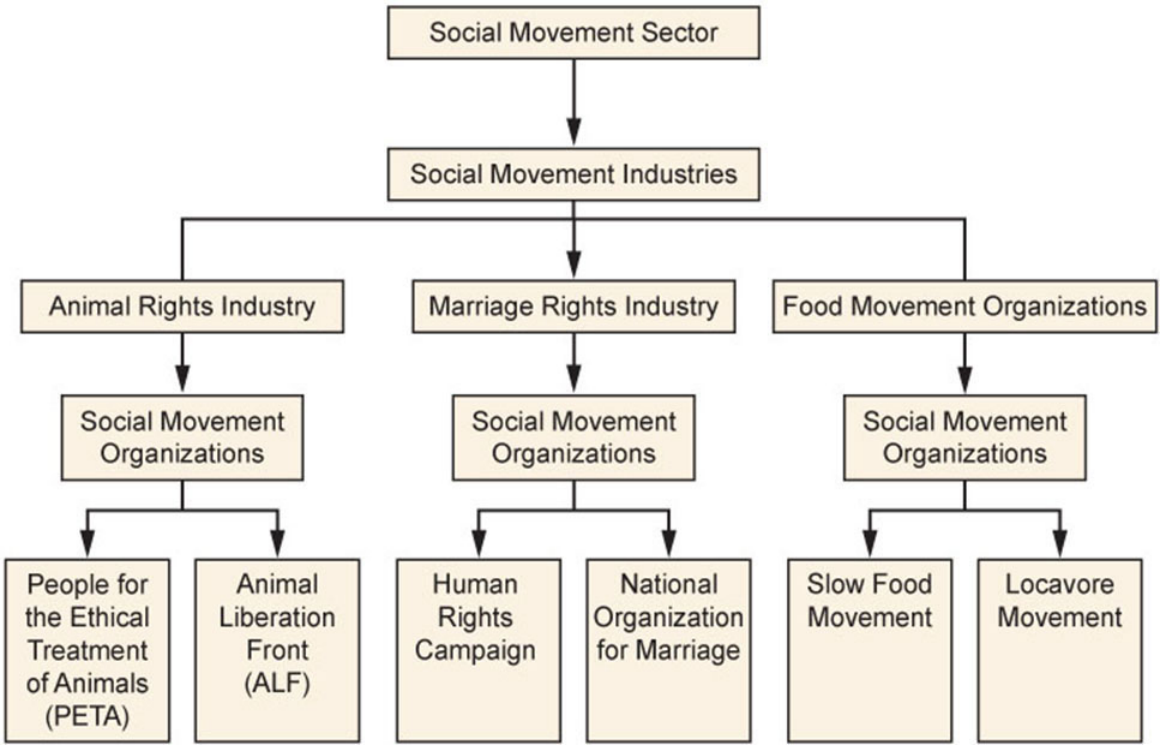


Figure 21.9: Multiple social movement organizations concerned about the same issue form a social movement industry. A society's many social movement industries comprise its social movement sector. With so many options, to whom will you give your time and money?

Framing/Frame Analysis

Over the past several decades, sociologists have developed the concept of frames to explain how individuals identify and understand social events and which norms they should follow in any given situation (Goffman 1974; Snow et al. 1986; Benford and Snow 2000). Imagine entering a restaurant. Your "frame" immediately provides you with a behavior template. It probably does not

occur to you to wear pajamas to a fine-dining establishment, throw food at other patrons, or spit your drink onto the table. However, eating food at a sleepover pizza party provides you with an entirely different behavior template. It might be perfectly acceptable to eat in your pajamas and maybe even throw popcorn at others or guzzle drinks from cans.

Successful social movements use three kinds of frames (Snow and Benford 1988) to further their goals. The first type, diagnostic framing, states the problem in a clear, easily understood way. When applying diagnostic frames, there are no shades of gray: instead, there is the belief that what "they" do is wrong and this is how "we" will fix it. The anti-gay marriage movement is an example of diagnostic framing with its uncompromising insistence that marriage is only between a man and a woman. Prognostic framing, the second type, offers a solution and states how it will be implemented. Some examples of this frame, when looking at the issue of marriage equality as framed by the anti-gay marriage movement, include the plan to restrict marriage to "one man/one woman" or to allow only "civil unions" instead of marriages. As you can see, there may be many competing prognostic frames even within social movements adhering to similar diagnostic frames. Finally, motivational framing is the call to action: what should you do once you agree with the diagnostic frame and believe in the prognostic frame? These frames are action-oriented. In the gay marriage movement, a call to action might encourage you to vote "no" on Proposition 8 in California (a move to limit marriage to male-female couples), or conversely, to contact your local congressperson to express your viewpoint that marriage should be restricted to male-female couples.

With so many similar diagnostic frames, some groups find it best to join together to maximize their impact. When social movements link their goals to the goals of other social movements and merge into a single group, a frame alignment process (Snow et al. 1986) occurs—an ongoing and intentional means of recruiting participants to the movement.

This frame alignment process has four aspects: bridging, amplification, extension, and transformation. *Bridging* describes a "bridge" that connects uninvolved individuals and unorganized or ineffective groups with social movements that, though structurally unconnected, nonetheless share similar interests or goals. These organizations join together to create a new, stronger social movement organization. Can you think of examples of different organizations with a similar goal that have banded together?

In the *amplification* model, organizations seek to expand their core ideas to gain a wider, more universal appeal. By expanding their ideas to include a broader range, they can mobilize more people for their cause. For example, the Slow Food movement extends its arguments in support of local food to encompass reduced energy consumption, pollution, obesity from eating more healthfully, and more.

In *extension*, social movements agree to mutually promote each other, even when the two social movement organization's goals don't necessarily relate to each other's immediate goals. This often occurs when organizations are sympathetic to each others' causes, even if they are not directly aligned, such as women's equal rights and the civil rights movement.



Figure 21.10: Extension occurs when social movements have sympathetic causes. Women's rights, racial equality, and LGBT advocacy are all human rights issues. (Credit: Photos (a) and (b) Wikimedia Commons; Photo (c) Charlie Nguyen/flickr)

Transformation means a complete revision of goals. Once a movement has succeeded, it risks losing relevance. If it wants to remain active, the movement has to change with the transformation or risk becoming obsolete. For instance, when the women's suffrage movement gained women the right to vote, members turned their attention to advocating equal rights and campaigning to elect women to office. In short, transformation is an evolution in the existing diagnostic or prognostic frames that generally achieves a total conversion of the movement.

New Social Movement Theory

New social movement theory, a development of European social scientists in the 1950s and 1960s, attempts to explain the proliferation of postindustrial and postmodern movements that are difficult to analyze using traditional social movement theories. Rather than being one specific theory, it is more of a perspective that revolves around understanding movements as they relate to politics, identity, culture, and social change. Some of these more complex interrelated movements include ecofeminism, which focuses on the patriarchal society as the source of environmental problems, and the transgender rights movement. Sociologist Steven Buechler (2000) suggests that we should be looking at the bigger picture in which these movements arise—shifting to a macro-level, global analysis of social movements.

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9.4: Social Change

Learning Objectives

By the end of this section, you should be able to:

- Explain how technology, social institutions, population, and the environment can bring about social change
- Discuss the importance of modernization in relation to social change

Collective behavior and social movements are just two of the forces driving social change, which is the change in society created through social movements as well as external factors. Essentially, any disruptive shift in the status quo, be it intentional or random, human-caused or natural, can lead to social change.

Causes of Social Change

Throughout this text, we have discussed various causes and effects of social change. Below is a recap of some major drivers, including technology, social institutions, population, and the environment. Alone or in combination, these agents can disturb, improve, disrupt, or otherwise influence society.

Technology

Some would say that improving technology has made our lives easier. Imagine what your day would be like without the Internet, the automobile, or electricity. In *The World Is Flat*, Thomas Friedman (2005) argues that technology is a driving force behind globalization, while the other forces of social change (social institutions, population, environment) play comparatively minor roles. He suggests that we can view globalization as occurring in three distinct periods. First, globalization was driven by military expansion, powered by horsepower and wind power. The countries best able to take advantage of these power sources expanded the most, and exert control over the politics of the globe from the late fifteenth century to around the year 1800. The second shorter period from approximately 1800 C.E. to 2000 C.E. consisted of a globalizing economy. Steam and rail power were the guiding forces of social change and globalization in this period. Finally, Friedman brings us to the post-millennial era. In this period of globalization, change is driven by technology, particularly the Internet (Friedman 2005).

Technology can change other societal forces. For example, advances in medical technology allow people to live longer, have more children, and survive some natural disasters or problems. Advances in agricultural technology have allowed us to alter food products, which impacts our health as well as the environment. A given technology can create beneficiaries, but that same technology—especially if it is disruptive—can lead others to lose their jobs, suffer from pollution, or be monitored or victimized.

The digital divide—the increasing gap between the technological haves and have-nots—exists both locally and globally. Added security issues include theft of personal information, cyber aggression, and loss of privacy. The constant change in technology leads to an almost inevitable lack of preparation for new risks on both personal and societal scales.

Sociology in the Real World: Crowdsourcing: Using the Web to Get Things Done

Millions of people today walk around with their heads tilted toward a small device held in their hands. Perhaps you are reading this textbook on a phone or tablet. People in developed societies now take communication technology for granted. How has this technology affected social change in our society and others? One very positive way is crowdsourcing.

Thanks to the web, digital crowdsourcing is the process of obtaining needed services, ideas, or content by soliciting contributions from a large group of people, and especially from an online community rather than from traditional employees or suppliers. Web-based companies such as Kickstarter have been created precisely for the purposes of raising large amounts of money in a short period of time, notably by sidestepping the traditional financing process. This book, or virtual book, is the product of a kind of crowdsourcing effort. It has been written and reviewed by several authors in a variety of fields to give you free access to a large amount of data produced at a low cost. The most common example of crowdsourced data is Wikipedia, the online encyclopedia, which is the result of thousands of volunteers adding and correcting material.

Perhaps the most striking use of crowdsourcing is disaster relief. By tracking tweets and e-mails and organizing the data in order of urgency and quantity, relief agencies can address the most urgent calls for help, such as for medical aid, food, shelter,

> or rescue. On January 12, 2010 a devastating earthquake hit the nation of Haiti. By January 25, a crisis map had been created from more than 2,500 incident reports, and more reports were added every day. The same technology was used to assist victims of the Japanese earthquake and tsunami in 2011.

The Darker Side of Technology: Electronic Aggression in the Information Age

The U.S. Center for Disease Control (CDC) uses the term "electronic aggression" to describe "any type of harassment or bullying that occurs through e-mail, a chat room, instant messaging, a website (including blogs), or text messaging" (CDC, n.d.) We generally think of this as cyberbullying. A 2011 study by the U.S. Department of Education found that 27.8 percent of students aged twelve through eighteen reported experiencing bullying. From the same sample 9 percent specifically reported having been a victim of cyberbullying (Robers et al. 2013).

Cyberbullying represents a powerful change in modern society. William F. Ogburn (1922) might have been describing it nearly a century ago when he defined "cultural lag," which occurs when material culture precedes nonmaterial culture. That is, society may not fully comprehend all the consequences of a new technology and so may initially reject it (such as stem cell research) or embrace it, sometimes with unintended negative consequences (such as pollution).

Cyberbullying is a special feature of the Internet. Unique to electronic aggression is that it can happen twenty-four hours a day, every day; it can reach a child (or an adult) even though she or he might otherwise feel safe in a locked house. The messages and images may be posted anonymously and to a very wide audience, and they might even be impossible to trace. Finally, once posted, the texts and images are very hard to delete. Its effects range from the use of alcohol and drugs to lower self-esteem, health problems, and even suicide (CDC, n.d.).

Social Institutions

Each change in a single social institution leads to changes in all social institutions. For example, the industrialization of society meant that there was no longer a need for large families to produce enough manual labor to run a farm. Further, new job opportunities were in close proximity to urban centers where living space was at a premium. The result is that the average family size shrunk significantly.

This same shift toward industrial corporate entities also changed the way we view government involvement in the private sector, created the global economy, provided new political platforms, and even spurred new religions and new forms of religious worship like Scientology. It has also informed the way we educate our children: originally schools were set up to accommodate an agricultural calendar so children could be home to work the fields in the summer, and even today, teaching models are largely based on preparing students for industrial jobs, despite that being an outdated need. A shift in one area, such as industrialization, means an interconnected impact across social institutions.

Population

Population composition is changing at every level of society. Births increase in one nation and decrease in another. Some families delay childbirth while others start bringing children into their folds early. Population changes can be due to random external forces, like an epidemic, or shifts in other social institutions, as described above. But regardless of why and how it happens, population trends have a tremendous interrelated impact on all other aspects of society.

In the United States, we are experiencing an increase in our senior population as Baby Boomers retire, which will in turn change the way many of our social institutions are organized. For example, there is an increased demand for housing in warmer climates, a massive shift in the need for elder care and assisted living facilities, and growing incidence of elder abuse. Retiring Boomers may also lead to labor or expertise shortages, and (as discussed extensively in the chapter on Aging and the Elderly) healthcare costs will increase to become a larger and larger portion of our economy.

Globally, often the countries with the highest fertility rates are least able to absorb and attend to the needs of a growing population. Family planning is a large step in ensuring that families are not burdened with more children than they can care for. On a macro level, the increased population, particularly in the poorest parts of the globe, also leads to increased stress on the planet’s resources.

The Environment

As discussed extensively in the chapter on Population, Urbanization, and the Environment, changes in the environment and our interaction with it can have promising or devastating effects. Access to safe water is a primary determinant of health and prosperity.

And as human populations expand in more vulnerable areas while natural disasters occur with more frequency, we see an increase in the number of people affected by those disasters.

Overall health and wellbeing are deeply affected by the environment even in urbanized areas. Many types of cancers, which are collectively the leading cause of death in higher-income countries, have environmental influences (Mahase 2019).

Sociology in the Real World: Hurricane Katrina: When It All Comes Together

The four key elements that affect social change that are described in this chapter are the environment, technology, social institutions, and population. In 2005, New Orleans was struck by a devastating hurricane. But it was not just the hurricane that was disastrous. It was the converging of all four of these elements, and the text below will connect the elements by putting the words in parentheses.

Before Hurricane Katrina (environment) hit, poorly coordinated evacuation efforts had left about 25 percent of the population, almost entirely African Americans who lacked private transportation, to suffer the consequences of the coming storm (demographics). Then "after the storm, when the levees broke, thousands more [refugees] came. And the city buses, meant to take them to proper shelters, were underwater" (Sullivan 2005). No public transportation was provided, drinking water and communications were delayed, and FEMA, the Federal Emergency Management Agency (institutions), was headed by an appointee with no real experience in emergency management. Those who were eventually evacuated did not know where they were being sent or how to contact family members. African Americans were sent the farthest from their homes. When the displaced began to return, public housing had not been reestablished, yet the Superdome stadium, which had served as a temporary disaster shelter, had been rebuilt. Homeowners received financial support, but renters did not.

As it turns out, it was not entirely the hurricane that cost the lives of 1,500 people, but the fact that the city's storm levees (technology), which had been built too low and which failed to meet numerous other safety specifications, gave way, flooding the lower portions of the city, occupied almost entirely by African Americans.

Journalist Naomi Klein, in her book The Shock Doctrine: The Rise of Disaster Capitalism, presents a theory of a "triple shock," consisting of an initial disaster, an economic shock that replaces public services with private (for-profit) ones, and a third shock consisting of the intense policing of the remaining public. Klein supports her claim by quoting then-Congressman Richard Baker as saying, "We finally cleaned up public housing in New Orleans. We couldn't do it, but God did." She quotes developer Joseph Canizaro as stating, "I think we have a clean sheet to start again. And with that clean sheet we have some very big opportunities."

One clean sheet was that New Orleans began to replace public schools with charters, breaking the teachers' union and firing all public school teachers (Mullins 2014). Public housing was seriously reduced and the poor were forced out altogether or into the suburbs far from medical and other facilities (The Advocate 2013). Finally, by relocating African Americans and changing the ratio of African Americans to whites, New Orleans changed its entire demographic makeup.

Modernization

Modernization describes the processes that increase the amount of specialization and differentiation of structure in societies resulting in the move from an undeveloped society to a developed, technologically driven society (Irwin 1975). By this definition, the level of modernity within a society is judged by the sophistication of its technology, particularly as it relates to infrastructure, industry, and the like. However, it is important to note the inherent ethnocentric bias of such assessment. Why do we assume that those living in semi-peripheral and peripheral nations would find it so wonderful to become more like the core nations? Is modernization always positive?

One contradiction of all kinds of technology is that they often promise time-saving benefits, but somehow fail to deliver. How many times have you ground your teeth in frustration at an Internet site that refused to load or at a dropped call on your cell phone? Despite time-saving devices such as dishwashers, washing machines, and, now, remote control vacuum cleaners, the average amount of time spent on housework is the same today as it was fifty years ago. And the dubious benefits of 24/7 e-mail and immediate information have simply increased the amount of time employees are expected to be responsive and available. While once businesses had to travel at the speed of the U.S. postal system, sending something off and waiting until it was received before the next stage, today the immediacy of information transfer means there are no such breaks.

Further, the Internet bought us information, but at a cost. The morass of information means that there is as much poor information available as trustworthy sources. There is a delicate line to walk when core nations seek to bring the assumed benefits of modernization to more traditional cultures. For one, there are obvious procapitalist biases that go into such attempts, and it is short-sighted for western governments and social scientists to assume all other countries aspire to follow in their footsteps. Additionally, there can be a kind of neo-liberal defense of rural cultures, ignoring the often crushing poverty and diseases that exist in peripheral nations and focusing only on a nostalgic mythology of the happy peasant. It takes a very careful hand to understand both the need for cultural identity and preservation as well as the hopes for future growth.

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9.5: Key Terms

acting crowds | crowds of people who are focused on a specific action or goal

alternative movements | social movements that limit themselves to self-improvement changes in individuals

assembling perspective | a theory that credits individuals in crowds as behaving as rational thinkers and views crowds as engaging in purposeful behavior and collective action

casual crowds | people who share close proximity without really interacting

collective behavior | a noninstitutionalized activity in which several people voluntarily engage

conventional crowds | people who come together for a regularly scheduled event

crowd | a fairly large number of people who share close proximity

crowdsourcing | the process of obtaining needed services, ideas, or content by soliciting contributions from a large group of people

diagnostic framing | a the social problem that is stated in a clear, easily understood manner

emergent norm theory | a perspective that emphasizes the importance of social norms in crowd behavior

expressive crowds | crowds who share opportunities to express emotions

flash mob | a large group of people who gather together in a spontaneous activity that lasts a limited amount of time

frame alignment process | using bridging, amplification, extension, and transformation as an ongoing and intentional means of recruiting participants to a movement

mass | a relatively large group with a common interest, even if they may not be in close proximity

modernization | the process that increases the amount of specialization and differentiation of structure in societies

motivational framing | a call to action

new social movement theory | a theory that attempts to explain the proliferation of postindustrial and postmodern movements that are difficult to understand using traditional social movement theories

NGO | nongovernmental organizations working globally for numerous humanitarian and environmental causes

prognostic framing | social movements that state a clear solution and a means of implementation

public | an unorganized, relatively diffuse group of people who share ideas

reform movements | movements that seek to change something specific about the social structure

religious/redemptive movements | movements that work to promote inner change or spiritual growth in individuals

resistance movements | those who seek to prevent or undo change to the social structure

resource mobilization theory | a theory that explains social movements' success in terms of their ability to acquire resources and mobilize individuals

revolutionary movements | movements that seek to completely change every aspect of society

social change | the change in a society created through social movements as well as through external factors like environmental shifts or technological innovations

social movement | a purposeful organized group hoping to work toward a common social goal

social movement industry | the collection of the social movement organizations that are striving toward similar goals

social movement organization | a single social movement group

social movement sector | the multiple social movement industries in a society, even if they have widely varying constituents and goals

value-added theory | a functionalist perspective theory that posits that several preconditions must be in place for collective behavior to occur

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9.6: Section Summary

21.1 Collective Behavior

Collective behavior is noninstitutionalized activity in which several people voluntarily engage. There are three different forms of collective behavior: crowd, mass, and public. There are three main theories on collective behavior. The first, the emergent-norm perspective, emphasizes the importance of social norms in crowd behavior. The next, the value-added theory, is a functionalist perspective that states that several preconditions must be in place for collective behavior to occur. Finally the assembling perspective focuses on collective action rather than collective behavior, addressing the processes associated with crowd behavior and the lifecycle and various categories of gatherings.

21.2 Social Movements

Social movements are purposeful, organized groups, either with the goal of pushing toward change, giving political voice to those without it, or gathering for some other common purpose. Social movements intersect with environmental changes, technological innovations, and other external factors to create social change. There are a myriad of catalysts that create social movements, and the reasons that people join are as varied as the participants themselves. Sociologists look at both the macro- and microanalytical reasons that social movements occur, take root, and ultimately succeed or fail.

21.3 Social Change

There are numerous and varied causes of social change. Four common causes, as recognized by social scientists, are technology, social institutions, population, and the environment. All four of these areas can impact when and how society changes. And they are all interrelated: a change in one area can lead to changes throughout. Modernization is a typical result of social change. Modernization refers to the process of increased differentiation and specialization within a society, particularly around its industry and infrastructure. While this assumes that more modern societies are better, there has been significant pushback on this western-centric view that all peripheral and semi-peripheral countries should aspire to be like North America and Western Europe.

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9.7: Section Quiz

21.1 Collective Behavior

1.

Which of the following organizations is *not* an example of a social movement?

a. National Football League
b. Tea Party
c. Greenpeace
d. NAACP

2.

Sociologists using conflict perspective might study what?

a. How social movements develop
b. What social purposes a movement serves
c. What motivates inequitably treated people to join a movement
d. What individuals hope to gain from taking part in a social movement

3.

Which of the following is an example of collective behavior?

a. A soldier questioning orders
b. A group of people interested in hearing an author speak
c. A class going on a field trip
d. Going shopping with a friend

4.

The protesters at the Egypt uprising rally were:

a. a casual crowd
b. a conventional crowd
c. a mass
d. an acting crowd

5.

According to emergent-norm theory, crowds are:

a. irrational and impulsive
b. often misinterpreted and misdirected
c. able to develop their own definition of the situation
d. prone to criminal behavior

6.

A boy throwing rocks during a demonstration might be an example of _____.

a. structural conduciveness
b. structural strain
c. precipitating factors
d. mobilization for action

21.2 Social Movements

7.

If we divide social movements according to their positions among all social movements in a society, we are using the _____ theory to understand social movements.

a. framing

b. new social movement
c. resource mobilization
d. value-added

8.

While PETA is a social movement organization, taken together, the animal rights social movement organizations PETA, ALF, and Greenpeace are a _____.

a. social movement industry
b. social movement sector
c. social movement party
d. social industry

9.

Social movements are:

a. disruptive and chaotic challenges to the government
b. ineffective mass movements
c. the collective action of individuals working together in an attempt to establish new norms beliefs, or values
d. the singular activities of a collection of groups working to challenge the status quo

10.

When the League of Women Voters successfully achieved its goal of women being allowed to vote, they had to undergo frame _____, a means of completely changing their goals to ensure continuing relevance.

a. extension
b. amplification
c. bridging
d. transformation

11.

If a movement claims that the best way to reverse climate change is to reduce carbon emissions by outlawing privately owned cars, "outlawing cars" is the _____.

a. prognostic framing
b. diagnostic framing
c. motivational framing
d. frame transformation

21.3 Social Change

12.

Children in peripheral nations have little to no daily access to computers and the Internet, while children in core nations are constantly exposed to this technology. This is an example of:

a. the digital divide
b. human ecology
c. modernization theory
d. dependency theory

13.

When sociologists think about technology as an agent of social change, which of the following is *not* an example?

a. Population growth
b. Medical advances
c. The Internet
d. Genetically engineered food

14.

China is undergoing a shift in industry, increasing labor specialization and the amount of differentiation present in the social structure. This exemplifies:

a. human ecology
b. dependency theory
c. modernization
d. conflict perspective

15.

Core nations that work to propel peripheral nations toward modernization need to be aware of:

a. preserving peripheral nation cultural identity
b. preparing for pitfalls that come with modernization
c. avoiding hegemonistic assumptions about modernization
d. all of the above

16.

In addition to social movements, social change is also caused by technology, social institutions, population and _____.

a. the environment
b. modernization
c. social structure
d. new social movements

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9.8: Short Answer

21.1 Collective Behavior

1.

Discuss the differences between a mass and a crowd. What is an example of each? What sets them apart? What do they share in common?

2.

Can you think of a time when your behavior in a crowd was dictated by the circumstances? Give an example of emergent-norm perspective, using your own experience.

3.

Discuss the differences between an acting crowd and a collective crowd. Give examples of each.

4.

Imagine you are at a rally protesting nuclear energy use. Walk us through the hypothetical rally using the value-added theory, imagining it meets all the stages.

21.2 Social Movements

5.

Think about a social movement industry dealing with a cause that is important to you. How do the different social movement organizations of this industry seek to engage you? Which techniques do you respond to? Why?

6.

Do you think social media is an important tool in creating social change? Why, or why not? Defend your opinion.

7.

Describe a social movement in the decline stage. What is its issue? Why has it reached this stage?

21.3 Social Change

8.

Consider one of the major social movements of the twentieth century, from civil rights in the United States to Gandhi's nonviolent protests in India. How would technology have changed it? Would change have come more quickly or more slowly? Defend your opinion.

9.

Discuss the digital divide in the context of modernization. Is there a real concern that poorer communities are lacking in technology? Why, or why not?

10.

Which theory do you think better explains the global economy: dependency theory (global inequity is due to the exploitation of peripheral and semi-peripheral nations by core nations) or modernization theory? Remember to justify your answer and provide specific examples.

11.

Do you think that modernization is good or bad? Explain, using examples.

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CHAPTER OVERVIEW

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10.1: Introduction to Psychology

Introduction to Psychology

Chapter Outline

- What Is Psychology?
- History of Psychology
- Contemporary Psychology
- Careers in Psychology



Figure IP.1 Psychology is the scientific study of mind and behaviour. (credit Shutterstock)

Clive Wearing is an accomplished musician who lost his ability to form new memories when he became sick at the age of 46. While he can remember how to play the piano perfectly, he cannot remember what he ate for breakfast just an hour ago (Sacks, 2007). James Wannerton experiences a taste sensation that is associated with the sound of words. His former girlfriend's name tastes like rhubarb (Mundasad, 2013). John Nash is a brilliant mathematician and Nobel Prize winner. However, while he was a professor at MIT, he would tell people that the *New York Times* contained coded messages from extraterrestrial beings that were intended for him. He also began to hear voices and became suspicious of the people around him. Soon thereafter, Nash was diagnosed with schizophrenia and admitted to a state-run mental institution (O'Connor & Robertson, 2002). Nash was the subject of the 2001 movie *A Beautiful Mind*. Why did these people have these experiences? How does the human brain work? And what is the connection between the brain's internal processes and people's external behaviours? This textbook will introduce you to various ways that the field of psychology has explored these questions.

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10.2: What is Psychology?

What is Psychology?

Learning Objectives

By the end of this section, you will be able to:

- Define psychology
- Understand the merits of an education in psychology

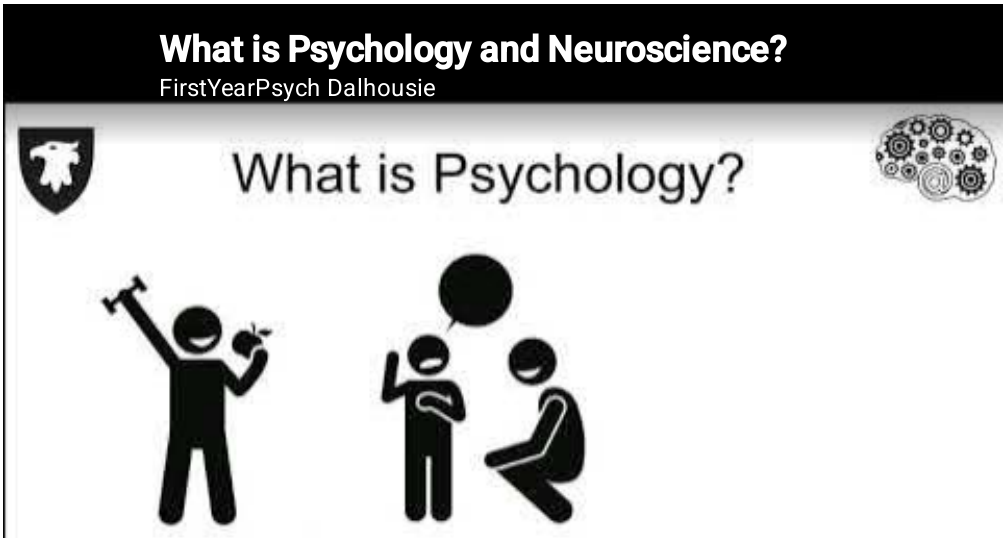
What is creativity? Why do some people become homeless? What are prejudice and discrimination? What is consciousness? The field of psychology explores questions like these. **Psychology** refers to the scientific study of the mind and behaviour. Psychologists use the scientific method to acquire knowledge. To apply the scientific method, a researcher with a question about how or why something happens will propose a tentative explanation, called a hypothesis, to explain the phenomenon. A hypothesis should fit into the context of a scientific theory, which is a broad explanation or group of explanations for some aspect of the natural world that is consistently supported by evidence over time. A theory is the best understanding we have of that part of the natural world. The researcher then makes observations or carries out an experiment to test the validity of the hypothesis. Those results are then published or presented at research conferences so that others can replicate or build on the results.

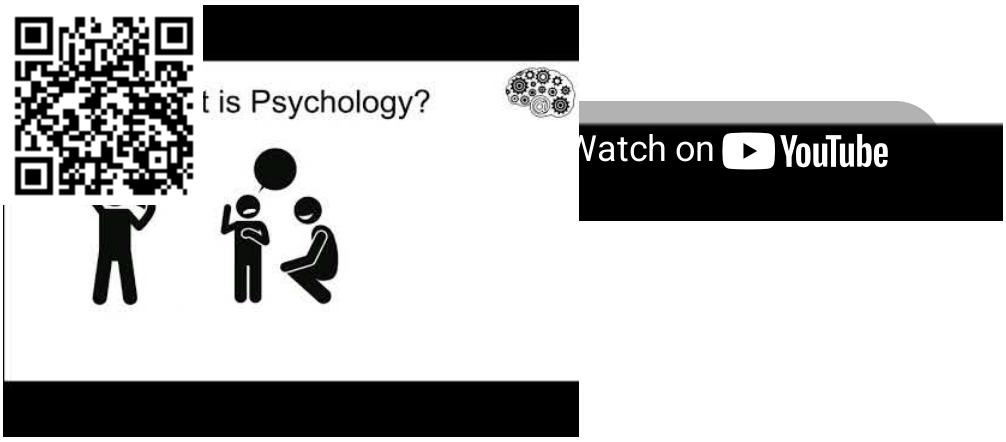
Scientists test that which is perceivable and measurable. For example, the hypothesis that a bird sings because it is happy is not a hypothesis that can be tested since we have no way to measure the happiness of a bird. We must ask a different question, perhaps about the brain state of the bird, since this can be measured. However, we can ask individuals about whether they sing because they are happy since they are able to tell us. Thus, psychological science is empirical, based on measurable data.

In general, science deals only with matter and energy, that is, those things that can be measured, and it cannot arrive at knowledge about values and morality. This is one reason why our scientific understanding of the mind is so limited, since thoughts, at least as we experience them, are neither matter nor energy. The scientific method is also a form of empiricism; the idea that knowledge and thoughts comes from experience. An **empirical method** for acquiring knowledge is one based on observation, including experimentation, rather than a method based only on forms of logical argument or previous authorities.

It was not until the late 1800s that psychology became accepted as its own academic discipline. Before this time, the workings of the mind were considered under the auspices of philosophy. We now consider psychology to be a core science similar to medicine, physics, and math. Given that any behaviour is, at its roots, biological, some areas of psychology take on aspects of a natural science like biology. No biological organism exists in isolation, and our behaviour is influenced by our interactions with others. Therefore, psychology is also a social science. So, unlike disciplines such as literature, history and sociology, which psychology has previously been associated with, psychology is a science.

TRICKY TOPIC: WHAT IS PSYCHOLOGY & NEUROSCIENCE?





If the video above does not load, watch What is Psychology and Neuroscience? *on YouTube.*

Often, students take their first psychology course because they are interested in helping others and want to learn more about themselves and why they act the way they do. Sometimes, students take a psychology course because it either satisfies a general education requirement or is required for a program of study such as nursing or pre-med. Many of these students develop such an interest in the area that they go on to declare psychology as their major. As a result, psychology is one of the most popular majors on college campuses across the United States (Johnson & Lubin, 2011). A number of well-known individuals were psychology majors. Just a few famous names on this list are Facebook's creator Mark Zuckerberg, television personality and political satirist Jon Stewart, actress Natalie Portman, and filmmaker Wes Craven (Halonen, 2011). About 6 percent of all bachelor degrees granted in the United States are in the discipline of psychology (U.S. Department of Education, 2016).

An education in psychology is valuable for a number of reasons. Psychology students hone critical thinking skills and are trained in the use of the scientific method. Critical thinking is the active application of a set of skills to information for the understanding and evaluation of that information. The evaluation of information—assessing its reliability and usefulness— is an important skill in a world full of competing "facts," many of which are designed to be misleading. For example, critical thinking involves maintaining an attitude of skepticism, recognizing internal biases, making use of logical thinking, asking appropriate questions, and making observations. Psychology students also can develop better communication skills during the course of their undergraduate coursework (American Psychological Association, 2011). Together, these factors increase students' scientific literacy and prepare students to critically evaluate the various sources of information they encounter.

In addition to these broad-based skills, psychology students come to understand the complex factors that shape one's behaviour. They appreciate the interaction of our biology, our environment, and our experiences in determining who we are and how we will behave. They learn about basic principles that guide how we think and behave, and they come to recognize the tremendous diversity that exists across individuals and across cultural boundaries (American Psychological Association, 2011).

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10.3: History of Psychology

History of Psychology

Learning Objectives

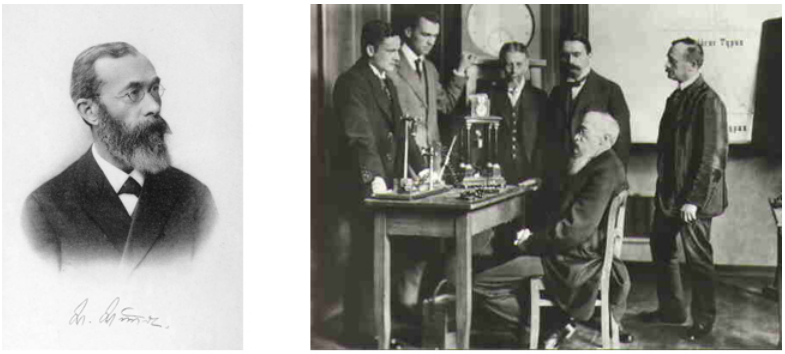
By the end of this section, you will be able to:

- Understand the importance of Wundt and James in the development of psychology
- Appreciate Freud's influence on psychology
- Understand the basic tenets of Gestalt psychology
- Appreciate the important role that behaviourism played in psychology's history
- Understand basic tenets of humanism
- Understand how the cognitive revolution shifted psychology's focus back to the mind

Psychology is a relatively young science with its experimental roots in the 19th century, compared, for example, to human physiology, which dates much earlier. As mentioned, anyone interested in exploring issues related to the mind generally did so in a philosophical context prior to the 19th century. Two 19th century scholars, Wilhelm Wundt (Germany) and William James (North America), are generally credited as being the founders of psychology as a science and academic discipline that was distinct from philosophy. This section will provide an overview of the shifts in paradigms that have influenced psychology from Wundt and James through today.

Wundt and Structuralism

Wilhelm Wundt (1832–1920) was a German scientist who was the first person to be referred to as a psychologist. His famous book entitled *Principles of Physiological Psychology* was published in 1873. Wundt viewed psychology as a scientific study of conscious experience, and he believed that the goal of psychology was to identify components of consciousness and how those components combined to result in our conscious experience. Wundt used **introspection** (he called it "internal perception"), a process by which someone examines their own conscious experience as objectively as possible, making the human mind like any other aspect of nature that a scientist observed. He believed in the notion of voluntarism—that people have free will and should know the intentions of a psychological experiment if they were participating (Danziger, 1980). Wundt considered his version experimental introspection; he used instruments such as those that measured reaction time. He also wrote *Volkerpsychologie* in 1904 in which he suggested that psychology should include the study of culture, as it involves the study of people. Edward Titchener, one of his students, went on to develop **structuralism**. Its focus was on the contents of mental processes rather than their function (Pickren & Rutherford, 2010). Wundt established his psychology laboratory at the University at Leipzig in 1879 (Figure IP.2). In this laboratory, Wundt and his students conducted experiments on, for example, reaction times. A subject, sometimes in a room isolated from the scientist, would receive a stimulus such as a light, image, or sound. The subject's reaction to the stimulus would be to push a button, and an apparatus would record the time to reaction. Wundt could measure reaction time to one-thousandth of a second (Nicolas & Ferrand, 1999).



(a) (b)

Figure IP.2 (a) Wilhelm Wundt is credited as one of the founders of psychology. He created the first laboratory for psychological research. (b) This photo shows him seated and surrounded by fellow researchers and equipment in his laboratory in Germany.

However, despite his efforts to train individuals in the process of introspection, this process remained highly subjective, and there was very little agreement between individuals.

James and Functionalism

William James (1842–1910) was the first American psychologist who espoused a different perspective on how psychology should operate (Figure IP.3). James was introduced to Darwin's theory of evolution by natural selection and accepted it as an explanation of an organism's characteristics. Key to that theory is the idea that **natural selection** leads to organisms that are adapted to their environment, including their behaviour. **Adaptation** means that a trait of an organism has a function for the survival and reproduction of the individual, because it has been naturally selected. As James saw it, psychology's purpose was to study the function of behaviour in the world, and as such, his perspective was known as **functionalism**. Functionalism focused on how mental activities helped an organism fit into its environment. Functionalism has a second, more subtle meaning in that functionalists were more interested in the operation of the whole mind rather than of its individual parts, which were the focus of structuralism. Like Wundt, James believed that introspection could serve as one means by which someone might study mental activities, but James also relied on more objective measures, including the use of various recording devices, and examinations of concrete products of mental activities and of anatomy and physiology (Gordon, 1995).

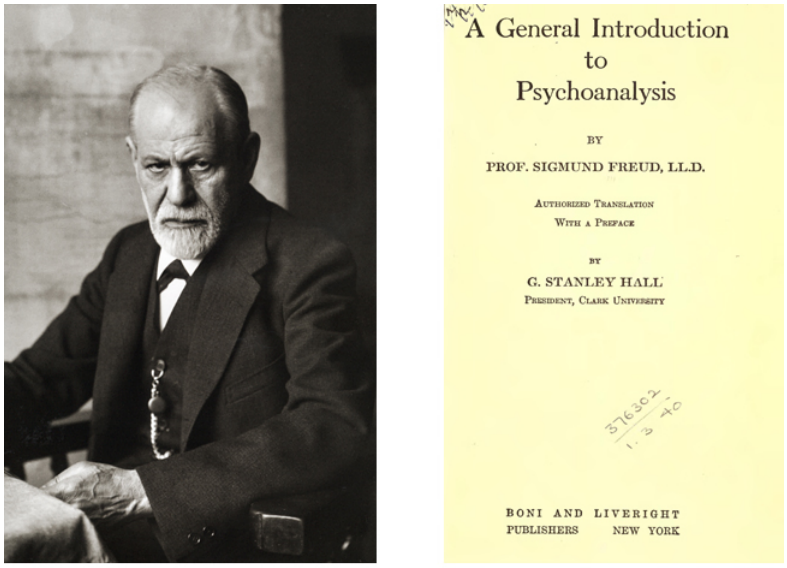


Figure IP.3 William James, shown here in a self-portrait, was the first American psychologist.

Freud and Psychoanalytic Theory

Perhaps one of the most influential and well-known figures in psychology's history was Sigmund Freud (Figure IP.4). Freud (1856–1939) was an Austrian neurologist who was fascinated by patients suffering from "hysteria" and neurosis. Hysteria was an ancient diagnosis for disorders, primarily of women with a wide variety of symptoms, including physical symptoms and emotional disturbances, none of which had an apparent physical cause. Freud theorized that many of his patients' problems arose from the

unconscious mind. In Freud's view, the unconscious mind was a repository of feelings and urges of which we have no awareness. Gaining access to the unconscious, then, was crucial to the successful resolution of the patient's problems. According to Freud, the unconscious mind could be accessed through dream analysis, by examinations of the first words that came to people's minds, and through seemingly innocent slips of the tongue. **Psychoanalytic theory** focuses on the role of a person's unconscious, as well as early childhood experiences, and this particular perspective dominated clinical psychology for several decades (Thorne & Henley, 2005).



(a) (b)

Figure IP.4 (a) Sigmund Freud was a highly influential figure in the history of psychology. (b) One of his many books, A General Introduction to Psychoanalysis, shared his ideas about psychoanalytical therapy; it was published in 1922.

Freud's ideas were influential, and you will learn more about them when you study lifespan development, personality, and therapy. For instance, many therapists believe strongly in the unconscious and the impact of early childhood experiences on the rest of a person's life. The method of psychoanalysis, which involves the patient talking about their experiences and selves, while not invented by Freud, was certainly popularized by him and is still used today. Many of Freud's other ideas, however, are controversial. Drew Westen (1998) argues that many of the criticisms of Freud's ideas are misplaced, in that they attack his older ideas without taking into account later writings. Westen also argues that critics fail to consider the success of the broad ideas that Freud introduced or developed, such as the importance of childhood experiences in adult motivations, the role of unconscious versus conscious motivations in driving our behaviour, the fact that motivations can cause conflicts that affect behaviour, the effects of mental representations of ourselves and others in guiding our interactions, and the development of personality over time. Westen identifies subsequent research support for all of these ideas.

More modern iterations of Freud's clinical approach have been empirically demonstrated to be effective (Knekt et al., 2008; Shedler, 2010). Some current practices in psychotherapy involve examining unconscious aspects of the self and relationships, often through the relationship between the therapist and the client. Freud's historical significance and contributions to clinical practice merit his inclusion in a discussion of the historical movements within psychology.

Wertheimer, Koffka, Köhler, and Gestalt Psychology

Max Wertheimer (1880–1943), Kurt Koffka (1886–1941), and Wolfgang Köhler (1887–1967) were three German psychologists who immigrated to the United States in the early 20th century to escape Nazi Germany. These scholars are credited with introducing psychologists in the United States to various Gestalt principles. The word Gestalt roughly translates to "whole;" a major emphasis of Gestalt psychology deals with the fact that although a sensory experience can be broken down into individual parts, how those parts relate to each other as a whole is often what the individual responds to in perception. For example, a song may be made up of individual notes played by different instruments, but the real nature of the song is perceived in the combinations of these notes as they form the melody, rhythm, and harmony. In many ways, this particular perspective would have directly

contradicted Wundt's ideas of structuralism (Thorne & Henley, 2005). Simply put, one can think of this as explaining how we perceive something in terms of the whole, rather than the individual parts comprising the whole.

Unfortunately, in moving to the United States, these scientists were forced to abandon much of their work and were unable to continue to conduct research on a large scale. These factors along with the rise of behaviourism (described next) in the United States prevented principles of Gestalt psychology from being as influential in the United States as they had been in their native Germany (Thorne & Henley, 2005). Despite these issues, several Gestalt principles are still very influential today. Considering the human individual as a whole rather than as a sum of individually measured parts became an important foundation in humanistic theory late in the century. The ideas of Gestalt have continued to influence research on sensation and perception.

Structuralism, Freud, and the Gestalt psychologists were all concerned in one way or another with describing and understanding inner experience. But other researchers had concerns that inner experience could be a legitimate subject of scientific inquiry and chose instead to exclusively study behaviour, the objectively observable outcome of mental processes.

Pavlov, Watson, Skinner, and Behaviourism

Early work in the field of behaviour was conducted by the Russian physiologist Ivan Pavlov (1849–1936). Pavlov studied a form of learning behaviour called a conditioned reflex, in which an animal or human produced a reflex (unconscious) response to a stimulus and, over time, was conditioned to produce the response to a different stimulus that the experimenter associated with the original stimulus. The reflex Pavlov worked with was salivation in response to the presence of food. The salivation reflex could be elicited using a second stimulus, such as a specific sound, that was presented in association with the initial food stimulus several times. Once the response to the second stimulus was "learned," the food stimulus could be omitted. Pavlov's "classical conditioning" is only one form of learning behaviour studied by behaviourists.

John B. Watson (1878–1958) was an influential American psychologist whose most famous work occurred during the early 20th century at Johns Hopkins University (Figure IP.5). While Wundt and James were concerned with understanding conscious experience, Watson thought that the study of consciousness was flawed. Because he believed that objective analysis of the mind was impossible, Watson preferred to focus directly on observable behaviour and try to bring that behaviour under control. Watson was a major proponent of shifting the focus of psychology from the mind to behaviour, and this approach of observing and controlling behaviour came to be known as **behaviourism**. A major object of study by behaviourists was learned behaviour and its interaction with inborn qualities of the organism. Behaviourism commonly used animals in experiments under the assumption that what was learned using animal models could, to some degree, be applied to human behaviour. Indeed, Tolman (1938) stated, "I believe that everything important in psychology (except … such matters as involve society and words) can be investigated in essence through the continued experimental and theoretical analysis of the determiners of rat behaviour at a choice-point in a maze."

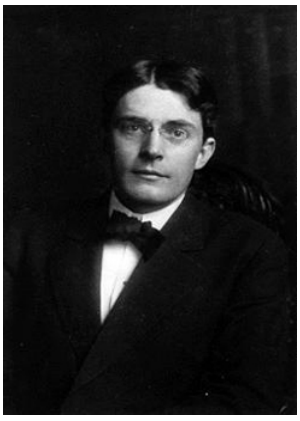


Figure IP.5 John B. Watson is known as the father of behaviourism within psychology.

Behaviourism dominated experimental psychology for several decades, and its influence can still be felt today (Thorne & Henley, 2005). Behaviourism is largely responsible for establishing psychology as a scientific discipline through its objective methods and especially experimentation. In addition, it is used in behavioural and cognitive-behavioural therapy. Behaviour modification is commonly used in classroom settings. Behaviourism has also led to research on environmental influences on human behaviour.

B. F. Skinner (1904–1990) was an American psychologist (Figure IP.6). Like Watson, Skinner was a behaviourist, and he concentrated on how behaviour was affected by its consequences. Therefore, Skinner spoke of reinforcement and punishment as major factors in driving behaviour. As a part of his research, Skinner developed a chamber that allowed the careful study of the principles of modifying behaviour through reinforcement and punishment. This device, known as an operant conditioning chamber (or more familiarly, a Skinner box), has remained a crucial resource for researchers studying behaviour (Thorne & Henley, 2005).

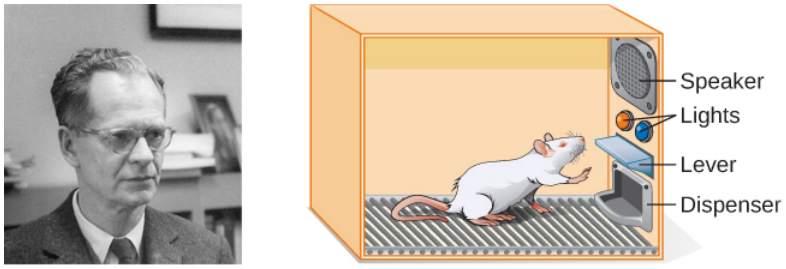


Figure IP.6 (a) B. F. Skinner is famous for his research on operant conditioning. (b) Modified versions of the operant conditioning chamber, or Skinner box, are still widely used in research settings today. (credit a: modification of work by "Silly rabbit"/Wikimedia Commons)

The Skinner box is a chamber that isolates the subject from the external environment and has a behaviour indicator such as a lever or a button. When the animal pushes the button or lever, the box is able to deliver a positive reinforcement of the behaviour (such as food) or a punishment (such as a noise) or a token conditioner (such as a light) that is correlated with either the positive reinforcement or punishment.

Skinner's focus on positive and negative reinforcement of learned behaviours had a lasting influence in psychology that has waned somewhat since the growth of research in cognitive psychology. Despite this, conditioned learning is still used in human behavioural modification. Skinner's two widely read and controversial popular science books about the value of operant conditioning for creating happier lives remain as thought-provoking arguments for his approach (Greengrass, 2004).

Maslow, Rogers, and Humanism

During the early 20th century, American psychology was dominated by behaviourism and psychoanalysis. However, some psychologists were uncomfortable with what they viewed as limited perspectives being so influential to the field. They objected to the pessimism and determinism (all actions driven by the unconscious) of Freud. They also disliked the reductionism, or simplifying nature, of behaviourism. Behaviourism is also deterministic at its core, because it sees human behaviour as entirely determined by a combination of genetics and environment. Some psychologists began to form their own ideas that emphasized personal control, intentionality, and a true predisposition for "good" as important for our self-concept and our behaviour. Thus, humanism emerged. **Humanism** is a perspective within psychology that emphasizes the potential for good that is innate to all humans. Two of the most well-known proponents of humanistic psychology are Abraham Maslow and Carl Rogers (O'Hara, n.d.).

Abraham Maslow (1908–1970) was an American psychologist who is best known for proposing a hierarchy of human needs in motivating behaviour (Figure IP.7). Although this concept (and the connection to the Blackfoot Nation) will be discussed in more detail in a later chapter, a brief overview will be provided here. Maslow asserted that so long as basic needs necessary for survival were met (e.g., food, water, shelter), higher-level needs (e.g., social needs) would begin to motivate behaviour. According to Maslow, the highest-level needs relate to self-actualization, a process by which we achieve our full potential. Obviously, the focus on the positive aspects of human nature that are characteristic of the humanistic perspective is evident (Thorne & Henley, 2005). Humanistic psychologists rejected, on principle, the research approach based on reductionist experimentation in the tradition of the physical and biological sciences, because it missed the "whole" human being. Beginning with Maslow and Rogers, there was an

insistence on a humanistic research program. This program has been largely qualitative (not measurement-based), but there exist a number of quantitative research strains within humanistic psychology, including research on happiness, self-concept, meditation, and the outcomes of humanistic psychotherapy (Friedman, 2008).

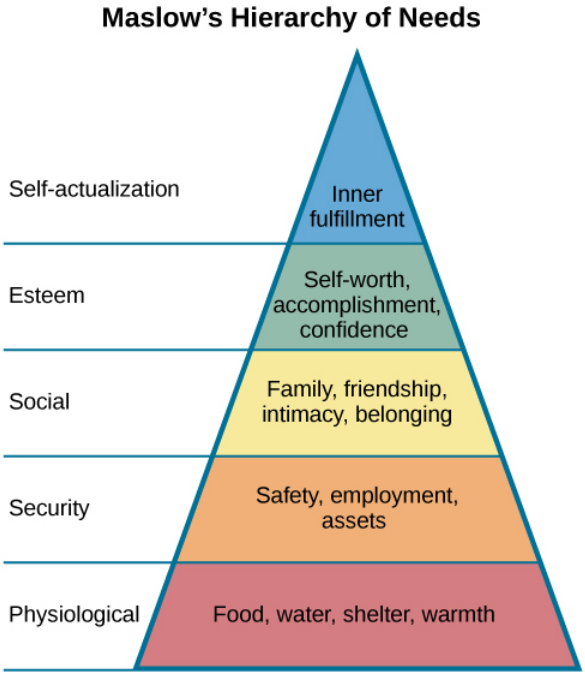


Figure IP.7 Maslow's hierarchy of needs is shown.

Carl Rogers (1902–1987) was also an American psychologist who, like Maslow, emphasized the potential for good that exists within all people (Figure IP.8). Rogers used a therapeutic technique known as client-centred therapy in helping his clients deal with problematic issues that resulted in their seeking psychotherapy. Unlike a psychoanalytic approach in which the therapist plays an important role in interpreting what conscious behaviour reveals about the unconscious mind, client-centred therapy involves the patient taking a lead role in the therapy session. Rogers believed that a therapist needed to display three features to maximize the effectiveness of this particular approach: unconditional positive regard, genuineness, and empathy. Unconditional positive regard refers to the fact that the therapist accepts their client for who they are, no matter what he or she might say. Provided these factors, Rogers believed that people were more than capable of dealing with and working through their own issues (Thorne & Henley, 2005).

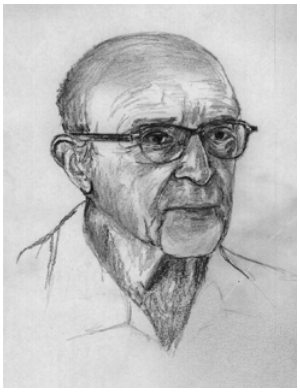


Figure IP.8 Carl Rogers, shown in this portrait, developed a client-centred therapy method that has been influential in clinical settings. (credit: "Didius"/Wikimedia Commons)

Humanism has been influential to psychology as a whole. Both Maslow and Rogers are well-known names among students of psychology (you will read more about both later in this text), and their ideas have influenced many scholars. Furthermore, Rogers' client-centred approach to therapy is still commonly used in psychotherapeutic settings today (O'Hara, n.d.)

View a brief video of Carl Rogers describing his therapeutic approach to learn more.

The Cognitive Revolution

Behaviourism's emphasis on objectivity and focus on external behaviour had pulled psychologists' attention away from the mind for a prolonged period of time. The early work of the humanistic psychologists redirected attention to the individual human as a whole, and as a conscious and self-aware being. By the 1950s, new disciplinary perspectives in linguistics, neuroscience, and computer science were emerging, and these areas revived interest in the mind as a focus of scientific inquiry. This particular perspective has come to be known as the cognitive revolution (Miller, 2003). By 1967, Ulric Neisser published the first textbook entitled *Cognitive Psychology*, which served as a core text in cognitive psychology courses around the country (Thorne & Henley, 2005).

Although no one person is entirely responsible for starting the cognitive revolution, Noam Chomsky was very influential in the early days of this movement (Figure IP.9). Chomsky (1928–), an American linguist, was dissatisfied with the influence that behaviourism had had on psychology. He believed that psychology's focus on behaviour was short-sighted and that the field had to re-incorporate mental functioning into its purview if it were to offer any meaningful contributions to understanding behaviour (Miller, 2003).



Figure IP.9 Noam Chomsky was very influential in beginning the cognitive revolution. In 2010, this mural honouring him was put up in Philadelphia, Pennsylvania. (credit: Robert Moran)

European psychology had never really been as influenced by behaviourism as had American psychology; and thus, the cognitive revolution helped reestablish lines of communication between European psychologists and their American counterparts. Furthermore, psychologists began to cooperate with scientists in other fields, like anthropology, linguistics, computer science, and neuroscience, among others. Researchers often used computer models to examine reasoning and problem solving in humans. This interdisciplinary approach often was referred to as the cognitive sciences, and the influence and prominence of this particular perspective resonates in modern-day psychology (Miller, 2003).

Dig Deeper

Feminist Psychology

The science of psychology has had an impact on human wellbeing, both positive and negative. The dominant influence of Western, white, and male academics in the early history of psychology meant that psychology developed with the biases inherent in those individuals, which often had negative consequences for members of society who were not white or male. Women, members of ethnic minorities in both the United States and other countries, and individuals with sexual orientations other than straight had

difficulties entering the field of psychology and therefore influencing its development. They also suffered from the attitudes of white male psychologists who were not immune to the nonscientific attitudes prevalent in the society in which they developed and worked. Until the 1960s, the science of psychology was largely a “womanless” psychology (Crawford & Marecek, 1989), meaning that few women were able to practice psychology, so they had little influence on what was studied. In addition, the experimental subjects of psychology were mostly men, which resulted from underlying assumptions that gender had no influence on psychology and that women were not of sufficient interest to study.

An article by Naomi Weisstein, first published in 1968 (Weisstein, 1993), stimulated a feminist revolution in psychology by presenting a critique of psychology as a science. She also specifically criticized male psychologists for constructing the psychology of women entirely out of their own cultural biases and without careful experimental tests to verify any of their characterizations of women. Weisstein used, as examples, statements by prominent psychologists in the 1960s, such as this quote by Bruno Bettleheim: “We must start with the realization that, as much as women want to be good scientists or engineers, they want first and foremost to be womanly companions of men and to be mothers.” Weisstein’s critique formed the foundation for the subsequent development of a feminist psychology that attempted to be free of the influence of male cultural biases on our knowledge of the psychology of women.

Crawford & Marecek (1989) identify several feminist approaches to psychology that can be described as feminist psychology. These include re-evaluating and discovering the contributions of women to the history of psychology, studying psychological gender differences, and questioning the male bias present across the practice of the scientific approach to knowledge.

Multicultural And Cross-Cultural Psychology

Culture has important impacts on individuals and social psychology, yet the effects of culture on psychology are under-studied. There is a risk that psychological theories and data derived from white, American settings could be assumed to apply to individuals and social groups from other cultures and this is unlikely to be true (Betancourt & López, 1993). One weakness in the field of cross-cultural psychology is that in looking for differences in psychological attributes across cultures, there remains a need to go beyond simple descriptive statistics (Betancourt & López, 1993). In this sense, it has remained a descriptive science, rather than one seeking to determine cause and effect. For example, a study of characteristics of individuals seeking treatment for a binge eating disorder in Hispanic American, African American, and Caucasian American individuals found significant differences between groups (Franko et al., 2012). The study concluded that results from studying any one of the groups could not be extended to the other groups, and yet potential causes of the differences were not measured. Multicultural psychologists develop theories and conduct research with diverse populations, typically within one country. Cross-cultural psychologists compare populations across countries, such as participants from the United States compared to participants from China.

In 1920, Francis Cecil Sumner was the first African American to receive a PhD in psychology in the United States. Sumner established a psychology degree program at Howard University, leading to the education of a new generation of African American psychologists (Black, Spence, and Omari, 2004). Much of the work of early psychologists from diverse backgrounds was dedicated to challenging intelligence testing and promoting innovative educational methods for children. George I. Sanchez contested such testing with Mexican American children. As a psychologist of Mexican heritage, he pointed out that the language and cultural barriers in testing were keeping children from equal opportunities (Guthrie, 1998). By 1940, he was teaching with his doctoral degree at University of Texas at Austin and challenging segregated educational practices (Romo, 1986).



Figure IP.10 Social psychologists Dr. Mamie Phipps Clark and husband Dr. Kenneth Clark. The first African-Americans to obtain Doctorate degrees from the University of Colombia (image courtesy of the Garland County Historical Society)

Two famous African American researchers and psychologists are Mamie Phipps Clark and her husband, Kenneth Clark (Figure IP.10). They are best known for their studies conducted on African American children and doll preference, research that was instrumental in the *Brown v. Board of Education* Supreme Court desegregation case. The Clarks applied their research to social services and opened the first child guidance centre in Harlem (American Psychological Association, 2019).

Listen to a podcast about the influence of an African American's psychology research on the historic *Brown v. Board of Education* civil rights case, to learn more.

The American Psychological Association has several ethnically based organizations for professional psychologists that facilitate interactions among members. Since psychologists belonging to specific ethnic groups or cultures have the most interest in studying the psychology of their communities, these organizations provide an opportunity for the growth of research on the interplay between culture and psychology.

WOMEN IN PSYCHOLOGY

Although rarely given credit, women have been contributing to psychology since its inception as a field of study. In 1894, Margaret Floy Washburn was the first woman awarded the doctoral degree in psychology. She wrote *The Animal Mind: A Textbook of Comparative Psychology*, and it was the standard in the field for over 20 years. In the mid 1890s, Mary Whiton Calkins completed all requirements toward the PhD in psychology, but Harvard University refused to award her that degree because she was a woman. She had been taught and mentored by William James, who tried and failed to convince Harvard to award her the doctoral degree. Her memory research studied primacy and recency (Madigan & O'Hara, 1992), and she also wrote about how structuralism and functionalism both explained self-psychology (Calkins, 1906).

Another influential woman, Mary Cover Jones, conducted a study she considered to be a sequel to John B. Watson's study of Little Albert (you'll learn about this study in the chapter on Learning). Jones unconditioned fear in Little Peter, who had been afraid of rabbits (Jones, 1924).

Ethnic minority women contributing to the field of psychology include Martha Bernal and Inez Beverly Prosser; their studies were related to education. Bernal, the first Latina to earn her doctoral degree in psychology (1962) conducted much of her research with Mexican American children. Prosser was the first African American woman awarded the PhD in 1933 at the University of Cincinnati (Benjamin, Henry, & McMahon, 2005).

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10.4: Contemporary Psychology

Contemporary Psychology

Learning Objectives

By the end of this section, you will be able to:

- Appreciate the diversity of interests and foci within psychology
- Understand basic interests and applications in each of the described areas of psychology
- Demonstrate familiarity with some of the major concepts or important figures in each of the described areas of psychology

Contemporary psychology is a diverse field that is influenced by all of the historical perspectives described in the preceding section. Reflective of the discipline's diversity is the diversity seen within the American Psychological Association (APA). The APA is a professional organization representing psychologists in the United States. The APA is the largest organization of psychologists in the world, and its mission is to advance and disseminate psychological knowledge for the betterment of people. There are 56 divisions within the APA, representing a wide variety of specialties that range from Societies for the Psychology of Religion and Spirituality to Exercise and Sport Psychology to Behavioural Neuroscience and Comparative Psychology. Reflecting the diversity of the field of psychology itself, members, affiliate members, and associate members span the spectrum from students to doctoral-level psychologists, and come from a variety of places including educational settings, criminal justice, hospitals, the armed forces, and industry (American Psychological Association, 2014). G. Stanley Hall was the first president of the APA. Before he earned his doctoral degree, he was an adjunct instructor at Wilberforce University, a historically black college/university (HBCU), while serving as faculty at Antioch College. Hall went on to work under William James, earning his PhD. Eventually, he became the first president of Clark University in Massachusetts when it was founded (Pickren & Rutherford, 2010).

The Association for Psychological Science (APS) was founded in 1988 and seeks to advance the scientific orientation of psychology. Its founding resulted from disagreements between members of the scientific and clinical branches of psychology within the APA. The APS publishes five research journals and engages in education and advocacy with funding agencies. A significant proportion of its members are international, although the majority is located in the United States. Other organizations provide networking and collaboration opportunities for professionals of several ethnic or racial groups working in psychology, such as the National Latina/o Psychological Association (NLPA), the Asian American Psychological Association (AAPA), the Association of Black Psychologists (ABPsi), and the Society of Indian Psychologists (SIP). Most of these groups are also dedicated to studying psychological and social issues within their specific communities.

This section will provide an overview of the major subdivisions within psychology today in the order in which they are introduced throughout the remainder of this textbook. This is not meant to be an exhaustive listing, but it will provide insight into the major areas of research and practice of modern-day psychologists.

View these student resources also provided by the Canadian Psychological Association (CPA).

Biopsychology and Evolutionary Psychology

As the name suggests, **biopsychology** explores how our biology influences our behaviour. While biological psychology is a broad field, many biological psychologists want to understand how the structure and function of the nervous system is related to behaviour (Figure IP.11). As such, they often combine the research strategies of both psychologists and physiologists to accomplish this goal (as discussed in Carlson, 2013).

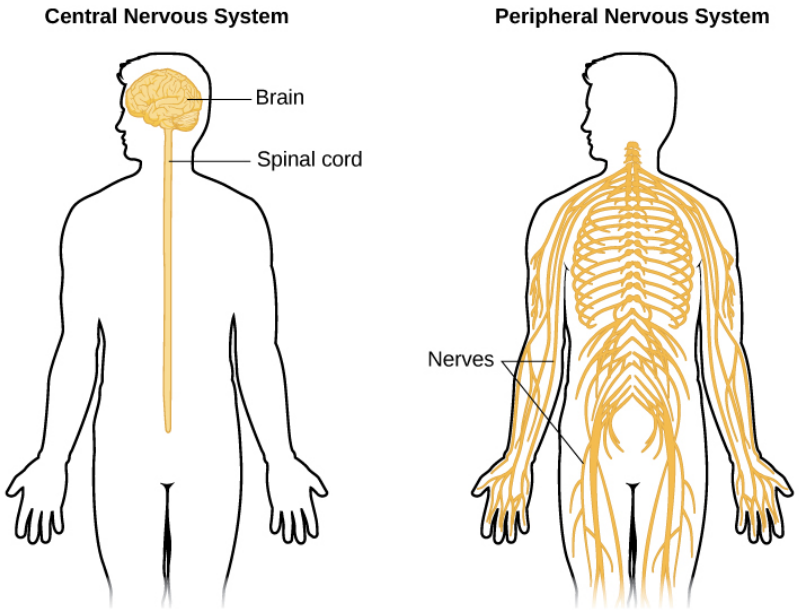


Figure IP.11 Biological psychologists study how the structure and function of the nervous system generate behaviour.

The research interests of biological psychologists span a number of domains, including but not limited to, sensory and motor systems, sleep, drug use and abuse, ingestive behaviour, reproductive behaviour, neurodevelopment, plasticity of the nervous system, and biological correlates of psychological disorders. Given the broad areas of interest falling under the purview of biological psychology, it will probably come as no surprise that individuals from all sorts of backgrounds are involved in this research, including biologists, medical professionals, physiologists, and chemists. This interdisciplinary approach is often referred to as neuroscience, of which biological psychology is a component (Carlson, 2013).

While biopsychology typically focuses on the immediate causes of behaviour based in the physiology of a human or other animal, **evolutionary psychology** seeks to study the ultimate biological causes of behaviour. To the extent that a behaviour is impacted by genetics, a behaviour, like any anatomical characteristic of a human or animal, will demonstrate adaption to its surroundings. These surroundings include the physical environment and, since interactions between organisms can be important to survival and reproduction, the social environment. The study of behaviour in the context of evolution has its origins with Charles Darwin, the co-discoverer of the theory of evolution by natural selection. Darwin was well aware that behaviours should be adaptive and wrote books titled, *The Descent of Man* (1871) and *The Expression of the Emotions in Man and Animals* (1872), to explore this field.

Evolutionary psychology, and specifically, the evolutionary psychology of humans, has enjoyed a resurgence in recent decades. To be subject to evolution by natural selection, a behaviour must have a significant genetic cause. In general, we expect all human cultures to express a behaviour if it is caused genetically, since the genetic differences among human groups are small. The approach taken by most evolutionary psychologists is to predict the outcome of a behaviour in a particular situation based on evolutionary theory and then to make observations, or conduct experiments, to determine whether the results match the theory. It is important to recognize that these types of studies are not strong evidence that a behaviour is adaptive, since they lack information that the behaviour is in some part genetic and not entirely cultural (Endler, 1986). Demonstrating that a trait, especially in humans, is naturally selected is extraordinarily difficult; perhaps for this reason, some evolutionary psychologists are content to assume the behaviours they study have genetic determinants (Confer et al., 2010).

One other drawback of evolutionary psychology is that the traits that we possess now evolved under environmental and social conditions far back in human history, and we have a poor understanding of what these conditions were. This makes predictions about what is adaptive for a behaviour difficult. Behavioural traits need not be adaptive under current conditions, only under the conditions of the past when they evolved, about which we can only hypothesize.

There are many areas of human behaviour for which evolution can make predictions. Examples include memory, mate choice, relationships between kin, friendship and cooperation, parenting, social organization, and status (Confer et al., 2010).

Evolutionary psychologists have had success in finding experimental correspondence between observations and expectations. In one example, in a study of mate preference differences between men and women that spanned 37 cultures, Buss (1989) found that women valued earning potential factors greater than men, and men valued potential reproductive factors (youth and attractiveness) greater than

women in their prospective mates. In general, the predictions were in line with the predictions of evolution, although there were deviations in some cultures.

Sensation and Perception

Scientists interested in both physiological aspects of sensory systems as well as in the psychological experience of sensory information work within the area of sensation and perception (Figure IP.12). As such, sensation and perception research is also quite interdisciplinary. Imagine walking between buildings as you move from one class to another. You are inundated with sights, sounds, touch sensations, and smells. You also experience the temperature of the air around you and maintain your balance as you make your way. These are all factors of interest to someone working in the domain of sensation and perception.

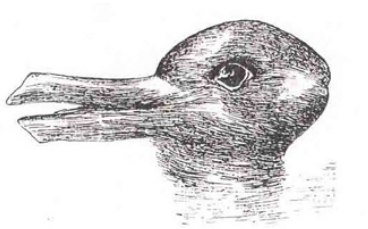


Figure IP.12 When you look at this image, you may see a duck or a rabbit. The sensory information remains the same, but your perception can vary dramatically.

As described in a later chapter that focuses on the results of studies in sensation and perception, our experience of our world is not as simple as the sum total of all of the sensory information (or sensations) together. Rather, our experience (or perception) is complex and is influenced by where we focus our attention, our previous experiences, and even our cultural backgrounds.

Cognitive Psychology

As mentioned in the previous section, the cognitive revolution created an impetus for psychologists to focus their attention on better understanding the mind and mental processes that underlie behaviour. Thus, **cognitive psychology** is the area of psychology that focuses on studying cognitions, or thoughts, and their relationship to our experiences and our actions. Like biological psychology, cognitive psychology is broad in its scope and often involves collaborations among people from a diverse range of disciplinary backgrounds. This has led some to coin the term cognitive science to describe the interdisciplinary nature of this area of research (Miller, 2003).

Cognitive psychologists have research interests that span a spectrum of topics, ranging from attention to problem solving to language to memory. The approaches used in studying these topics are equally diverse. Given such diversity, cognitive psychology is not captured in one chapter of this text per se; rather, various concepts related to cognitive psychology will be covered in relevant portions of the chapters in this text on sensation and perception, thinking and intelligence, memory, lifespan development, social psychology, and therapy.

Developmental Psychology

Developmental psychology is the scientific study of development across a lifespan. Developmental psychologists are interested in processes related to physical maturation. However, their focus is not limited to the physical changes associated with aging, as they also focus on changes in cognitive skills, moral reasoning, social behaviour, and other psychological attributes.

Early developmental psychologists focused primarily on changes that occurred through reaching adulthood, providing enormous insight into the differences in physical, cognitive, and social capacities that exist between very young children and adults. For instance, research by Jean Piaget (Figure IP.13) demonstrated that very young children do not demonstrate object permanence. Object permanence refers to the understanding that physical things continue to exist, even if they are hidden from us. If you were to show an adult a toy, and then hide it behind a curtain, the adult knows that the toy still exists. However, very young infants act as if a hidden object no longer exists. The age at which object permanence is achieved is somewhat controversial (Munakata, McClelland, Johnson, and Siegler, 1997).



Figure IP.13 Jean Piaget is famous for his theories regarding changes in cognitive ability that occur as we move from infancy to adulthood.

While Piaget was focused on cognitive changes during infancy and childhood as we move to adulthood, there is an increasing interest in extending research into the changes that occur much later in life. This may be reflective of changing population demographics of developed nations as a whole. As more and more people live longer lives, the number of people of advanced age will continue to increase. Indeed, it is estimated that there were just over 40 million people aged 65 or older living in the United States in 2010. However, by 2020, this number is expected to increase to about 55 million. By the year 2050, it is estimated that nearly 90 million people in this country will be 65 or older (Department of Health and Human Services, n.d.).

Personality Psychology

Personality psychology focuses on patterns of thoughts and behaviours that make each individual unique. Several individuals (e.g., Freud and Maslow) that we have already discussed in our historical overview of psychology, and the American psychologist Gordon Allport, contributed to early theories of personality. These early theorists attempted to explain how an individual's personality develops from their given perspective. For example, Freud proposed that personality arose as conflicts between the conscious and unconscious parts of the mind were carried out over the lifespan. Specifically, Freud theorized that an individual went through various psychosexual stages of development. According to Freud, adult personality would result from the resolution of various conflicts that centred on the migration of erogenous (or sexual pleasure-producing) zones from the oral (mouth) to the anus to the phallus to the genitals. Like many of Freud's theories, this particular idea was controversial and did not lend itself to experimental tests (Person, 1980).

More recently, the study of personality has taken on a more quantitative approach. Rather than explaining how personality arises, research is focused on identifying personality traits, measuring these traits, and determining how these traits interact in a particular context to determine how a person will behave in any given situation. **Personality traits** are relatively consistent patterns of thought and behaviour, and many have proposed that five trait dimensions are sufficient to capture the variations in personality seen across individuals. These five dimensions are known as the "Big Five" or the Five Factor model, and include dimensions of conscientiousness, agreeableness, neuroticism, openness, and extraversion (Figure IP.14). Each of these traits has been demonstrated to be relatively stable over the lifespan (e.g., Rantanen, Metsäpelto, Feldt, Pulkinnen, and Kokko, 2007; Soldz & Vaillant, 1999; McCrae & Costa, 2008) and is influenced by genetics (e.g., Jang, Livesly, and Vernon, 1996).

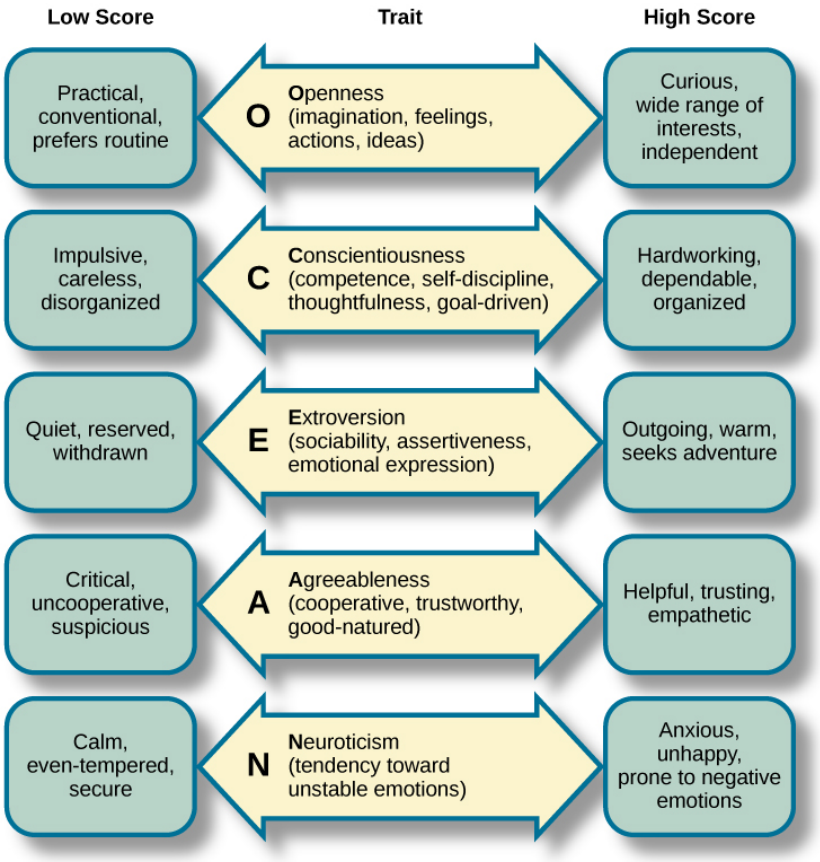
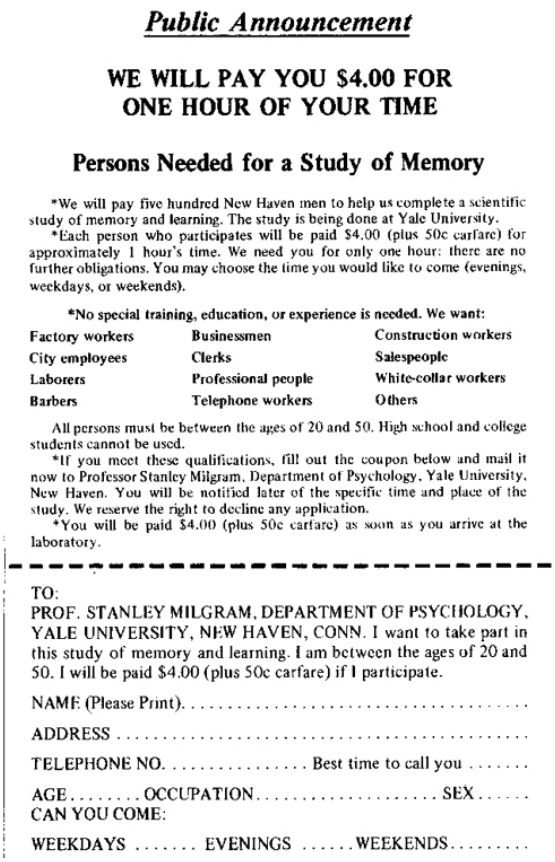


Figure IP.14 Each of the dimensions of the Five Factor model is shown in this figure. The provided description would describe someone who scored highly on that given dimension. Someone with a lower score on a given dimension could be described in opposite terms.

Social Psychology

Social psychology focuses on how we interact with and relate to others. Social psychologists conduct research on a wide variety of topics that include differences in how we explain our own behaviour versus how we explain the behaviours of others, prejudice, and attraction, and how we resolve interpersonal conflicts. Social psychologists have also sought to determine how being among other people changes our own behaviour and patterns of thinking.

There are many interesting examples of social psychological research, and you will read about many of these in a later chapter of this textbook. Until then, you will be introduced to one of the most controversial psychological studies ever conducted. Stanley Milgram was an American social psychologist who is most famous for research that he conducted on obedience. After the holocaust, in 1961, a Nazi war criminal, Adolf Eichmann, who was accused of committing mass atrocities, was put on trial. Many people wondered how German soldiers were capable of torturing prisoners in concentration camps, and they were unsatisfied with the excuses given by soldiers that they were simply following orders. At the time, most psychologists agreed that few people would be willing to inflict such extraordinary pain and suffering, simply because they were obeying orders. Milgram decided to conduct research to determine whether or not this was true (Figure IP.15). As you will read later in the text, Milgram found that nearly two-thirds of his participants were willing to deliver what they believed to be lethal shocks to another person, simply because they were instructed to do so by an authority figure (in this case, a man dressed in a lab coat). This was in spite of the fact that participants received payment for simply showing up for the research study and could have chosen not to inflict pain or more serious consequences on another person by withdrawing from the study. No one was actually hurt or harmed in any way, Milgram's experiment was a clever ruse that took advantage of research confederates, those who pretend to be participants in a research study who are actually working for the researcher and have clear, specific directions on how to behave during the research study (Hock, 2009). Milgram's and others' studies that involved deception and potential emotional harm to study participants catalyzed the development of ethical guidelines for conducting psychological research that discourage the use of deception of research subjects, unless it can be argued not to cause harm and, in general, requiring informed consent of participants.



Public Announcement

WE WILL PAY YOU $4.00 FOR ONE HOUR OF YOUR TIME

Persons Needed for a Study of Memory

*We will pay five hundred New Haven men to help us complete a scientific study of memory and learning. The study is being done at Yale University.

*Each person who participates will be paid $4.00 (plus 50c carfare) for approximately 1 hour's time. We need you for only one hour: there are no further obligations. You may choose the time you would like to come (evenings, weekdays, or weekends).

*No special training, education, or experience is needed. We want:

Factory workers	Businessmen	Construction workers
City employees	Clerks	Salespeople
Laborers	Professional people	White-collar workers
Barbers	Telephone workers	Others

All persons must be between the ages of 20 and 50. High school and college students cannot be used.

*If you meet these qualifications, fill out the coupon below and mail it now to Professor Stanley Milgram, Department of Psychology, Yale University, New Haven. You will be notified later of the specific time and place of the study. We reserve the right to decline any application.

*You will be paid $4.00 (plus 50c carfare) as soon as you arrive at the laboratory.

TO:
PROF. STANLEY MILGRAM, DEPARTMENT OF PSYCHOLOGY, YALE UNIVERSITY, NEW HAVEN, CONN. I want to take part in this study of memory and learning. I am between the ages of 20 and 50. I will be paid $4.00 (plus 50c carfare) if I participate.

NAME (Please Print). . . . . .

ADDRESS . . . . . .

TELEPHONE NO. . . . . Best time to call you . . . . . .

AGE . . . . . OCCUPATION . . . . . SEX . . . . . .
CAN YOU COME:

WEEKDAYS . . . . . EVENINGS . . . . . WEEKENDS . . . . . .

Figure IP.15 Stanley Milgram's research demonstrated just how far people will go in obeying orders from an authority figure. This advertisement was used to recruit subjects for his research.

Industrial-Organizational Psychology

Industrial-Organizational psychology (I-O psychology) is a subfield of psychology that applies psychological theories, principles, and research findings in industrial and organizational settings. I-O psychologists are often involved in issues related to personnel management, organizational structure, and workplace environment. Businesses often seek the aid of I-O psychologists to make the best hiring decisions as well as to create an environment that results in high levels of employee productivity and efficiency. In addition to its applied nature, I-O psychology also involves conducting scientific research on behaviour within I-O settings (Riggio, 2013).

Health Psychology

Health psychology focuses on how health is affected by the interaction of biological, psychological, and sociocultural factors. This particular approach is known as the **biopsychosocial model** (Figure IP.16). Health psychologists are interested in helping individuals achieve better health through public policy, education, intervention, and research. Health psychologists might conduct research that explores the relationship between one's genetic makeup, patterns of behaviour, relationships, psychological stress, and health. They may research effective ways to motivate people to address patterns of behaviour that contribute to poorer health (MacDonald, 2013).

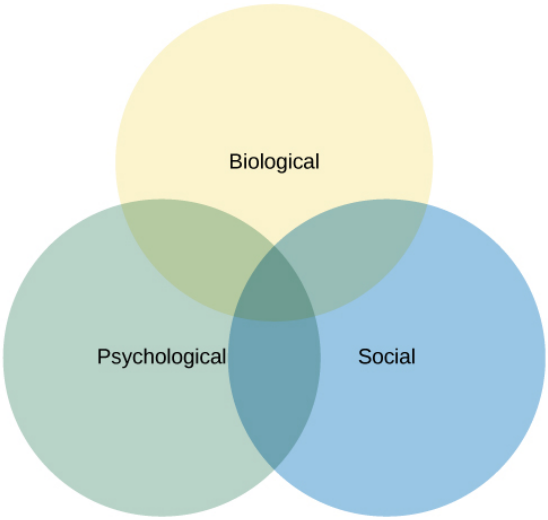


Figure IP.16 The biopsychosocial model suggests that health/illness is determined by an interaction of these three factors.

Sport and Exercise Psychology

Researchers in **sport and exercise psychology** study the psychological aspects of sport performance, including motivation and performance anxiety, and the effects of sport on mental and emotional wellbeing. Research is also conducted on similar topics as they relate to physical exercise in general. The discipline also includes topics that are broader than sport and exercise but that are related to interactions between mental and physical performance under demanding conditions, such as fire fighting, military operations, artistic performance, and surgery.

Clinical Psychology

Clinical psychology is the area of psychology that focuses on the diagnosis and treatment of psychological disorders and other problematic patterns of behaviour. As such, it is generally considered to be a more applied area within psychology; however, some clinicians are also actively engaged in scientific research. **Counselling psychology** is a similar discipline that focuses on emotional, social, vocational, and health-related outcomes in individuals who are considered psychologically healthy.

As mentioned earlier, both Freud and Rogers provided perspectives that have been influential in shaping how clinicians interact with people seeking psychotherapy. While aspects of the psychoanalytic theory are still found among some of today's therapists who are trained from a psychodynamic perspective, Roger's ideas about client-centred therapy have been especially influential in shaping how many clinicians operate. Furthermore, both behaviourism and the cognitive revolution have shaped clinical practice in the forms of behavioural therapy, cognitive therapy, and cognitive-behavioural therapy (Figure IP.17). Issues related to the diagnosis and treatment of psychological disorders and problematic patterns of behaviour will be discussed in detail in later chapters of this textbook.

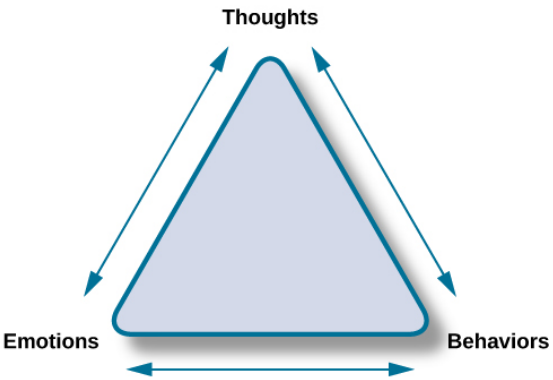


Figure IP.17 Cognitive-behavioural therapists take cognitive processes and behaviours into account when providing psychotherapy. This is one of several strategies that may be used by practicing clinical psychologists.

By far, this is the area of psychology that receives the most attention in popular media, and many people mistakenly assume that all psychology is clinical psychology.

Forensic Psychology

Forensic psychology is a branch of psychology that deals questions of psychology as they arise in the context of the justice system. For example, forensic psychologists (and forensic psychiatrists) will assess a person's competency to stand trial, assess the state of mind of a defendant, act as consultants on child custody cases, consult on sentencing and treatment recommendations, and advise on issues such as eyewitness testimony and children's testimony (American Board of Forensic Psychology, 2014). In these capacities, they will typically act as expert witnesses, called by either side in a court case to provide their research- or experience-based opinions. As expert witnesses, forensic psychologists must have a good understanding of the law and provide information in the context of the legal system rather than just within the realm of psychology. Forensic psychologists are also used in the jury selection process and witness preparation. They may also be involved in providing psychological treatment within the criminal justice system. Criminal profilers are a relatively small proportion of psychologists that act as consultants to law enforcement.

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10.5: Careers in Psychology

Careers in Psychology

Learning Objectives

By the end of this section, you will be able to:

- Understand educational requirements for careers in academic settings
- Understand the demands of a career in an academic setting
- Understand career options outside of academic settings

Psychologists can work in many different places doing many different things. In general, anyone wishing to continue a career in psychology at a 4-year institution of higher education will have to earn a doctoral degree in psychology for some specialties and at least a master's degree for others. In most areas of psychology, this means earning a PhD in a relevant area of psychology. Literally, PhD refers to a doctor of philosophy degree, but here, philosophy does not refer to the field of philosophy per se. Rather, philosophy in this context refers to many different disciplinary perspectives that would be housed in a traditional college of liberal arts and sciences.

The requirements to earn a PhD vary from country to country and even from school to school, but usually, individuals earning this degree must complete a dissertation. A dissertation is essentially a long research paper or bundled published articles describing research that was conducted as a part of the candidate's doctoral training. In the United States, a dissertation generally has to be defended before a committee of expert reviewers before the degree is conferred (Figure IP.18).



Figure IP.18 Doctoral degrees are generally conferred in formal ceremonies involving special attire and rites. (credit: Public Affairs Office Fort Wainwright)

Once someone earns a PhD, they may seek a faculty appointment at a college or university. Being on the faculty of a college or university often involves dividing time between teaching, research, and service to the institution and profession. The amount of time spent on each of these primary responsibilities varies dramatically from school to school, and it is not uncommon for faculty to move from place to place in search of the best personal fit among various academic environments. The previous section detailed some of the major areas that are commonly represented in psychology departments around the country; thus, depending on the training received, an individual could be anything from a biological psychologist to a clinical psychologist in an academic setting (Figure IP.19).

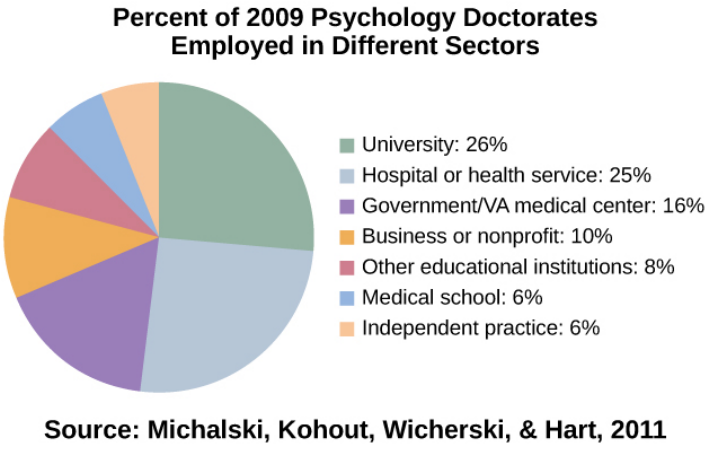


Figure IP.19 Individuals earning a PhD in psychology have a range of employment options.

Use this set of interactive tools designed by the Government of Canada, to explore different careers in psychology based on degree levels.

Other Careers in Academic Settings

Often times, schools offer more courses in psychology than their full-time faculty can teach. In these cases, it is not uncommon to bring in an adjunct faculty member or instructor. Adjunct faculty members and instructors usually have an advanced degree in psychology, but they often have primary careers outside of academia and serve in this role as a secondary job. Alternatively, they may not hold the doctoral degree required by most 4-year institutions and use these opportunities to gain experience in teaching. Furthermore, many 2-year colleges and schools need faculty to teach their courses in psychology. In general, many of the people who pursue careers at these institutions have master's degrees in psychology, although some PhDs make careers at these institutions as well.

Some people earning PhDs may enjoy research in an academic setting. However, they may not be interested in teaching. These individuals might take on faculty positions that are exclusively devoted to conducting research. This type of position would be more likely an option at large, research-focused universities.

In some areas in psychology, it is common for individuals who have recently earned their PhD to seek out positions in postdoctoral training programs that are available before going on to serve as faculty. In most cases, young scientists will complete one or two postdoctoral programs before applying for a full-time faculty position. Postdoctoral training programs allow young scientists to further develop their research programs and broaden their research skills under the supervision of other professionals in the field.

Career Options Outside of Academic Settings

Individuals who wish to become practicing clinical psychologists have another option for earning a doctoral degree, which is known as a PsyD. A PsyD is a doctor of psychology degree that is increasingly popular among individuals interested in pursuing careers in clinical psychology. PsyD programs generally place less emphasis on research-oriented skills and focus more on application of psychological principles in the clinical context (Norcorss & Castle, 2002).

Regardless of whether earning a PhD or PsyD, in most states, an individual wishing to practice as a licensed clinical or counselling psychologist may complete postdoctoral work under the supervision of a licensed psychologist. Within the last few years, however, several states have begun to remove this requirement, which would allow people to get an earlier start in their careers (Munsey, 2009). After an individual has met the state requirements, their credentials are evaluated to determine whether they can sit for the licensure exam. Only individuals that pass this exam can call themselves licensed clinical or counselling psychologists (Norcross, n.d.). Licensed clinical or counselling psychologists can then work in a number of settings, ranging from private clinical practice to hospital settings. It should be noted that clinical psychologists and psychiatrists do different things and receive different types of education. While both can conduct therapy and counselling, clinical psychologists have a PhD or a PsyD, whereas psychiatrists have a doctor of medicine degree (MD). As such, licensed clinical psychologists can administer and interpret psychological tests, while psychiatrists can prescribe medications.

Individuals earning a PhD can work in a variety of settings, depending on their areas of specialization. For example, someone trained as a biopsychologist might work in a pharmaceutical company to help test the efficacy of a new drug. Someone with a clinical background might become a forensic psychologist and work within the legal system to make recommendations during criminal trials and parole hearings, or serve as an expert in a court case.

While earning a doctoral degree in psychology is a lengthy process, usually taking between 5–6 years of graduate study (DeAngelis, 2010), there are a number of careers that can be attained with a master's degree in psychology. People who wish to provide psychotherapy can become licensed to serve as various types of professional counsellors (Hoffman, 2012). Relevant master's degrees are also sufficient for individuals seeking careers as school psychologists (National Association of School Psychologists, n.d.), in some capacities related to sport psychology (American Psychological Association, 2014), or as consultants in various industrial settings (Landers, 2011, June 14). Undergraduate coursework in psychology may be applicable to other careers such as psychiatric social work or psychiatric nursing, where assessments and therapy may be a part of the job.

As mentioned in the opening section of this chapter, an undergraduate education in psychology is associated with a knowledge base and skill set that many employers find quite attractive. It should come as no surprise, then, that individuals earning bachelor's degrees in psychology find themselves in a number of different careers, as shown in Table IP.1. Examples of a few such careers can involve serving as case managers, working in sales, working in human resource departments, and teaching in high schools. The rapidly growing realm of healthcare professions is another field in which an education in psychology is helpful and sometimes required. For example, the Medical College Admission Test (MCAT) exam that people must take to be admitted to medical school now includes a section on the psychological foundations of behaviour.

Table IP.1 Top Occupations Employing Graduates with a BA in Psychology (Fogg, Harrington, Harrington, & Shatkin, 2012)

Ranking	Occupation
1	Mid- and top-level management (executive, administrator)
2	Sales
3	Social work
4	Other management positions
5	Human resources (personnel, training)
6	Other administrative positions
7	Insurance, real estate, business
8	Marketing and sales
9	Healthcare (nurse, pharmacist, therapist)
10	Finance (accountant, auditor)

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10.6: Key Terms for Introduction to Psychology

Key Terms for Introduction to Psychology

adaptation
of an organism has a function for the survival and reproduction of the individual

American Psychological Association (APA)
professional organization representing psychologists in the United States

behaviourism
focus on observing and controlling behaviour

biopsychology
study of how biology influences behaviour

biopsychosocial model
perspective that asserts that biology, psychology, and social factors interact to determine an individual's health

clinical psychology
area of psychology that focuses on the diagnosis and treatment of psychological disorders and other problematic patterns of behaviour

cognitive psychology
study of cognitions, or thoughts, and their relationship to experiences and actions

counselling psychology
area of psychology that focuses on improving emotional, social, vocational, and other aspects of the lives of psychologically healthy individuals

developmental psychology
scientific study of development across a lifespan

dissertation
long research paper about research that was conducted as a part of the candidate's doctoral training

empirical method
method for acquiring knowledge based on observation, including experimentation, rather than a method based only on forms of logical argument or previous authorities

forensic psychology
area of psychology that applies the science and practice of psychology to issues within and related to the justice system

functionalism
focused on how mental activities helped an organism adapt to its environment

humanism
perspective within psychology that emphasizes the potential for good that is innate to all humans

introspection
process by which someone examines their own conscious experience in an attempt to break it into its component parts

natural selection

the process by which differences in an organisms characteristics arise leading to better adaptation to their environment

-ology
suffix that denotes “scientific study of”

personality psychology
study of patterns of thoughts and behaviours that make each individual unique

personality trait
consistent pattern of thought and behaviour

PhD
(doctor of philosophy) doctoral degree conferred in many disciplinary perspectives housed in a traditional college of liberal arts and sciences

postdoctoral training program
allows programs and broaden their research skills under the supervision of other professionals in the field

psychoanalytic theory
focus on the role of the unconscious in affecting conscious behaviour

psychology
scientific study of the mind and behaviour

PsyD
(doctor of psychology) doctoral degree that places less emphasis on research-oriented skills and focuses more on application of psychological principles in the clinical context

sport and exercise psychology
area of psychology that focuses on the interactions between mental and emotional factors and physical performance in sports, exercise, and other activities

structuralism
understanding the conscious experience through introspection

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10.7: Summary of Introduction to Psychology

Summary of Introduction to Psychology

IP.1 What Is Psychology?

Psychology is defined as the scientific study of mind and behaviour. Students of psychology develop critical thinking skills, become familiar with the scientific method, and recognize the complexity of behaviour.

IP.2 History of Psychology

Before the time of Wundt and James, questions about the mind were considered by philosophers. However, both Wundt and James helped create psychology as a distinct scientific discipline. Wundt was a structuralist, which meant he believed that our cognitive experience was best understood by breaking that experience into its component parts. He thought this was best accomplished by introspection.

William James was the first American psychologist, and he was a proponent of functionalism. This particular perspective focused on how mental activities served as adaptive responses to an organism's environment. Like Wundt, James also relied on introspection; however, his research approach also incorporated more objective measures as well.

Sigmund Freud believed that understanding the unconscious mind was absolutely critical to understand conscious behaviour. This was especially true for individuals that he saw who suffered from various hysterias and neuroses. Freud relied on dream analysis, slips of the tongue, and free association as means to access the unconscious. Psychoanalytic theory remained a dominant force in clinical psychology for several decades.

Gestalt psychology was very influential in Europe. Gestalt psychology takes a holistic view of an individual and his experiences. As the Nazis came to power in Germany, Wertheimer, Koffka, and Köhler immigrated to the United States. Although they left their laboratories and their research behind, they did introduce America to Gestalt ideas. Some of the principles of Gestalt psychology are still very influential in the study of sensation and perception.

One of the most influential schools of thought within psychology's history was behaviourism. Behaviourism focused on making psychology an objective science by studying overt behaviour and deemphasizing the importance of unobservable mental processes. John Watson is often considered the father of behaviourism, and B. F. Skinner's contributions to our understanding of principles of operant conditioning cannot be underestimated.

As behaviourism and psychoanalytic theory took hold of so many aspects of psychology, some began to become dissatisfied with psychology's picture of human nature. Thus, a humanistic movement within psychology began to take hold. Humanism focuses on the potential of all people for good. Both Maslow and Rogers were influential in shaping humanistic psychology.

During the 1950s, the landscape of psychology began to change. A science of behaviour began to shift back to its roots of focus on mental processes. The emergence of neuroscience and computer science aided this transition. Ultimately, the cognitive revolution took hold, and people came to realize that cognition was crucial to a true appreciation and understanding of behaviour.

IP.3 Contemporary Psychology

Psychology is a diverse discipline that is made up of several major subdivisions with unique perspectives. Biological psychology involves the study of the biological bases of behaviour. Sensation and perception refer to the area of psychology that is focused on how information from our sensory modalities is received, and how this information is transformed into our perceptual experiences of the world around us. Cognitive psychology is concerned with the relationship that exists between thought and behaviour, and developmental psychologists study the physical and cognitive changes that occur throughout one's lifespan. Personality psychology focuses on individuals' unique patterns of behaviour, thought, and emotion. Industrial and organizational psychology, health psychology, sport and exercise psychology, forensic psychology, and clinical psychology are all considered applied areas of psychology. Industrial and organizational psychologists apply psychological concepts to I-O settings. Health psychologists look for ways to help people live healthier lives, and clinical psychology involves the diagnosis and treatment of psychological disorders and other problematic behavioural patterns. Sport and exercise psychologists study the interactions between thoughts, emotions,

and physical performance in sports, exercise, and other activities. Forensic psychologists carry out activities related to psychology in association with the justice system.

IP.4 Careers in Psychology

Generally, academic careers in psychology require doctoral degrees. However, there are a number of nonacademic career options for people who have master's degrees in psychology. While people with bachelor's degrees in psychology have more limited psychology-related career options, the skills acquired as a function of an undergraduate education in psychology are useful in a variety of work contexts.

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10.8: Review Questions for Introduction to Psychology

Review Questions for Introduction to Psychology

Click here for Answer Key

Multiple Choice Questions

1. Which of the following was mentioned as a skill to which psychology students would be exposed?

a. critical thinking
b. use of the scientific method
c. critical evaluation of sources of information
d. all of the above

2. Before psychology became a recognized academic discipline, matters of the mind were undertaken by those in _____.

a. biology
b. chemistry
c. philosophy
d. physics

3. In the scientific method, a hypothesis is a(n) _____.

a. observation
b. measurement
c. test
d. proposed explanation

4. Based on your reading, which theorist would have been most likely to agree with this statement: Perceptual phenomena are best understood as a combination of their components.

a. William James
b. Max Wertheimer
c. Carl Rogers
d. Noam Chomsky

5. _____ is most well-known for proposing his hierarchy of needs.

a. Noam Chomsky
b. Carl Rogers
c. Abraham Maslow
d. Sigmund Freud

6. Rogers believed that providing genuineness, empathy, and _____ in the therapeutic environment for his clients was critical to their being able to deal with their problems.

a. structuralism
b. functionalism
c. Gestalt
d. unconditional positive regard

7. The operant conditioning chamber (aka _____ box) is a device used to study the principles of operant conditioning.

a. Skinner
b. Watson
c. James
d. Koffka

8. A researcher interested in how changes in the cells of the hippocampus (a structure in the brain related to learning and memory) are related to memory formation would be most likely to identify as a(n) _____ psychologist.

a. biological
b. health
c. clinical
d. social

9. An individual's consistent pattern of thought and behaviour is known as a(n) _____.

a. psychosexual stage
b. object permanence
c. personality
d. perception

10. In Milgram's controversial study on obedience, nearly _____ of the participants were willing to administer what appeared to be lethal electrical shocks to another person because they were told to do so by an authority figure.

a. 1/3
b. 2/3
c. 3/4
d. 4/5

11. A researcher interested in what factors make an employee best suited for a given job would most likely identify as a(n) _____ psychologist.

a. personality
b. clinical
c. social
d. I-O

12. If someone wanted to become a psychology professor at a 4-year college, they would probably need a _____ degree in psychology.

a. bachelor of science
b. bachelor of art
c. master's
d. PhD

13. The _____ places less emphasis on research and more emphasis on application of therapeutic skills.

a. PhD
b. PsyD
c. postdoctoral training program

d. dissertation

14. Which of the following degrees would be the minimum required to teach psychology courses in high school?

a. PhD
b. PsyD
c. master's degree
d. bachelor's degree

15. One would need at least a(n) _____ degree to serve as a school psychologist.

a. associate's
b. bachelor's
c. master's
d. doctoral

Critical Thinking Questions

16. Why do you think psychology courses like this one are often requirements of so many different programs of study?
17. Why do you think many people might be skeptical about psychology being a science?
18. How did the object of study in psychology change over the history of the field since the 19th century?
19. In part, what aspect of psychology was the behaviourist approach to psychology a reaction to?
20. Given the incredible diversity among the various areas of psychology that were described in this section, how do they all fit together?
21. What are the potential ethical concerns associated with Milgram's research on obedience?
22. Why is an undergraduate education in psychology so helpful in a number of different lines of work?
23. Other than a potentially greater salary, what would be the reasons an individual would continue on to get a graduate degree in psychology?

Personal Application Questions

24. Why are you taking this course? What do you hope to learn about during this course?

25. Freud is probably one of the most well-known historical figures in psychology. Where have you encountered references to Freud or his ideas about the role that the unconscious mind plays in determining conscious behaviour?

26. Now that you've been briefly introduced to some of the major areas within psychology, which are you most interested in learning more about? Why?

27. Which of the career options in the field of psychology is most appealing to you?

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CHAPTER OVERVIEW

11: Emotion and Motivation

11.1: Introduction to Motivation and Emotion
11.2: Motivation
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11.1: Introduction to Motivation and Emotion

88 Introduction to Motivation & Emotion

Chapter Outline

- Motivation
- Hunger and Eating
- Sexual Behaviour
- Emotion



Figure EM.1 A mother and child enjoy a meal together. (credit: Flikr user Yousuf Tushar)

What makes us behave as we do? What drives us to eat? What drives us toward sex? Is there a biological basis to explain the feelings we experience? How universal are emotions?

In this chapter, we will explore issues relating to both motivation and emotion. We will begin with a discussion of several theories that have been proposed to explain motivation and why we engage in a given behaviour. You will learn about the physiological needs that drive some human behaviours, as well as the importance of our social experiences in influencing our actions.

Next, we will consider both eating and having sex as examples of motivated behaviours. What are the physiological mechanisms of hunger and satiety? What understanding do scientists have of why obesity occurs, and what treatments exist for obesity and eating disorders? How has research into human sex and sexuality evolved over the past century? How do psychologists understand and study the human experience of sexual orientation and gender identity? These questions—and more—will be explored.

This chapter will close with a discussion of emotion. You will learn about several theories that have been proposed to explain how emotion occurs, the biological underpinnings of emotion, and the universality of emotions.

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11.2: Motivation

89 Motivation

Learning Objectives

By the end of this section, you will be able to:

- Define intrinsic and extrinsic motivation
- Understand that instincts, drive reduction, self-efficacy, and social motives have all been proposed as theories of motivation
- Explain the basic concepts associated with models of needs

Why do we do the things we do? What motivations underlie our behaviours? **Motivation** describes the wants or needs that direct behaviour toward a goal. In addition to biological motives, motivations can be **intrinsic** (arising from internal factors) or **extrinsic** (arising from external factors) (Figure EM.2). Intrinsically motivated behaviours are performed because of the sense of personal satisfaction that they bring, while extrinsically motivated behaviours are performed in order to receive something from others.

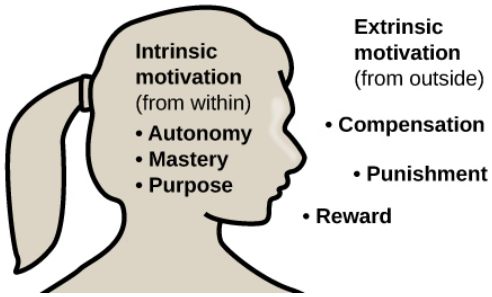


Figure EM.2 Intrinsic motivation comes from within the individual, while extrinsic motivation comes from outside the individual.

Think about why you are currently in college. Are you here because you enjoy learning and want to pursue an education to make yourself a more well-rounded individual? If so, then you are intrinsically motivated. However, if you are here because you want to get a college degree to make yourself more marketable for a high-paying career or to satisfy the demands of your parents, then your motivation is more extrinsic in nature.

In reality, our motivations are often a mix of both intrinsic and extrinsic factors, but the nature of the mix of these factors might change over time (often in ways that seem counter-intuitive). There is an old adage: “Choose a job that you love, and you will never have to work a day in your life,” meaning that if you enjoy your occupation, work doesn’t seem like . . . well, work. Some research suggests that this isn’t necessarily the case (Daniel & Esser, 1980; Deci, 1972; Deci, Koestner, & Ryan, 1999). According to this research, receiving some sort of extrinsic reinforcement (i.e., getting paid) for engaging in behaviours that we enjoy leads to those behaviours being thought of as work no longer providing that same enjoyment. As a result, we might spend less time engaging in these reclassified behaviours in the absence of any extrinsic reinforcement. For example, Odessa loves baking, so in their free time, they bake for fun. Oftentimes, after stocking shelves at their grocery store job, they often whips up pastries in the evenings because they enjoy baking. When a coworker in the store’s bakery department leaves their job, Odessa applies for the position and gets transferred to the bakery department. Although Odessa enjoys what they do at her new job, after a few months, they no longer have much desire to concoct tasty treats in their free time. Baking has become work in a way that changes Odessa’s motivation to do it (Figure EM.3). What Odessa has experienced is called the overjustification effect—intrinsic motivation is diminished when extrinsic motivation is given. This can lead to extinguishing the intrinsic motivation and creating a dependence on extrinsic rewards for continued performance (Deci et al., 1999).



Figure EM.3 Research suggests that when something we love to do, like icing cakes, becomes our job, our intrinsic and extrinsic motivations to do it may change. (credit: Agustín Ruiz)

Other studies suggest that intrinsic motivation may not be so vulnerable to the effects of extrinsic reinforcements, and in fact, reinforcements such as verbal praise might actually increase intrinsic motivation (Arnold, 1976; Cameron & Pierce, 1994). In that case, Odessa's motivation to bake in their free time might remain high if, for example, customers regularly compliment their baking or cake decorating skills.

These apparent discrepancies in the researchers' findings may be understood by considering several factors. For one, physical reinforcement (such as money) and verbal reinforcement (such as praise) may affect an individual in very different ways. In fact, tangible rewards (i.e., money) tend to have more negative effects on intrinsic motivation than do intangible rewards (i.e., praise). Furthermore, the expectation of the extrinsic motivator by an individual is crucial: If the person expects to receive an extrinsic reward, then intrinsic motivation for the task tends to be reduced. If, however, there is no such expectation, and the extrinsic motivation is presented as a surprise, then intrinsic motivation for the task tends to persist (Deci et al., 1999).

In addition, culture may influence motivation. For example, in collectivistic cultures, it is common to do things for your family members because the emphasis is on the group and what is best for the entire group, rather than what is best for any one individual (Nisbett, Peng, Choi, & Norenzayan, 2001). This focus on others provides a broader perspective that takes into account both situational and cultural influences on behaviour; thus, a more nuanced explanation of the causes of others' behaviour becomes more likely. (You will learn more about collectivistic and individualistic cultures when you learn about social psychology.)

In educational settings, students are more likely to experience intrinsic motivation to learn when they feel a sense of belonging and respect in the classroom. This internalization can be enhanced if the evaluative aspects of the classroom are de-emphasized and if students feel that they exercise some control over the learning environment. Furthermore, providing students with activities that are challenging, yet doable, along with a rationale for engaging in various learning activities can enhance intrinsic motivation for those tasks (Niemiec & Ryan, 2009). Consider Kausar, a first-year law student with two courses this semester: Family Law and Criminal Law. The Family Law professor has a rather intimidating classroom: This professor likes to put students on the spot with tough questions, which often leaves students feeling belittled or embarrassed. Grades are based exclusively on quizzes and exams, and the instructor posts results of each test on the classroom door. In contrast, the Criminal Law professor facilitates classroom discussions and respectful debates in small groups. The majority of the course grade is not exam-based, but centres on a student-designed research project on a crime issue of the student's choice. Research suggests that Kausar will be less intrinsically motivated in their Family Law course, where students are intimidated in the classroom setting, and there is an emphasis on teacher-driven evaluations. Kausar is likely to experience a higher level of intrinsic motivation in their Criminal Law course, where the class setting encourages inclusive collaboration and a respect for ideas, and where students have more influence over their learning activities.

Theories About Motivation

William James (1842–1910) was an important contributor to early research into motivation, and he is often referred to as the father of psychology in the United States. James theorized that behaviour was driven by a number of instincts, which aid survival (Figure EM.4). From a biological perspective, an **instinct** is a species-specific pattern of behaviour that is not learned. There was, however, considerable controversy among James and his contemporaries over the exact definition of instinct. James proposed several dozen special human instincts, but many of his contemporaries had their own lists that differed. A parent's protection of their baby, the urge to lick sugar, and hunting prey were among the human behaviours proposed as true instincts during James's era. This view—that human behaviour is driven by instincts—received a fair amount of criticism because of the undeniable role of learning in shaping all sorts of human behaviour. In fact, as early as the 1900s, some instinctive behaviours were experimentally demonstrated to result from associative learning (recall when you learned about Watson's conditioning of fear response in "Little Albert") (Faris, 1921).



(a) (b)

Figure EM.4(a) William James proposed the instinct theory of motivation, asserting that behaviour is driven by instincts. (b) In humans, instincts may include behaviours such as an infant's rooting for a nipple and sucking. (credit b: modification of work by "Mothering Touch"/Flickr)

Drive Reduction Theory

Another early theory of motivation proposed that the maintenance of homeostasis is particularly important in directing behaviour. You may recall from your earlier reading that homeostasis is the tendency to maintain a balance, or optimal level, within a biological system. In a body system, a control centre (which is often part of the brain) receives input from receptors (which are often complexes of neurons). The control centre directs effectors (which may be other neurons) to correct any imbalance detected by the control centre.

According to the **drive reduction theory** of motivation, deviations from homeostasis create physiological needs. These needs result in psychological drive states that direct behaviour to meet the need and, ultimately, bring the system back to homeostasis. For example, if it's been a while since you ate, your blood sugar levels will drop below normal. This low blood sugar will induce a physiological need and a corresponding drive state (i.e., hunger) that will direct you to seek out and consume food (Figure EM.5). Eating will eliminate the hunger, and, ultimately, your blood sugar levels will return to normal. Interestingly, drive theory also emphasizes the role that habits play in the type of behavioural response in which we engage. A habit is a pattern of behaviour in which we regularly engage. Once we have engaged in a behaviour that successfully reduces a drive, we are more likely to engage in that behaviour whenever faced with that drive in the future (Graham & Weiner, 1996).



Figure EM.5 Hunger and subsequent eating are the result of complex physiological processes that maintain homeostasis. (credit "left": modification of work by "Gracie and Viv"/Flickr; credit "center": modification of work by Steven Depolo; credit "right": modification of work by Monica Renata)

The Optimal Arousal Model

Extensions of drive theory take into account levels of arousal as potential motivators. As you recall from your study of learning, these theories assert that there is an optimal level of arousal that we all try to maintain (Figure EM.6). If we are underaroused, we become bored and will seek out some sort of stimulation. On the other hand, if we are overaroused, we will engage in behaviours to reduce our arousal (Berlyne, 1960). Most students have experienced this need to maintain optimal levels of arousal over the course of their academic career. Think about how much stress students experience toward the end of spring semester. They feel overwhelmed with seemingly endless exams, papers, and major assignments that must be completed on time. They probably yearn for the rest and relaxation that awaits them over the extended summer break. However, once they finish the semester, it doesn't take too long before they begin to feel bored. Generally, by the time the next semester is beginning in the fall, many students are quite happy to return to school. This is an example of how arousal theory works.

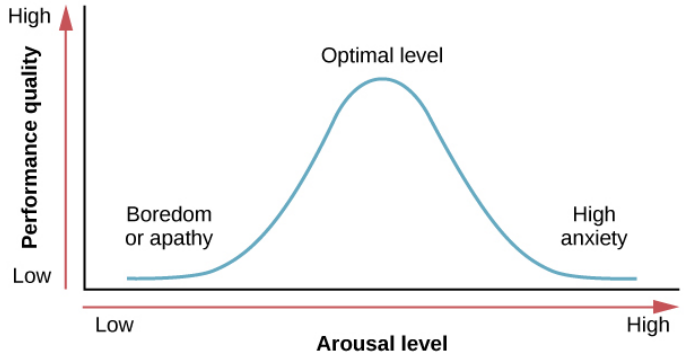


Figure EM.6 The concept of optimal arousal in relation to performance on a task is depicted here. Performance is maximized at the optimal level of arousal, and it tapers off during under- and over-arousal.

So what is the optimal level of arousal? What level leads to the best performance? Research shows that moderate arousal is generally best; when arousal is very high or very low, performance tends to suffer (Yerkes & Dodson, 1908). Think of your arousal level regarding taking an exam for this class. If your level is very low, such as boredom and apathy, your performance will likely suffer. Similarly, a very high level, such as extreme anxiety, can be paralyzing and hinder performance. Consider the example of a softball team facing a tournament. They are favoured to win their first game by a large margin, so they go into the game with a lower level of arousal and get beat by a less skilled team.

But optimal arousal level is more complex than a simple answer that the middle level is always best. Researchers Robert Yerkes (pronounced “Yerk-EES”) and John Dodson discovered that the optimal arousal level depends on the complexity and difficulty of the task to be performed (Figure EM.7). This relationship is known as **Yerkes-Dodson law**, which holds that a simple task is performed best when arousal levels are relatively high and complex tasks are best performed when arousal levels are lower.

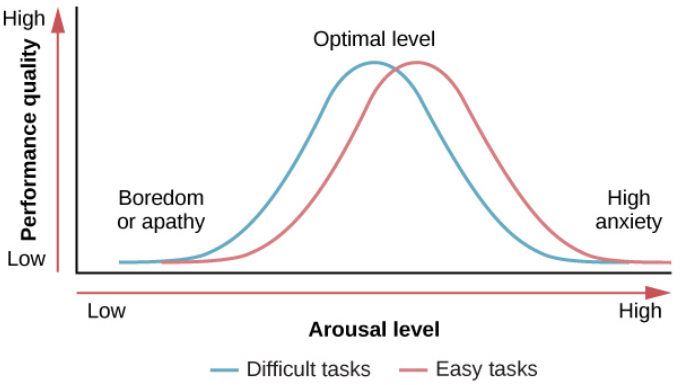


Figure EM.7 Task performance is best when arousal levels are in a middle range, with difficult tasks best performed under lower levels of arousal and simple tasks best performed under higher levels of arousal.

Self-efficacy and Social Motives

Self-efficacy is an individual’s belief in their own capability to complete a task, which may include a previous successful completion of the exact task or a similar task. Albert Bandura (1994) theorized that an individual’s sense of self-efficacy plays a pivotal role in motivating behaviour. Bandura argues that motivation derives from expectations that we have about the consequences of our behaviours, and ultimately, it is the appreciation of our capacity to engage in a given behaviour that will determine what we do and the future goals that we set for ourselves. For example, if you have a sincere belief in your ability to achieve at the highest level, you are more likely to take on challenging tasks and to not let setbacks dissuade you from seeing the task through to the end.

A number of theorists have focused their research on understanding social motives (McAdams & Constantian, 1983; McClelland & Liberman, 1949; Murray et al., 1938). Among the motives they describe are needs for achievement, affiliation, and intimacy. It is the need for achievement that drives accomplishment and performance. The need for affiliation encourages positive interactions with others, and the need for intimacy causes us to seek deep, meaningful relationships. Henry Murray et al. (1938) categorized these needs into domains. For

example, the need for achievement and recognition falls under the domain of ambition. Dominance and aggression were recognized as needs under the domain of human power, and play was a recognized need in the domain of interpersonal affection.

Models of Needs

Western Perspectives

While the theories of motivation described earlier relate to basic biological drives, individual characteristics, or social contexts, Abraham Maslow (1943) proposed a **hierarchy of needs** that spans the spectrum of motives ranging from the biological to the individual to the social. This theory demonstrates that we can have drives that are not rooted in a biological need. These needs are often depicted as a pyramid (Figure EM.8).

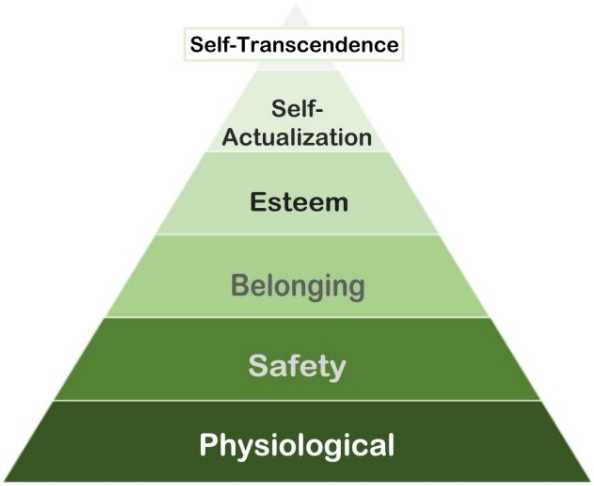


Figure EM.8. Maslow's hierarchy of needs is illustrated here. In some versions of Maslow's model, cognitive and aesthetic needs are also included between esteem and self-actualization.

At the base of the pyramid are all of the physiological needs that are necessary for survival. These are followed by basic needs for security and safety, the need to be loved and to have a sense of belonging, and the need to have self-worth and confidence. The top tier of the pyramid is self-actualization, which is a need that essentially equates to achieving one's full potential, and it can only be realized when needs lower on the pyramid have been met. To Maslow and humanistic theorists, self-actualization reflects the humanistic emphasis on positive aspects of human nature. Maslow suggested that this is an ongoing, life-long process and that only a small percentage of people actually achieve a self-actualized state (Francis & Kritsonis, 2006; Maslow, 1943).

According to Maslow (1943), one must satisfy lower-level needs before addressing those needs that occur higher in the pyramid. So, for example, if someone is struggling to find enough food to meet his nutritional requirements, it is quite unlikely that they would spend an inordinate amount of time thinking about whether others viewed them as a good person or not. Instead, all of their energies would be geared toward finding something to eat. However, it should be pointed out that Maslow's theory has been criticized for its subjective nature and its inability to account for phenomena that occur in the real world (Leonard, 1982). Other research has more recently addressed that late in life, Maslow proposed a self-transcendence level above self-actualization—to represent striving for meaning and purpose beyond the concerns of oneself (Koltko-Rivera, 2006). For example, people sometimes make self-sacrifices in order to make a political statement or in an attempt to improve the conditions of others. In the early 1900s, many suffragettes and women's rights activists went on hunger strikes when they were arrested while protesting for women's right to vote. In instances like this, people may starve themselves or otherwise put themselves in danger in service of higher-level motives beyond their own needs.

Maslow's model has been influential in Psychology, but has not gone without criticism due to the narrow focus on **individualistic** values, such as those of the United States, Canada, New Zealand, and Germany. In other words, this model has little applicability to **collectivistic** cultures, which include Indigenous populations living in colonized countries like Canada and the United States, as well as peoples who live and/or associate with traditional values in countries like China, Korea, Japan, Costa Rica, and Indonesia. Despite Maslow's model's long-standing interdisciplinary use in various contexts, less emphasis on the model should be placed regarding it as a cross-cultural or universal model of motivation.

written by Jocelyn Paul, edited by Max Dysart



Figure EM.9 Abraham Maslow sitting next to traditional housing on-reserve (Blackfoot) in the late 1930's. (Credit: Glenbow Archives)

Over past decades, evidence emerged that Maslow's model was likely based in part on his observations of **Blackfoot** (First Nations) cultural understandings of need, meaning and life purpose in the 1930's-40's. Traditional methods of oral communication were used to share knowledge of Blackfoot understandings of need, meaning and life purpose. That said, the Blackfoot were not acknowledged for their contribution of knowledge and translation. In fact, it was not until less than a dozen years ago that Behavioural Health Director at Navajo Regional Behavioural Health Center, Dr. Sidney Brown, received permission from Maslow's daughter to excavate his archival work from the Smithsonian archives. From this, Dr. Brown gained insight into the extent to which Maslow's work was reproduced based on Blackfoot knowledge. From this, Dr. Brown wrote a transformative novel: "Native Self-Actualization: Transformation Beyond Greed" (Brown, 2014).

Link to Learning

If you want to read more about the process of rediscovering Blackfoot science and their influence on Maslow, read this article published by the Government of Canada's Social Sciences and Humanities Research Council (SSHRC).

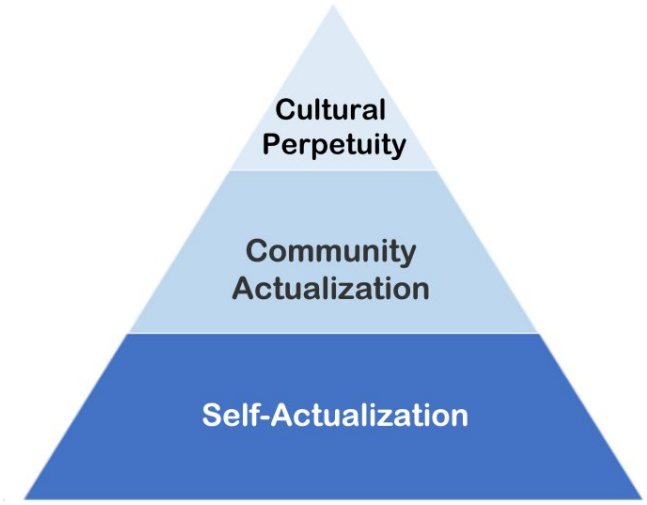


Figure EM.10. The Blackfoot model is illustrated here. This model was believed to be the primary basis for which Abraham Maslow built his model on.

Despite similarities, the Blackfoot and Maslow's models differ. In contrast to Maslow's model (Fig. EM.8), the Blackfoot model has three layers (Fig. EM.10). Compared to Maslow, who described **self-actualization** (top of the model) as a state achieved across time through a set series of stages, the Blackfoot model described self-actualization as a trait inherent to all, so it forms the base of the Blackfoot model (Brown, 2014). Unlike Maslow's model, the Blackfoot model includes **community actualization** (middle layer) and **cultural perpetuity** (top layer). Community actualization can be defined as one's effort to continually and effectively help members of the family and community meet their basic needs, maintain physical well-being, and help create an environment that allows community members to fulfill roles and goals in community and in life. Above and beyond community actualization, cultural perpetuity is the idea that knowledge and

wisdom within a community can live on in perpetuity (or live on forever). If an individual fulfilled their obligations within the community (e.g., story-telling of sacred traditions to younger generations), cultural perpetuity is more likely to be achieved. While it's clear that there are differences between models, there are also similarities. For example, Maslow would later include the concept of time in his model with the idea of **self-transcendence** (similar to cultural perpetuity), which is the idea that all self-actualized peoples would feel the need to pursue goals outside of the self, like those related to spiritual identity.

Extending beyond the Blackfoot peoples and model, similar ideas can be seen among other Indigenous groups in North America. For example, **Mi'kmaq (First Nations) peoples** (Meeg-mah), are the main Indigenous peoples of Atlantic Canada. Mi'kmaq peoples have an important concept of **Netukulimk** (Neh-doo-goo-limbk) in their culture. This concept highlights how communities are inseparable from the land and the land's resources, as they are interconnected and must support one another (Prosper, 2011). In this way, land is community. This is expressed by the Mi'kmaq saying **Msit No'kmaq** (mm-sit-no-goh-mah), or "all my relations"; which means that all living things and pieces of the earth are Mi'kmaq relatives (Hurley & Jackson, 2020). Another value involving cultural perpetuity comes from the **Haudenosaunee** (Hoe-dee-no-show-nee) peoples, also known as Iroquois or the six nations, which are a group of Indigenous peoples living in the United States and in Canada. The Haudenosaunee peoples have the **Seven Generation Principle**, which is similar to that of cultural perpetuity, as this principle highlights how important it is for community members to make decisions that will result in a sustainable world for the next seven generations (Mclester, 2017). Overall, the Blackfoot model, the Netukulimk principle, the Seventh Generation principles and other cultural values that are not included in Maslow's model suggest that a universal understanding of human needs must extend beyond his work.



Figure EM.11. Maslow's model has often been regarded as being based on the Blackfoot model triangular shape which to the Blackfoot, actually represented traditional First Nations Blackfoot housing, moyís. (credit: Public domain image, creative commons)



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11.3: Hunger and Eating

Hunger and Eating

Learning Objectives

By the end of this section, you will be able to:

- Describe how hunger and eating are regulated
- Understand the role of the hypothalamus in hunger and eating
- Explain the health consequences resulting from anorexia and bulimia nervosa

Eating is essential for survival, and it is no surprise that a drive like hunger exists to ensure that we seek out sustenance. While this chapter will focus primarily on the physiological mechanisms that regulate hunger and eating, powerful social, cultural, and economic influences also play important roles. This section will explain the regulation of hunger, eating, and body weight, and we will discuss the adverse consequences of disordered eating.

Physiological Mechanisms of Hunger and Eating

There are a number of physiological mechanisms that serve as the basis for hunger. When our stomachs are empty, they contract. Typically, a person then experiences hunger pangs. Chemical messages travel to the brain, and serve as a signal to initiate feeding behaviour. When our blood glucose levels drop, the pancreas and liver generate a number of chemical signals that induce hunger (Konturek et al., 2003; Novin, Robinson, Culbreth, & Tordoff, 1985) and thus initiate feeding behaviour.

For most people, once they have eaten, they feel **satiation**, or fullness and satisfaction, and their eating behaviour stops. Like the initiation of eating, satiation is also regulated by several physiological mechanisms. As blood glucose levels increase, the pancreas and liver send signals to shut off hunger and eating (Drazen & Woods, 2003; Druce, Small, & Bloom, 2004; Greary, 1990). The food's passage through the gastrointestinal tract also provides important satiety signals to the brain (Woods, 2004), and fat cells release **leptin**, a satiety hormone.

The various hunger and satiety signals that are involved in the regulation of eating are integrated in the brain. Research suggests that several areas of the hypothalamus and hindbrain are especially important sites where this integration occurs (Ahima & Antwi, 2008; Woods & D'Alessio, 2008). Ultimately, activity in the brain determines whether or not we engage in feeding behaviour (Figure EM.12).

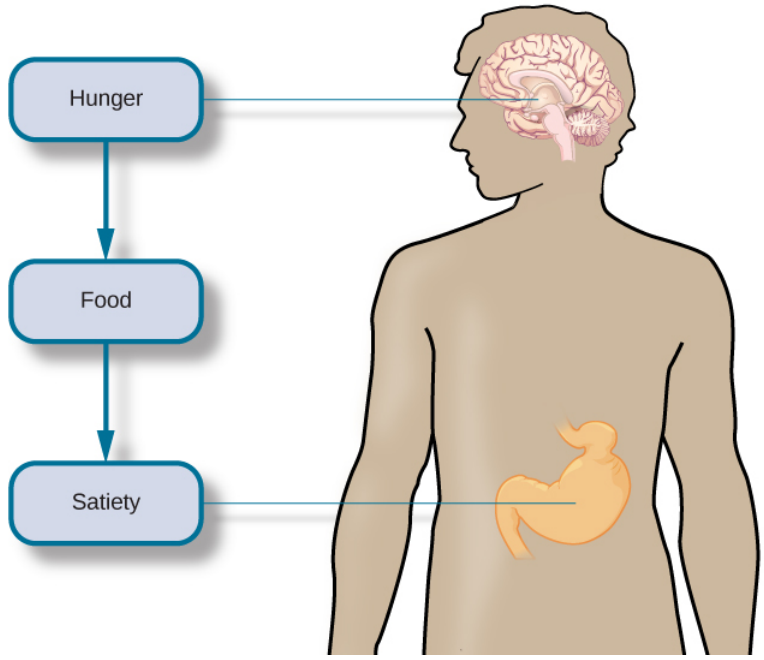


Figure EM.12 Hunger and eating are regulated by a complex interplay of hunger and satiety signals that are integrated in the brain

The Hypothalamus

The hypothalamus (located in the lower, central part of the brain) plays a very important role in eating behaviour. It is responsible for synthesizing and secreting various hormones. The lateral hypothalamus (LH) is concerned largely with hunger and, in fact, lesions (i.e., damage) of the LH can eliminate the desire for eating entirely—to the point that animals starve themselves to death unless kept alive by force feeding (Anand & Brobeck, 1951). Additionally, artificially stimulating the LH, using electrical currents, can generate eating behaviour if food is available (Andersson, 1951).

Hunger is only part of the story of when and why we eat. A related process, satiation, refers to the decline of hunger and the eventual termination of eating behaviour. Whereas the feeling of hunger gets you to start eating, the feeling of satiation gets you to stop. Perhaps surprisingly, hunger and satiation are two distinct processes, controlled by different circuits in the brain and triggered by different cues. Distinct from the LH, which plays an important role in hunger, the ventromedial hypothalamus (VMH) plays an important role in satiety (more on this in the tricky topic below). Though lesions of the VMH can cause an animal to overeat to the point of obesity, the relationship between the LH and the VMB is quite complicated.

Hormones and Hormone Signalling

The physical sensation of hunger comes from contractions of the stomach muscles. These contractions are believed to be triggered by high concentrations of the hormone ghrelin. Two other hormones, peptide YY and leptin, cause the physical sensations of being full. Ghrelin is released if blood sugar levels get low, a condition that can result from going long periods without eating.

Hormones can have a wide range of effects on hunger. The hormones insulin and cholecystokinin (CCK) are released from the GI tract during food absorption and act to suppress feelings of hunger. However, during fasting, glucagon and epinephrin levels rise and stimulate hunger. When blood sugar levels fall, the hypothalamus is stimulated. Ghrelin, a hormone produced by the stomach, triggers the release of orexin from the hypothalamus, signalling to the body that it is hungry.

Long-Term Hunger Regulation

The long-term regulation of hunger prevents energy shortfalls and is concerned with the regulation of body fat. Leptin, a hormone secreted exclusively by adipose cells in response to an increase in body-fat mass, helps regulate long-term hunger and food intake. Leptin serves as the brain's indicator of the body's total energy stores. The function of leptin is to suppress the release of neuropeptide Y (NPY), which in turn prevents the release of appetite-enhancing orexins from the lateral hypothalamus. This

decreases appetite and food intake, promoting weight loss. Though rising blood levels of leptin do promote weight loss to some extent, its main role is to protect the body against weight loss in times of nutritional deprivation.

Short-Term Hunger Regulation

The short-term regulation of hunger deals with appetite and satiety. It involves neural signals from the GI tract, blood levels of nutrients, and GI-tract hormones.

Neural Signals from the GI Tract

The brain can evaluate the contents of the gut through vagal nerve fibres that carry signals between the brain and the gastrointestinal (GI) tract. Studies have shown that the brain can sense differences between macronutrients through these vagal nerve fibres. Stretch receptors (mechanoreceptors that respond to an organ being stretched or distended) work to inhibit appetite when the GI tract becomes distended. They send signals along the vagus nerve afferent pathway and ultimately inhibit the hunger centres of the hypothalamus.

Nutrient Signals

Blood levels of glucose, amino acids, and fatty acids provide a constant flow of information to the brain that may be linked to regulating hunger and energy intake. Nutrient signals indicate fullness. They inhibit hunger by raising blood glucose levels, elevating blood levels of amino acids, and affecting blood concentrations of fatty acids.

Metabolism and Body Weight

Our body weight is affected by a number of factors, including gene-environment interactions, and the number of calories we consume versus the number of calories we burn in daily activity. If our caloric intake exceeds our caloric use, our bodies store excess energy in the form of fat. If we consume fewer calories than we burn off, then stored fat will be converted to energy. Our energy expenditure is obviously affected by our levels of activity, but our body's **metabolic rate** also comes into play. A person's metabolic rate is the amount of energy that is expended in a given period of time, and there is tremendous individual variability in our metabolic rates. People with high rates of metabolism are able to burn off calories more easily than those with lower rates of metabolism.

We all experience fluctuations in our weight from time to time, but generally, most people's weights fluctuate within a narrow margin, in the absence of extreme changes in diet and/or physical activity. This observation led some to propose a **set-point theory** of body weight regulation. The set-point theory asserts that each individual has an ideal body weight, or set point, which is resistant to change. This set-point is genetically predetermined and efforts to move our weight significantly from the set-point are resisted by compensatory changes in energy intake and/or expenditure (Speakman et al., 2011).

Some of the predictions generated from this particular theory have not received empirical support. For example, there are no changes in metabolic rate between individuals who had recently lost significant amounts of weight and a control group (Weinsier et al., 2000). In addition, the set-point theory fails to account for the influence of social and environmental factors in the regulation of body weight (Martin-Gronert & Ozanne, 2013; Speakman et al., 2011). Despite these limitations, set-point theory is still often used as a simple, intuitive explanation of how body weight is regulated. See Psychological Disorders for further discussion about eating disorders.

Obesity

Being extremely overweight or obese is a risk factor for several negative health consequences. These include, but are not limited to, an increased risk for cardiovascular disease, stroke, Type 2 diabetes, liver disease, sleep apnea, colon cancer, breast cancer, infertility, and arthritis. Given that it is estimated that in Canada more than a quarter (26.8%) of the adult population is obese and more than a third (36.3%) of adults and children (30%) qualify as overweight (StatCan, 2019), there is substantial interest in trying to understand how to combat this important public health concern.

Dig Deeper

Prader-Willi Syndrome

Prader-Willi Syndrome (PWS) is a genetic disorder that results in persistent feelings of intense hunger and reduced rates of metabolism. Typically, affected children have to be supervised around the clock to ensure that they do not engage in excessive

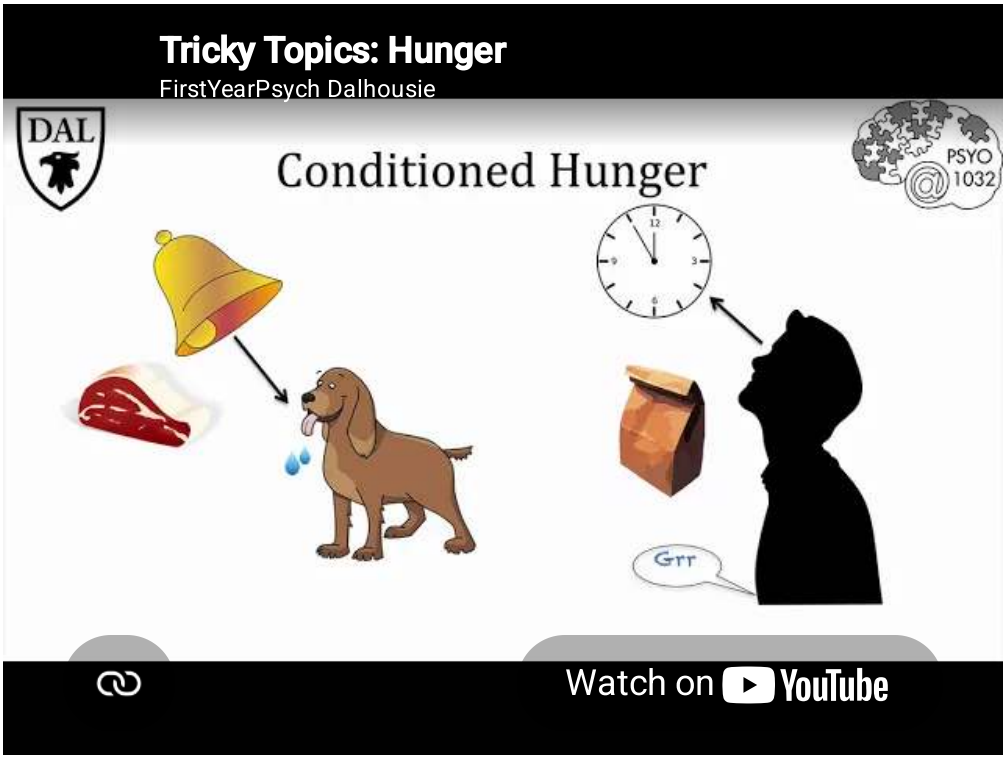
eating. Currently, PWS is the leading genetic cause of morbid obesity in children, and it is associated with a number of cognitive deficits and emotional problems.

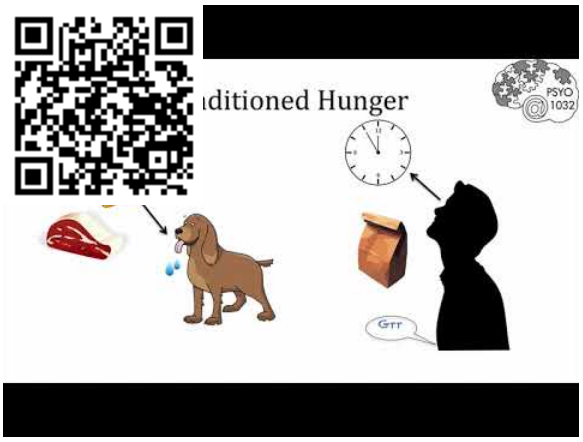
While genetic testing can be used to make a diagnosis, there are a number of behavioural diagnostic criteria associated with PWS. From birth to 2 years of age, lack of muscle tone and poor sucking behaviour may serve as early signs of PWS. Developmental delays are seen between the ages of 6 and 12, and excessive eating and cognitive deficits associated with PWS usually onset a little later.

While the exact mechanisms of PWS are not fully understood, there is evidence that affected individuals have hypothalamic abnormalities. This is not surprising, given the hypothalamus's role in regulating hunger and eating. However, as you will learn in the next section of this chapter, the hypothalamus is also involved in the regulation of sexual behaviour. Consequently, many individuals suffering from PWS fail to reach sexual maturity during adolescence.

There is no current treatment or cure for PWS. However, if weight can be controlled in these individuals, then their life expectancies are significantly increased (historically, sufferers of PWS often died in adolescence or early adulthood). Advances in the use of various psychoactive medications and growth hormones continue to enhance the quality of life for individuals with PWS (Cassidy & Driscoll, 2009; Prader-Willi Syndrome Association, 2012).

TRICKY TOPIC: HUNGER





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Eating Disorders

While more than a third of Canadian adults struggle with issues related to being overweight, a smaller, but significant, portion of the population has eating disorders that typically result in being normal weight or underweight. Often, these individuals are fearful of gaining weight. Individuals who suffer from bulimia nervosa and anorexia nervosa face many adverse health consequences (Mayo Clinic, 2012a, 2012b).

People suffering from **bulimia nervosa** engage in binge eating behaviour that is followed by an attempt to compensate for the large amount of food consumed. Purging the food by inducing vomiting or through the use of laxatives are two common compensatory behaviours. Some affected individuals engage in excessive amounts of exercise to compensate for their binges. Bulimia is associated with many adverse health consequences that can include kidney failure, heart failure, and tooth decay. In addition, these individuals often suffer from anxiety and depression, and they are at an increased risk for substance abuse (Mayo Clinic, 2012b). The lifetime prevalence rate for bulimia nervosa is estimated at around 1% for women and less than 0.5% for men (Smink, van Hoeken, & Hoek, 2012).

As of the 2013 release of the *Diagnostic and Statistical Manual, fifth edition*, **Binge eating disorder**is a disorder recognized by the American Psychiatric Association (APA). Unlike with bulimia, eating binges are not followed by inappropriate behaviour, such as purging, but they are followed by distress, including feelings of guilt and embarrassment. The resulting psychological distress distinguishes binge eating disorder from overeating (American Psychiatric Association [APA], 2013).

Anorexia nervosa is an eating disorder characterized by the maintenance of a body weight well below average through starvation and/or excessive exercise. Individuals suffering from anorexia nervosa often have a **distorted body image**, referenced in literature as a type of body dysmorphia, meaning that they view themselves as overweight even though they are not. Like bulimia nervosa, anorexia nervosa is associated with a number of significant negative health outcomes: bone loss, heart failure, kidney failure, amenorrhea (cessation of the menstrual period), reduced function of the gonads, and in extreme cases, death. Furthermore, there is an increased risk for a number of psychological problems, which include anxiety disorders, mood disorders, and substance abuse (Mayo Clinic, 2012a). Estimates of the prevalence of anorexia nervosa vary from study to study but generally range from just under one percent to just over four percent in women. Generally, prevalence rates are considerably lower for men (Smink et al., 2012).

While both anorexia and bulimia nervosa occur in people of many different cultures, Caucasian females from Western societies tend to be the most at-risk population. Recent research indicates that females between the ages of 15 and 19 are most at risk, and it has long been suspected that these eating disorders are culturally-bound phenomena that are related to messages of a thin ideal often portrayed in popular media and the fashion world (Figure EM.14) (Smink et al., 2012). While social factors play an important role in the development of eating disorders, there is also evidence that genetic factors may predispose people to these disorders (Collier & Treasure, 2004).



Figure EM.13 Young women in our society are inundated with images of extremely thin models (sometimes accurately depicted and sometimes digitally altered to make them look even thinner). These images may contribute to eating disorders. (credit: Peter Duhon)

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11.4: Sexual Behavior

Sexual Behaviour

Learning Objectives

By the end of this section, you will be able to:

- Understand basic biological mechanisms regulating sexual behaviour and motivation
- Appreciate the importance of Alfred Kinsey's research on human sexuality
- Recognize the contributions that William Masters and Virginia Johnson's research made to our understanding of the sexual response cycle
- Define sexual orientation and gender identity

Like food, sex is an important part of our lives. From an evolutionary perspective, the reason is obvious—perpetuation of the species. Sexual behaviour in humans, however, involves much more than reproduction. This section provides an overview of research that has been conducted on human sexual behaviour and motivation. This section will close with a discussion of issues related to gender and sexual orientation.

Physiological Mechanisms of Sexual Behaviour and Motivation

Much of what we know about the physiological mechanisms that underlie sexual behaviour and motivation comes from animal research. As you've learned, the hypothalamus plays an important role in motivated behaviours, and sex is no exception. In fact, lesions to an area of the hypothalamus called the medial preoptic area completely disrupt a male rat's ability to engage in sexual behaviour. Surprisingly, medial preoptic lesions do not change how hard a male rat is willing to work to gain access to a sexually receptive female (Figure EM.14). This suggests that the ability to engage in sexual behaviour and the motivation to do so may be mediated by neural systems distinct from one another. What is interesting, is that the medial preoptic area in males is larger and contains more cells, compared to females.



Figure EM.14 A male rat that cannot engage in sexual behavior still seeks receptive females, suggesting that the ability to engage in sexual behavior and the motivation to do so are mediated by different systems in the brain. (credit: Jason Snyder)

Animal research suggests that limbic system structures such as the amygdala and nucleus accumbens are especially important for sexual motivation. Damage to these areas results in a decreased motivation to engage in sexual behaviour, while leaving the ability to do so intact (Figure EM.15) (Everett, 1990). Similar dissociations of sexual motivation and sexual ability have also been observed in the female rat (Becker, Rudick, & Jenkins, 2001; Jenkins & Becker, 2001).

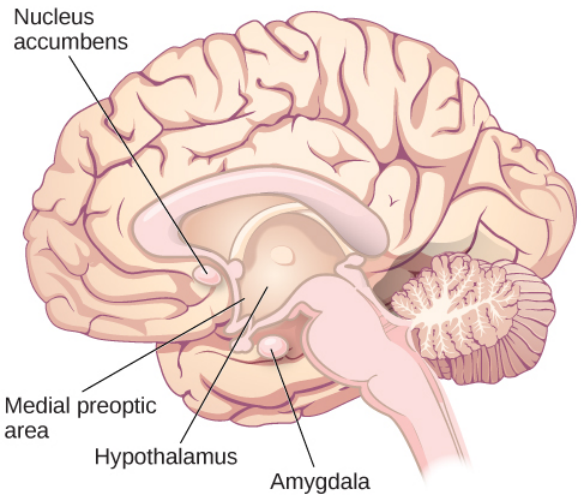


Figure EM.15 The medial preoptic area, an area of the hypothalamus, is involved in the ability to engage in sexual behaviour, but it does not affect sexual motivation. In contrast, the amygdala and nucleus accumbens are involved in motivation for sexual behaviour, but they do not affect the ability to engage in it.

Although human sexual behaviour is much more complex than that seen in rats, some parallels between animals and humans can be drawn from this research. The worldwide popularity of drugs used to treat erectile dysfunction (Conrad, 2005) speaks to the fact that sexual motivation and the ability to engage in sexual behaviour can also be dissociated in humans. Moreover, disorders that involve abnormal hypothalamic function are often associated with hypogonadism (reduced function of the gonads) and reduced sexual function (e.g., Prader-Willi syndrome). Given the hypothalamus's role in endocrine function, it is not surprising that hormones secreted by the endocrine system also play important roles in sexual motivation and behaviour. For example, many animals show no sign of sexual motivation in the absence of the appropriate combination of sex hormones from their gonads. While this is not the case for humans, there is considerable evidence that sexual motivation for all humans varies as a function of circulating testosterone levels (Bhasin, Enzlin, Coviello, & Basson, 2007; Carter, 1992; Sherwin, 1988).

Kinsey's Research

Before the late 1940s, access to reliable, empirically-based information on sex was limited. Physicians were considered authorities on all issues related to sex, despite the fact that they had little to no training in these issues, and it is likely that most of what people knew about sex had been learned either through their own experiences or by talking with their peers. Convinced that people would benefit from a more open dialogue on issues related to human sexuality, Dr. Alfred Kinsey of Indiana University initiated large-scale survey research on the topic (Figure EM.16). The results of some of these efforts were published in two books—*Sexual Behavior in the Human Male* and *Sexual Behavior in the Human Female*—which were published in 1948 and 1953, respectively (Bullough, 1998).



Figure EM.16 In 1947, Alfred Kinsey established The Kinsey Institute for Research, Sex, Gender and Reproduction at Indiana University, shown here in 2011. The Kinsey Institute has continued as a research site of important psychological studies for decades.

At the time, the Kinsey reports were quite sensational. Never before had the American public seen its private sexual behaviour become the focus of scientific scrutiny on such a large scale. The books, which were filled with statistics and scientific lingo, sold remarkably well to the general public, and people began to engage in open conversations about human sexuality. As you might imagine, not everyone was happy that this information was being published. In fact, these books were banned in some countries. Ultimately, the controversy resulted in Kinsey losing funding that he had secured from the Rockefeller Foundation to continue his research efforts (Bancroft, 2004).

Although Kinsey's research has been widely criticized as being riddled with sampling and statistical errors (Jenkins, 2010), there is little doubt that this research was very influential in shaping future research on human sexual behaviour and motivation. Kinsey described a remarkably diverse range of sexual behaviours and experiences reported by the volunteers participating in his research. Behaviours that had once been considered exceedingly rare or problematic were demonstrated to be much more common and innocuous than previously imagined (Bancroft, 2004; Bullough, 1998).

Among the results of Kinsey's research were the findings that women are as interested and experienced in sex as their male counterparts, that both males and females masturbate without adverse health consequences, and that homosexual acts are fairly common (Bancroft, 2004). Kinsey also developed a continuum known as the Kinsey scale that is still commonly used today to categorize an individual's **sexual orientation** (Jenkins, 2010). According to that scale, sexual orientation is an individual's emotional and erotic attractions to same-sexed individuals (**homosexual**), opposite-sexed individuals (**heterosexual**), or both (**bisexual**).

Masters and Johnson's Research

In 1966, William Masters and Virginia Johnson published a book detailing the results of their observations of nearly 700 people who agreed to participate in their study of physiological responses during sexual behaviour. Unlike Kinsey, who used personal interviews and surveys to collect data, Masters and Johnson observed people having intercourse in a variety of positions, and they observed people masturbating, manually or with the aid of a device. While this was occurring, researchers recorded measurements of physiological variables, such as blood pressure and respiration rate, as well as measurements of sexual arousal, such as vaginal lubrication and penile tumescence (swelling associated with an erection). In total, Masters and Johnson observed nearly 10,000 sexual acts as a part of their research (Hock, 2008).

Based on these observations, Masters and Johnson divided the **sexual response cycle** into four phases that are fairly similar across sexes: excitement, plateau, orgasm, and resolution (Figure EM.17). The **excitement** phase is the arousal phase of the sexual response cycle, and it is marked by erection of the penis or clitoris and lubrication and expansion of the vaginal canal. During **plateau**, there is further swelling of the vagina and increased blood flow to the labia minora, or full erection of the penis and often the release of pre-ejaculatory fluid. Most individuals experience increases in muscle tone during this time. **Orgasm** is marked by rhythmic contractions of the pelvis and in the uterus, along with increased muscle tension. In individuals with penises, pelvic contractions are accompanied by a buildup of seminal fluid near the urethra that is ultimately forced out by contractions of genital muscles, (i.e., ejaculation). **Resolution** is the relatively rapid return to an unaroused state accompanied by a decrease in blood pressure and muscular relaxation. The **refractory period** is a period of time that follows an orgasm during which an individual is incapable of experiencing another orgasm. The duration of the refractory period can vary dramatically from individual to individual with some refractory periods as short as several minutes and others as long as a day.

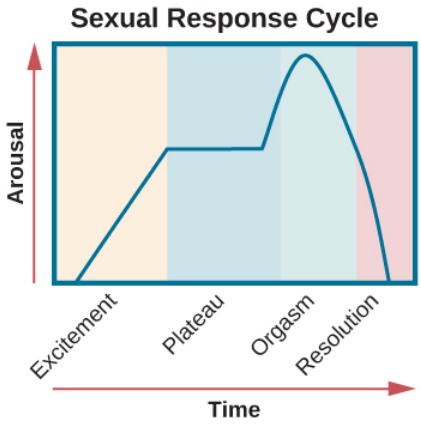


Figure EM.17 This graph illustrates the different phases of the sexual response cycle as described by Masters and Johnson.

In addition to the insights that their research provided with regards to the sexual response cycle, Masters and Johnson also collected important information about reproductive anatomy. Their research demonstrated the oft-cited statistic of the average size of a flaccid and an erect penis (3 and 6 inches, respectively) as well as dispelling long-held beliefs about relationships between the size of a an erect penis and the ability to provide sexual pleasure to a partner. Furthermore, they determined that the vagina is a very elastic structure that can conform to various sizes (Hock, 2008).

Sexual Orientation

As mentioned earlier, a person's sexual orientation is their emotional and erotic attraction toward another individual (Figure EM.18). While the majority of people identify as heterosexual, there is a sizeable population of people who identify as homosexual, bisexual, pansexual, asexual, or other non-hetero sexualities. Research suggests that somewhere between 3% and 10% of the population identifies as homosexual (Kinsey, Pomeroy, & Martin, 1948; LeVay, 1996; Pillard & Bailey, 1995). Bisexual people are attracted to people of their own gender and another gender; pansexual people experience attraction without regard to sex, gender identity or gender expression; asexual people do not experience sexual attraction or have little or no interest in sexual activity.

Figure EM.18 Between 3% and 10% of the adult population identifies as homosexual. (credit: Till Krech)

Issues of sexual orientation have long fascinated scientists interested in determining what causes one individual to be straight while another is gay. For many years, people believed that these differences arose because of different socialization and familial

experiences. However, research has consistently demonstrated that the family backgrounds and experiences are very similar among heterosexuals and homosexuals (Bell, Weinberg, & Hammersmith, 1981; Ross & Arrindell, 1988).

Genetic and biological mechanisms have also been proposed, and the balance of research evidence suggests that sexual orientation has an underlying biological component. For instance, over the past 25 years, research has demonstrated gene-level contributions to sexual orientation (Bailey & Pillard, 1991; Hamer, Hu, Magnuson, Hu, & Pattatucci, 1993; Rodriguez-Larralde & Paradisi, 2009), with some researchers estimating that genes account for at least half of the variability seen in human sexual orientation (Pillard & Bailey, 1998). Other studies report differences in brain structure and function between heterosexuals and homosexuals (Allen & Gorski, 1992; Byne et al., 2001; Hu et al., 2008; LeVay, 1991; Ponseti et al., 2006; Rahman & Wilson, 2003a; Swaab & Hofman, 1990), and even differences in basic body structure and function have been observed (Hall & Kimura, 1994; Lippa, 2003; Loehlin & McFadden, 2003; McFadden & Champlin, 2000; McFadden & Pasanen, 1998; Rahman & Wilson, 2003b). In aggregate, the data suggest that to a significant extent, sexual orientations are something with which we are born.

Misunderstandings About Sexual Orientation

Regardless of how sexual orientation is determined, research has made clear that sexual orientation is not a choice, but rather it is a relatively stable characteristic of a person that cannot be changed. Claims of successful gay conversion therapy have received wide criticism from the research community due to significant concerns with research design, recruitment of experimental participants, and interpretation of data. As such, there is no credible scientific evidence to suggest that individuals can change their sexual orientation (Jenkins, 2010).

Dr. Robert Spitzer, the author of one of the most widely-cited examples of successful conversion therapy, apologized to both the scientific community and the gay community for his mistakes, and he publicly recanted his own paper in a public letter addressed to the editor of *Archives of Sexual Behavior* in the spring of 2012 (Carey, 2012). In this letter, Spitzer wrote,

> *I was considering writing something that would acknowledge that I now judge the major critiques of the study as largely correct. . . . I believe I owe the gay community an apology for my study making unproven claims of the efficacy of reparative therapy. I also apologize to any gay person who wasted time or energy undergoing some form of reparative therapy because they believed that I had proven that reparative therapy works with some "highly motivated" individuals. (Becker, 2012, pars. 2, 5)*

Citing research that unequivocally shows that not only is conversion therapy ineffective, but also incredibly harmful, legislative efforts to make such "therapy" illegal have been introduced in Canada and elsewhere (see Bill C-4 amendment to Criminal Code).

Gender Identity

Many people conflate sexual orientation with gender identity because of stereotypical attitudes that exist about gay and lesbian sexuality. In reality, these are two related, but different, issues. **Gender identity** refers to one's sense of being male or female. Generally, our gender identities correspond to our chromosomal and phenotypic sex, but this is not always the case. When individuals do not feel comfortable identifying with the gender associated with their biological sex, then they experience **gender dysphoria**. Gender dysphoria is a diagnostic category in the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) that describes individuals who do not identify as the gender that most people would assume they are. This dysphoria must persist for at least six months and result in significant distress or dysfunction to meet DSM-5 diagnostic criteria. In order for children to be assigned this diagnostic category, they must verbalize their desire to become the other gender.

Many people who are classified as gender dysphoric seek to live their lives in ways that are consistent with their own gender identity. This involves dressing in opposite-sex clothing and assuming an opposite-sex identity. These individuals may also undertake **transgender hormone therapy** in an attempt to make their bodies look more like the opposite sex, and in some cases, they elect to have surgeries to alter the appearance of their external genitalia to resemble that of their gender identity (Figure EM.19). While these may sound like drastic changes, gender dysphoric individuals take these steps because their bodies seem to them to be a mistake of nature, and they seek to correct this mistake.

Our scientific knowledge and general understanding about gender identity continue to evolve, and young people today have more opportunity to explore and openly express different ideas about what gender means than previous generations. Recent studies

indicate that that majority of millennials (those ages 18–34) regard gender as a spectrum instead of a strict male/female binary, and that 12% identify as transgender or gender non-conforming. Additionally, over half of people ages 13–20 know people who use gender-neutral pronouns (such as they/them) (Kennedy, 2017). This change in language means that millennials and Generation Z people understand the experience of gender itself differently. As young people lead this change, other changes are emerging in a range of spheres, from public bathroom policies to retail organizations. For example, some retailers are starting to change traditional gender-based marketing of products, such as removing "pink and blue" clothing and toy aisles. Even with these changes, those who exist outside of traditional gender norms face difficult challenges. Even people who vary slightly from traditional norms can be the target of discrimination and sometimes even violence.



Figure EM.19 Actress Laverne Cox, who is openly transgender, is the first transgender actress to portray a transgender character on a regular television series. She is also an advocate for LGBTQ+ issues outside of her career, such as in this "Ain't I a Woman?" speaking tour. (credit: modification of work by "KOMUnews_Flickr"/Flickr)

Link to Learning

Hear firsthand about the transgender experience – Alice Miller describes her journey and transition, Geena Rocero discusses the story of becoming who she always was, and Yee Won Chong shares his advice on how everyone can be allies to the transgender community.

Link to Learning

Watch as Fox Fisher explains his own journey and his mission to document the unique stories of gender-variant people.

Dig Deeper

The Case of David Reimer

In August of 1965, Janet and Ronald Reimer of Winnipeg, Canada, welcomed the birth of their twin sons, Bruce and Brian. Within a few months, the twins were experiencing urinary problems; doctors recommended the problems could be alleviated by having the boys circumcised. A malfunction of the medical equipment used to perform the circumcision resulted in Bruce's penis being irreparably damaged. Distraught, Janet and Ronald looked to expert advice on what to do with their baby boy. By happenstance, the couple became aware of Dr. John Money at Johns Hopkins University and his theory of psychosexual neutrality (Colapinto, 2000).

Dr. Money had spent a considerable amount of time researching transgender individuals and individuals born with ambiguous genitalia. As a result of this work, he developed a theory of psychosexual neutrality. His theory asserted that we are essentially neutral at birth with regard to our gender identity and that we don't assume a concrete gender identity until we begin to master language. Furthermore, Dr. Money believed that the way in which we are socialized in early life is ultimately much more important than our biology in determining our gender identity (Money, 1962).

Dr. Money encouraged Janet and Ronald to bring the twins to Johns Hopkins University, and he convinced them that they should raise Bruce as a girl. Left with few other options at the time, Janet and Ronald agreed to have Bruce's testicles removed and to raise

him as a girl. When they returned home to Canada, they brought with them Brian and his “sister,” Brenda, along with specific instructions to never reveal to Brenda that she had been born a boy (Colapinto, 2000).

Early on, Dr. Money shared with the scientific community the great success of this natural experiment that seemed to fully support his theory of psychosexual neutrality (Money, 1975). Indeed, in early interviews with the children it appeared that Brenda was a typical little girl who liked to play with “girly” toys and do “girly” things.

However, Dr. Money was less than forthcoming with information that seemed to argue against the success of the case. In reality, Brenda’s parents were constantly concerned that their little girl wasn’t really behaving as most girls did, and by the time Brenda was nearing adolescence, it was painfully obvious to the family that she was really having a hard time identifying as a female. In addition, Brenda was becoming increasingly reluctant to continue her visits with Dr. Money to the point that she threatened suicide if her parents made her go back to see him again.

At that point, Janet and Ronald disclosed the true nature of Brenda’s early childhood to their daughter. While initially shocked, Brenda reported that things made sense to her now, and ultimately, by the time she was an adolescent, Brenda had decided to identify as a male. Thus, she became David Reimer.

David was quite comfortable in his masculine role. He made new friends and began to think about his future. Although his castration had left him infertile, he still wanted to be a father. In 1990, David married a single mother and loved his new role as a husband and father. In 1997, David was made aware that Dr. Money was continuing to publicize his case as a success supporting his theory of psychosexual neutrality. This prompted David and his brother to go public with their experiences in attempt to discredit the doctor’s publications. While this revelation created a firestorm in the scientific community for Dr. Money, it also triggered a series of unfortunate events that ultimately led to David committing suicide in 2004 (O’Connell, 2004).

This sad story speaks to the complexities involved in gender identity. While the Reimer case had earlier been paraded as a hallmark of how socialization trumped biology in terms of gender identity, the truth of the story made the scientific and medical communities more cautious in dealing with cases that involve intersex children and how to deal with their unique circumstances. In fact, stories like this one have prompted measures to prevent unnecessary harm and suffering to children who might have issues with gender identity. For example, in 2013, a law took effect in Germany allowing parents of intersex children to classify their children as indeterminate so that children can self-assign the appropriate gender once they have fully developed their own gender identities (Paramaguru, 2013).

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11.5: Emotion

Emotion

Learning Objectives

By the end of this section, you will be able to:

- Explain the major theories of emotion
- Describe the role that limbic structures play in emotional processing
- Understand the ubiquitous nature of producing and recognizing emotional expression

As we move through our daily lives, we experience a variety of emotions. An **emotion** is a subjective state of being that we often describe as our feelings. Emotions result from the combination of subjective experience, expression, cognitive appraisal, and physiological responses (Levenson, Carstensen, Friesen, & Ekman, 1991). However, as discussed later in the chapter, the exact order in which the components occur is not clear, and some parts may happen at the same time. Generally, in the emotional process, we have some kind of antecedent event and this triggers the emotion. This antecedent event prompts our appraisal, which is the step where we try to make sense of the event. Depending on how we appraise the event, we get a different emotional response. The emotional response is comprised of three components: physiological changes, behavioural/expressive changes, and subjective changes (described in more detail in the tricky topic below).

The words emotion and mood are sometimes used interchangeably, but psychologists use these words to refer to two different things. Typically, the word emotion indicates a subjective, affective state that is relatively intense and that occurs in response to something we experience (Figure EM.20). Emotions are often thought to be consciously experienced and intentional. Mood, on the other hand, refers to a prolonged, less intense, affective state that does not occur in response to something we experience. Mood states may not be consciously recognized and do not carry the intentionality that is associated with emotion (Beedie, Terry, Lane, & Devonport, 2011). Here we will focus on emotion, and you will learn more about mood in the chapter that covers psychological disorders.



(a) (b)

Figure EM.20 Toddlers can cycle through emotions quickly, being (a) extremely happy one moment and (b) extremely sad the next. (credit a: modification of work by Kerry Ceszyk; credit b: modification of work by Kerry Ceszyk)

This section will outline some of the most well-known theories explaining our emotional experience and provide insight into the biological bases of emotion. This section closes with a discussion of the ubiquitous nature of facial expressions of emotion and our abilities to recognize those expressions in others.

Theories of Emotion

Our emotional states are combinations of physiological arousal, psychological appraisal, and subjective experiences. Together, these are the **components of emotion**, and our experiences, backgrounds, and cultures inform our emotions. Therefore, different people may have different emotional experiences even when faced with similar circumstances. Over time, several different theories of emotion, shown in Figure EM.21, have been proposed to explain how the various components of emotion interact with one another.

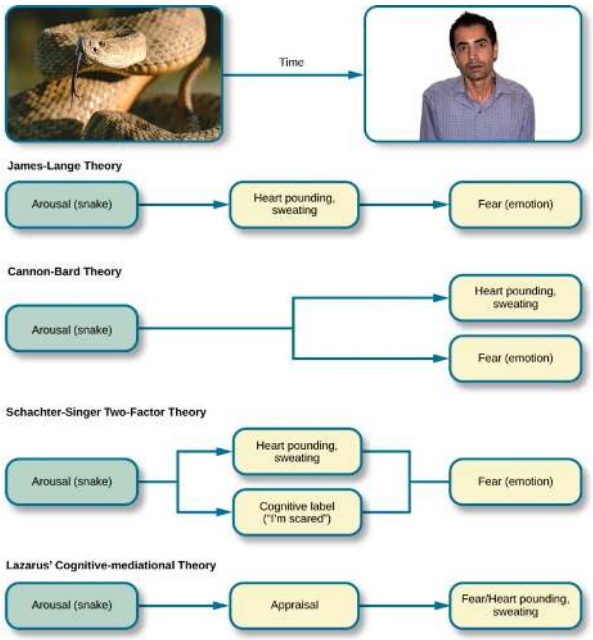


Figure EM.21 This figure illustrates the major assertions of the James-Lange, Cannon-Bard, and Schachter-Singer two-factor theories of emotion. (credit "snake": modification of work by "tableatny"/Flickr; credit "face": modification of work by Cory Zanker)

The James-Lange Theory

The **James-Lange theory** of emotion asserts that emotions arise from physiological arousal. Recall what you have learned about the sympathetic nervous system and our fight or flight response when threatened. If you were to encounter some threat in your environment, like a venomous snake in your backyard, your sympathetic nervous system would initiate significant physiological arousal, which would make your heart race and increase your respiration rate. According to the James-Lange theory of emotion, you would only experience a feeling of fear after this physiological arousal had taken place. Furthermore, different arousal patterns would be associated with different feelings.

The Cannon-Bard Theory

Other theorists, however, doubted that the physiological arousal that occurs with different types of emotions is distinct enough to result in the wide variety of emotions that we experience. Thus, the **Cannon-Bard theory** of emotion was developed. According to this view, physiological arousal and emotional experience occur simultaneously, yet independently (Lang, 1994). So, when you see the venomous snake, you feel fear at exactly the same time that your body mounts its fight or flight response. This emotional reaction would be separate and independent of the physiological arousal, even though they co-occur.

Does smiling make you happy? Alternatively, does being happy make you smile? The facial feedback hypothesis proposes that your facial expression can actually affect your emotional experience (Adelman & Zajonc, 1989; Boiger & Mesquita, 2012; Buck, 1980; Capella, 1993; Soussignan, 2001; Strack, Martin, & Stepper, 1988). Research investigating the facial feedback hypothesis suggested that suppression of facial expression of emotion lowered the intensity of some emotions experienced by participants (Davis, Senghas, & Ochsner, 2009). Havas, Glenberg, Gutowski, Lucarelli, and Davidson (2010) used Botox injections to paralyze facial muscles and limit facial expressions, including frowning, and they found that depressed people reported less depression after their frowning muscles were paralyzed. Other research found that the intensities of facial expressions affected the emotional reactions (Soussignan, 2002; Strack, Martin, & Stepper, 1988). In other words, if something insignificant occurs and you smile as if you just won lottery, you will actually be happier about the little thing than you would be if you only had a tiny smile. Conversely, if you walk around frowning all the time, it might cause you to have less positive emotions than you would if you had smiled. Interestingly, Soussignan (2002) also reported physiological arousal differences associated with the intensities of one type of smile.

The Schacter-Singer Two Factor Theory

The **Schachter-Singer two-factor theory** of emotion is another variation on theories of emotions that takes into account both physiological arousal and the emotional experience. According to this theory, emotions are composed of two factors: physiological and cognitive. In other words, physiological arousal is interpreted in context to produce the emotional experience. In revisiting our example involving the venomous snake in your backyard, the two-factor theory maintains that the snake elicits sympathetic nervous system activation that is labeled as fear given the context, and our experience is that of fear. If you had labeled your sympathetic nervous system activation as joy, you would have experienced joy. The Schachter-Singer two-factor theory depends on labeling the physiological experience, which is a type of cognitive appraisal.

Magda Arnold was the first theorist to offer an exploration of the meaning of appraisal, and to present an outline of what the appraisal process might be and how it relates to emotion (Roseman & Smith, 2001). The key idea of appraisal theory is that you have thoughts (a cognitive appraisal) before you experience an emotion, and the emotion you experience depends on the thoughts you had (Frijda, 1988; Lazarus, 1991). If you think something is positive, you will have more positive emotions about it than if your appraisal was negative, and the opposite is true. Appraisal theory explains the way two people can have two completely different emotions regarding the same event. For example, suppose your psychology instructor selected you to lecture on emotion; you might see that as positive, because it represents an opportunity to be the center of attention, and you would experience happiness. However, if you dislike speaking in public, you could have a negative appraisal and experience discomfort.

Schachter and Singer believed that physiological arousal is very similar across the different types of emotions that we experience, and therefore, the cognitive appraisal of the situation is critical to the actual emotion experienced. In fact, it might be possible to misattribute arousal to an emotional experience if the circumstances were right (Schachter & Singer, 1962). They performed a clever experiment to test their idea. Participants were randomly assigned to one of several groups. Some of the participants received injections of epinephrine that caused bodily changes that mimicked the fight-or-flight response of the sympathetic nervous system; however, only some of these participants were told to expect these reactions as side effects of the injection. The other participants that received injections of epinephrine were told either that the injection would have no side effects or that it would result in a side effect unrelated to a sympathetic response, such as itching feet or headache. After receiving these injections, participants waited in a room with someone else they thought was another subject in the research project. In reality, the other person was a confederate of the researcher. The confederate engaged in scripted displays of euphoric or angry behaviour (Schachter & Singer, 1962).

When those participants who were told that they should expect to feel symptoms of physiological arousal were asked about any emotional changes that they had experienced related to either euphoria or anger (depending on the way the confederate behaved), they reported none. However, the participants who weren't expecting physiological arousal as a function of the injection were more likely to report that they experienced euphoria or anger as a function of their assigned confederate's behaviour. While everyone who received an injection of epinephrine experienced the same physiological arousal, only those who were not expecting the arousal used context to interpret the arousal as a change in emotional state (Schachter & Singer, 1962).

Strong emotional responses are associated with strong physiological arousal, which caused some theorists to suggest that the signs of physiological arousal, including increased heart rate, respiration rate, and sweating, might be used to determine whether someone is telling the truth or not. The assumption is that most of us would show signs of physiological arousal if we were being dishonest with someone. A **polygraph**, or lie detector test, measures the physiological arousal of an individual responding to a series of questions. Someone trained in reading these tests would look for answers to questions that are associated with increased levels of arousal as potential signs that the respondent may have been dishonest on those answers. While polygraphs are still commonly used, their validity and accuracy are highly questionable because there is no evidence that lying is associated with any particular pattern of physiological arousal (Saxe & Ben-Shakhar, 1999).

The Cognitive-Mediational Model

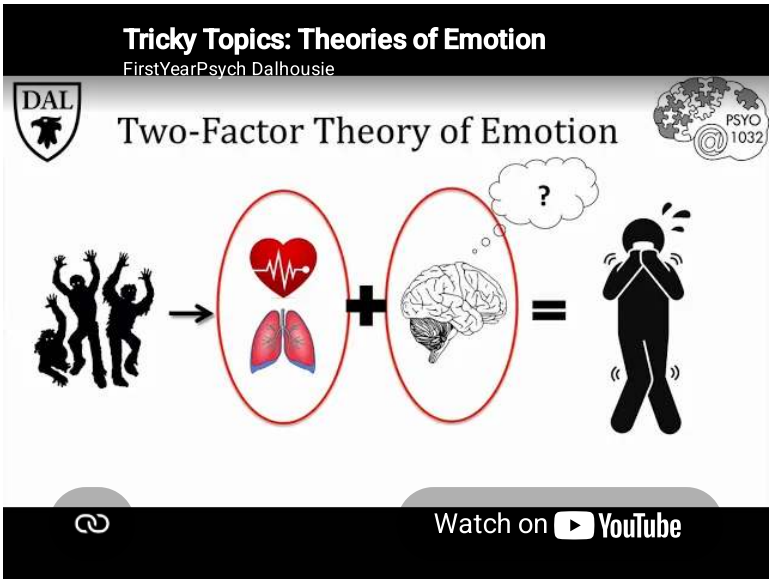
The relationship between our experiencing of emotions and our cognitive processing of them, and the order in which these occur, remains a topic of research and debate. Lazarus (1991) developed the **cognitive-mediational theory** that asserts our emotions are determined by our appraisal of the stimulus. This appraisal mediates between the stimulus and the emotional response, and it is immediate and often unconscious. In contrast to the Schachter-Singer model, the appraisal precedes a cognitive label. You will learn more about Lazarus's appraisal concept when you study stress, health, and lifestyle. However, there are other views of emotions that also emphasize the cognitive processes.

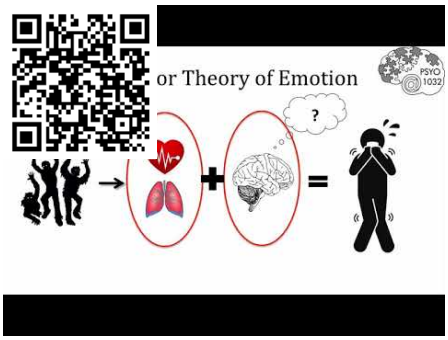
Return to the example of being asked to lecture by your professor. Even if you do not enjoy speaking in public, you probably could manage to do it. You would purposefully control your emotions, which would allow you to speak, but we constantly regulate our emotions, and much of our emotion regulation occurs without us actively thinking about it. Mauss and her colleagues studied automatic emotion regulation (AER), which refers to the non-deliberate control of emotions. It is simply not reacting with your emotions, and AER can affect all aspects of emotional processes. AER can influence the things you attend to, your appraisal, your choice to engage in an emotional experience, and your behaviours after an emotion is experienced (Mauss, Bunge, & Gross, 2007; Mauss, Levenson, McCarter, Wilhelm, & Gross, 2005). AER is similar to other automatic cognitive processes in which sensations activate knowledge structures that affect functioning. These knowledge structures can include concepts, schemas, or scripts.

The idea of AER is that people develop an automatic process that works like a script or schema, and the process does not require deliberate thought to regulate emotions. AER works like riding a bicycle. Once you develop the process, you just do it without thinking about it. AER can be adaptive or maladaptive and has important health implications (Hopp, Troy, & Mauss, 2011). Adaptive AER leads to better health outcomes than maladaptive AER, primarily due to experiencing or mitigating stressors better than people with maladaptive AERs (Hopp, Troy, & Mauss, 2011). Alternatively, maladaptive AERs may be critical for maintaining some psychological disorders (Hopp, Troy, & Mauss, 2011). Mauss and her colleagues found that strategies could reduce negative emotions, which in turn should increase psychological health (Mauss, Cook, Cheng, & Gross, 2007; Mauss, Cook, & Gross, 2007; Shallcross, Troy, Boland, & Mauss, 2010; Troy, Shallcross, & Mauss, 2013; Troy, Wilhelm, Shallcross, & Mauss, 2010). Mauss has also suggested there are problems with the way emotions are measured, but she believes most of the aspects of emotions that are typically measured are useful (Mauss, et al., 2005; Mauss & Robinson, 2009). However, another way of considering emotions challenges our entire understanding of emotions.

After about three decades of interdisciplinary research, Barrett argued that we do not understand emotions. She proposed that emotions were not built into your brain at birth, but rather they were constructed based on your experiences. Emotions in the constructivist theory are predictions that construct your experience of the world. In chapter 8 you learned that concepts are categories or groupings of linguistic information, images, ideas, or memories, such as life experiences. Barrett extended that to include emotions as concepts that are predictions (Barrett, 2017). Two identical physiological states can result in different emotional states depending on your predictions. For example, your brain predicting a churning stomach in a bakery could lead to you constructing hunger. However, your brain predicting a churning stomach while you were waiting for medical test results could lead your brain to construct worry. Thus, you can construct two different emotions from the same physiological sensations. Rather than emotions being something over which you have no control, you can control and influence your emotions.

TRICKY TOPIC: THEORIES OF EMOTION





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Two other prominent views arise from the work of Robert Zajonc and Joseph LeDoux. Zajonc asserted that some emotions occur separately from or prior to our cognitive interpretation of them, such as feeling fear in response to an unexpected loud sound (Zajonc, 1998). He also believed in what we might casually refer to as a gut feeling—that we can experience an instantaneous and unexplainable like or dislike for someone or something (Zajonc, 1980). LeDoux also views some emotions as requiring no cognition: some emotions completely bypass contextual interpretation. His research into the neuroscience of emotion has demonstrated the amygdala's primary role in fear (Cunha, Monfils, & LeDoux, 2010; LeDoux 1996, 2002). A fear stimulus is processed by the brain through one of two paths: from the thalamus (where it is perceived) directly to the amygdala or from the thalamus through the cortex and then to the amygdala. The first path is quick, while the second enables more processing about details of the stimulus. In the following section, we will look more closely at the neuroscience of emotional response.

Link to Learning

Watch this video in which Dr. Lisa Feldman Barrett explains constructed emotions, to learn more.

The Biology of Emotions

The limbic system, which is the area of the brain involved in emotion and memory (Figure EM.22) includes the hypothalamus, thalamus, amygdala, and the hippocampus. The hypothalamus plays a role in the activation of the sympathetic nervous system that is a part of any given emotional reaction. The thalamus serves as a sensory relay centre whose neurons project to both the amygdala and the higher cortical regions for further processing. The amygdala plays a role in processing emotional information and sending that information on (Fossati, 2012).The hippocampus integrates emotional experience with cognition (Femenía, Gómez-Galán, Lindskog, & Magara, 2012).

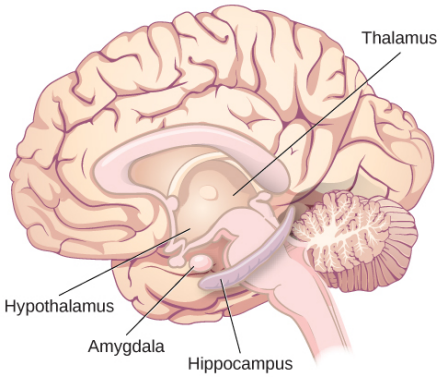


Figure EM.22 The limbic system, which includes the hypothalamus, thalamus, amygdala, and the hippocampus, is involved in mediating emotional response and memory.

Link to Learning

Explore this interactive 3D brain simulator from Open Colleges, for a refresher on the brain's parts and functions. To begin, click the 'start exploring' button. To access the limbic system, click the "+" symbol in the right-hand menu (set of three tabs).

Amygdala

The amygdala has received a great deal of attention from researchers interested in understanding the biological basis for emotions, especially fear and anxiety (Blackford & Pine, 2012; Goosens & Maren, 2002; Maren, Phan, & Liberzon, 2013). The amygdala is composed of various subnuclei, including the basolateral complex and the central nucleus (Figure EM.23). The **basolateral complex** has dense connections with a variety of sensory areas of the brain. It is critical for classical conditioning and for attaching emotional value to learning processes and memory. The **central nucleus** plays a role in attention, and it has connections with the hypothalamus and various brainstem areas to regulate the autonomic nervous and endocrine systems' activity (Pessoa, 2010).

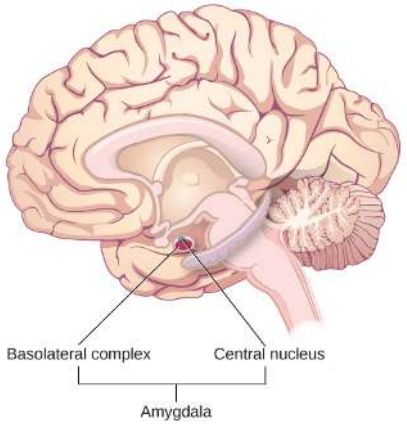


Figure EM.23 The anatomy of the basolateral complex and central nucleus of the amygdala are illustrated in this diagram.

Animal research has demonstrated that there is increased activation of the amygdala in rat pups that have odour cues paired with electrical shock when their birth parent is absent. This leads to an aversion to the odour cue that suggests the rats learned to fear the odour cue. Interestingly, when the birth parent was present, the rats actually showed a preference for the odour cue despite its association with an electrical shock. This preference was associated with no increases in amygdala activation. This suggests a differential effect on the amygdala by the *context* (the presence or absence of the mother) determined whether the pups learned to fear the odour or to be attracted to it (Moriceau & Sullivan, 2006).

Raineki, Cortés, Belnoue, and Sullivan (2012) demonstrated that, in rats, negative early life experiences could alter the function of the amygdala and result in adolescent patterns of behaviour that mimic human mood disorders. In this study, rat pups received either abusive or normal treatment during postnatal days 8–12. There were two forms of abusive treatment. The first form of abusive treatment had an insufficient bedding condition. The mother rat had insufficient bedding material in their cage to build a proper nest that resulted in them spending more time away from the pups trying to construct a nest and less times nursing the pups. The second form of abusive treatment had an associative learning task that involved pairing odours and an electrical stimulus in the absence of the mother, as described above. The control group was in a cage with sufficient bedding and was left undisturbed with their parents during the same time period. The rat pups that experienced abuse were much more likely to exhibit depressive-like symptoms during adolescence when compared to controls. These depressive-like behaviours were associated with increased activation of the amygdala.

Human research also suggests a relationship between the amygdala and psychological disorders of mood or anxiety. Changes in amygdala structure and function have been demonstrated in adolescents who are either at-risk or have been diagnosed with various mood and/or anxiety disorders (Miguel-Hidalgo, 2013; Qin et al., 2013). It has also been suggested that functional differences in the amygdala could serve as a biomarker to differentiate individuals suffering from bipolar disorder from those suffering from major depressive disorder (Fournier, Keener, Almeida, Kronhaus, & Phillips, 2013).

Hippocampus

As mentioned earlier, the hippocampus is also involved in emotional processing. Like the amygdala, research has demonstrated that hippocampal structure and function are linked to a variety of mood and anxiety disorders. Individuals suffering from posttraumatic stress disorder (PTSD) show marked reductions in the volume of several parts of the hippocampus, which may result from decreased levels of neurogenesis and dendritic branching (the generation of new neurons and the generation of new dendrites in existing neurons, respectively) (Wang et al., 2010). While it is impossible to make a causal claim with correlational research like this, studies have demonstrated behavioural improvements and hippocampal volume increases following either pharmacological or cognitive-behavioural therapy in individuals suffering from PTSD (Bremner & Vermetten, 2004; Levy-Gigi, Szabó, Kelemen, & Kéri, 2013).

Facial Expression and Recognition of Emotions

Culture can impact the way in which people display emotion. A **cultural display rule** is one of a collection of culturally specific standards that govern the types and frequencies of displays of emotions that are acceptable (Malatesta & Haviland, 1982). Therefore, people from varying cultural backgrounds can have very different cultural display rules of emotion. For example, research has shown that individuals from the United States express negative emotions like fear, anger, and disgust both alone and in the presence of others, while Japanese individuals only do so while alone (Matsumoto, 1990). Furthermore, individuals from cultures that tend to emphasize social cohesion are more likely to engage in suppression of emotional reaction so they can evaluate which response is most appropriate in a given context (Matsumoto, Yoo, & Nakagawa, 2008).

Other distinct cultural characteristics might be involved in emotionality. For instance, there may be gender differences involved in emotional processing. While research into gender differences in emotional display is equivocal, there is some evidence that men and women may differ in regulation of emotions (McRae, Ochsner, Mauss, Gabrieli, & Gross, 2008).

Paul Ekman (1972) researched a New Guinea man who was living in a preliterate culture using stone implements, and which was isolated and had never seen any outsiders before. Ekman asked the man to show what his facial expression would be if: (1) friends visited, (2) his child had just died, (3) he was about to fight, (4) he stepped on a smelly dead pig. After Ekman's return from New Guinea, he researched facial expressions for more than four decades. Despite different emotional display rules, our ability to recognize and produce facial expressions of emotion appears to be universal. In fact, even congenitally blind individuals produce the same facial expression of emotions, despite their never having the opportunity to observe these facial displays of emotion in other people. This would seem to suggest that the pattern of activity in facial muscles involved in generating emotional expressions is universal, and indeed, this idea was suggested in the late 19th century in Charles Darwin's book *The Expression of Emotions in Man and Animals* (1872). In fact, there is substantial evidence for seven universal emotions that are each associated with distinct facial expressions. These include: happiness, surprise, sadness, fright (fear), disgust, contempt, and anger (Figure EM.24) (Ekman & Keltner, 1997).

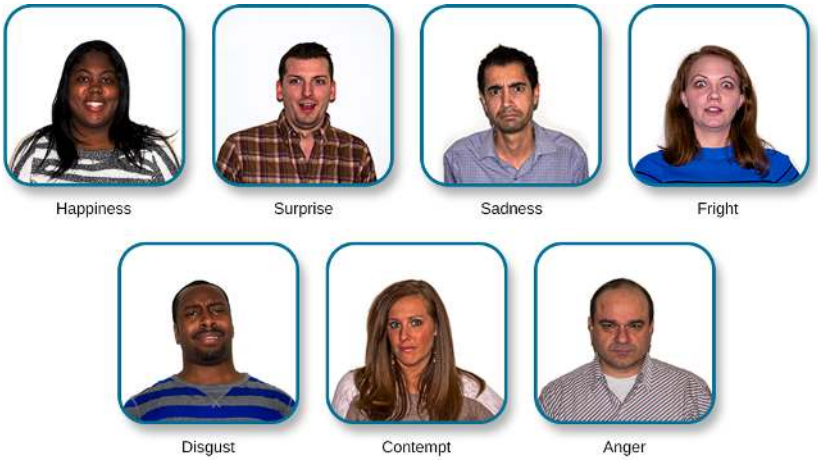


Figure EM.24 The seven universal facial expressions of emotion are shown. (credit: modification of work by Cory Zanker)

Of course, emotion is not only displayed through facial expression. We also use the tone of our voices, various behaviours, and body language to communicate information about our emotional states. **Body language** is the expression of emotion in terms of body position or movement. Research suggests that we are quite sensitive to the emotional information communicated through body language, even if we're not consciously aware of it (de Gelder, 2006; Tamietto et al., 2009).



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11.6: Key Terms for Motivation and Emotion

Key Terms for Motivation and Emotion

anorexia nervosa
eating disorder characterized by an individual maintaining body weight that is well below average through starvation and/or excessive exercise

basolateral complex
part of the brain with dense connections with a variety of sensory areas of the brain; it is critical for classical conditioning and attaching emotional value to memory

binge eating disorder
type of eating disorder characterized by binge eating and associated distress

bisexual
emotional and erotic attractions to both same-sexed individuals and opposite-sexed individuals

body language
emotional expression through body position or movement

bulimia nervosa
type of eating disorder characterized by binge eating followed by purging

Cannon-Bard theory of emotion
physiological arousal and emotional experience occur at the same time

central nucleus
part of the brain involved in attention and has connections with the hypothalamus and various brainstem areas to regulate the autonomic nervous and endocrine systems' activity

cognitive-mediational theory
our emotions are determined by our appraisal of the stimulus

components of emotion
physiological arousal, psychological appraisal, and subjective experience

cultural display rule
one of the culturally specific standards that govern the types and frequencies of emotions that are acceptable

distorted body image
individuals view themselves as overweight even though they are not

drive theory
deviations from homeostasis create physiological needs that result in psychological drive states that direct behaviour to meet the need and ultimately bring the system back to homeostasis

emotion
subjective state of being often described as feelings

excitement
phase of the sexual response cycle that involves sexual arousal

extrinsic motivation

motivation that arises from external factors or rewards

facial feedback hypothesis
facial expressions are capable of influencing our emotions

gender dysphoria
diagnostic category in DSM-5 for individuals who do not identify as the gender associated with their biological sex

gender identity
individual's sense of having a particular gender

habit
pattern of behaviour in which we regularly engage

heterosexual
emotional and erotic attractions to opposite-sexed individuals

hierarchy of needs
spectrum of needs ranging from basic biological needs to social needs to self-actualization

homosexual
emotional and erotic attractions to same-sexed individuals

instinct
species-specific pattern of behaviour that is unlearned

intrinsic motivation
motivation based on internal feelings rather than external rewards

James-Lange theory of emotion
emotions arise from physiological arousal

leptin
satiety hormone

metabolic rate
amount of energy that is expended in a given period of time

motivation
wants or needs that direct behaviour toward some goal

orgasm
peak phase of the sexual response cycle associated with rhythmic muscle contractions (and ejaculation)

overweight
adult with a BMI between 25 and 29.9

plateau
phase of the sexual response cycle that falls between excitement and orgasm

polygraph
lie detector test that measures physiological arousal of individuals as they answer a series of questions

refractory period

time immediately following an orgasm during which an individual is incapable of experiencing another orgasm

resolution
phase of the sexual response cycle following orgasm during which the body returns to its unaroused state

satiation
fullness; satisfaction

Schachter-Singer two-factor theory of emotion
emotions consist of two factors: physiological and cognitive

self-efficacy
individual's belief in their own capabilities or capacities to complete a task

set point theory
assertion that each individual has an ideal body weight, or set point, that is resistant to change

sexual orientation
one's emotional and erotic attraction to others

sexual response cycle
divided into 4 phases including excitement, plateau, orgasm, and resolution

hormone therapy
use of hormones to change the appearance of one's body, often used to treat gender dysphoria

Yerkes-Dodson law
simple tasks are performed best when arousal levels are relatively high, while complex tasks are best performed when arousal is lower

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11.7: Summary for Motivation and Emotion

Summary for Motivation and Emotion

EM.1 Motivation

Motivation to engage in a given behaviour can come from internal and/or external factors. Multiple theories have been put forward regarding motivation. More biologically oriented theories deal with the ways that instincts and the need to maintain bodily homeostasis motivate behaviour. Bandura postulated that our sense of self-efficacy motivates behaviours, and there are a number of theories that focus on a variety of social motives. Abraham Maslow's hierarchy of needs is a model that shows the relationship among multiple motives that range from lower-level physiological needs to the very high level of self-actualization.

EM.2 Hunger and Eating

Hunger and satiety are highly regulated processes that result in a person maintaining a fairly stable weight that is resistant to change. When more calories are consumed than expended, a person will store excess energy as fat. Hunger and satiety are influenced by the hypothalamus and other signals within the body. Sociocultural factors that emphasize thinness as a beauty ideal and a genetic predisposition contribute to the development of eating disorders in many young females, though eating disorders span ages and genders.

EM.3 Sexual Behaviour

The hypothalamus and structures of the limbic system are important in sexual behaviour and motivation. There is evidence to suggest that our motivation to engage in sexual behaviour and our ability to do so are related, but separate, processes. Alfred Kinsey conducted large-scale survey research that demonstrated the incredible diversity of human sexuality. William Masters and Virginia Johnson observed individuals engaging in sexual behaviour in developing their concept of the sexual response cycle. While often confused, sexual orientation and gender identity are related, but distinct, concepts.

EM.4 Emotion

Emotions are subjective experiences that consist of physiological arousal and cognitive appraisal. Various theories have been put forward to explain our emotional experiences. The James-Lange theory asserts that emotions arise as a function of physiological arousal. The Cannon-Bard theory maintains that emotional experience occurs simultaneous to and independent of physiological arousal. The Schachter-Singer two-factor theory suggests that physiological arousal receives cognitive labels as a function of the relevant context and that these two factors together result in an emotional experience.

The limbic system is the brain's emotional circuit, which includes the amygdala and the hippocampus. Both of these structures are implicated in playing a role in normal emotional processing as well as in psychological mood and anxiety disorders. Increased amygdala activity is associated with learning to fear, and it is seen in individuals who are at risk for or suffering from mood disorders. The volume of the hippocampus has been shown to be reduced in individuals suffering from posttraumatic stress disorder.

The ability to produce and recognize facial expressions of emotions seems to be universal regardless of cultural background. However, there are cultural display rules which influence how often and under what circumstances various emotions can be expressed. Tone of voice and body language also serve as a means by which we communicate information about our emotional states.

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11.8: Review Questions for Emotion and Motivation

Review Questions for Emotion and Motivation

Click here for Answer Key

Multiple Choice Questions

1. Need for _____ refers to maintaining positive relationships with others.

A. achievement
B. affiliation
C. intimacy
D. power

2. _____ proposed the hierarchy of needs.

A. William James
B. David McClelland
C. Abraham Maslow
D. Albert Bandura

3. _____ is an individual's belief in their capability to complete some task.

A. physiological needs
B. self-esteem
C. self-actualization
D. self-efficacy

4. Riley mows the yard of their elderly neighbor each week for $20. What type of motivation is this?

A. extrinsic
B. intrinsic
C. drive
D. biological

5. _____ is a chemical messenger secreted by fat cells that acts as an appetite suppressant.

A. orexin
B. angiotensin
C. leptin
D. ghrelin

6. _____ is characterized by episodes of binge eating followed by attempts to compensate for the excessive amount of food that was consumed.

A. Prader-Willi syndrome
B. morbid obesity
C. anorexia nervosa
D. bulimia nervosa

7. Animal research suggests that in male rats the _____ is critical for the ability to engage in sexual behaviour, but not for the motivation to do so.

A. nucleus accumbens
B. amygdala
C. medial preoptic area of the hypothalamus
D. hippocampus

8. During the _____ phase of the sexual response cycle, individuals experience rhythmic contractions of the pelvis that are accompanied by uterine contractions in those with vaginas and ejaculation in those with penises.

A. excitement
B. plateau
C. orgasm
D. resolution

9. Which of the following findings was not a result of the Kinsey study?

A. Sexual desire and sexual ability can be separate functions.
B. Females enjoy sex as much as males.
C. Homosexual behaviour is fairly common.
D. Masturbation has no adverse consequences.

10. If someone is uncomfortable identifying with the gender normally associated with their biological sex, then they could be classified as experiencing _____.

A. homosexuality
B. bisexuality
C. asexuality
D. gender dysphoria

11. Individuals suffering from posttraumatic stress disorder have been shown to have reduced volumes of the _____.

A. amygdala
B. hippocampus
C. hypothalamus
D. thalamus

12. According to the _____ theory of emotion, emotional experiences arise from physiological arousal.

A. James-Lange
B. Cannon-Bard
C. Schachter-Singer two-factor
D. Darwinian

13. Which of the following is not one of the seven universal emotions described in this chapter?

A. contempt
B. disgust
C. melancholy
D. anger

14. Which of the following theories of emotion would suggest that polygraphs should be quite accurate at differentiating one emotion from another?

A. Cannon-Bard theory
B. James-Lange theory
C. Schachter-Singer two-factor theory
D. Darwinian theory

Critical Thinking Questions

15. How might someone espousing an arousal theory of motivation explain visiting an amusement park?

16. Schools often use concrete rewards to increase adaptive behaviours. How might this be a disadvantage for students intrinsically motivated to learn? What are educational implications of the potential for concrete rewards to diminish intrinsic motivation for a given task?

17. As indicated in this section, Caucasian women from industrialized, Western cultures tend to be at the highest risk for eating disorders like anorexia and bulimia nervosa. Why might this be?

18. While much research has been conducted on how an individual develops a given sexual orientation, many people question the validity of this research citing that the participants used may not be representative. Why do you think this might be a legitimate concern?

19. There is no reliable scientific evidence that gay conversion therapy actually works. What kinds of evidence would you need to see in order to be convinced by someone arguing that she had successfully converted her sexual orientation?

20. Imagine you find a venomous snake crawling up your leg just after taking a drug that prevented sympathetic nervous system activation. What would the James-Lange theory predict about your experience?

21. Why can we not make causal claims regarding the relationship between the volume of the hippocampus and PTSD?

Personal Application Questions

22. Can you think of recent examples of how Maslow's hierarchy of needs might have affected your behaviour in some way?

23. Think about popular television programs on the air right now. What do the people in these programs look like? What kinds of messages do you think the media is sending about the people in our society?

24. Think about times in your life when you have been absolutely elated (e.g., perhaps your school's basketball team just won a closely contested ballgame for the national championship) and very fearful (e.g., you are about to give a speech in your public speaking class to a roomful of 100 strangers). How would you describe how your arousal manifested itself physically? Were there marked differences in physiological arousal associated with each emotional state?

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11.9: Acknowledgements and Attributions

Acknowledgements & Attributions

Motivation

Jocelyn Paul revised and rewrote the Hierarchy of Needs portion of this section. This new section now explores a more inclusive understanding of needs models, expanding beyond the narrow scope of Maslow. Jocelyn added new content highlighting Maslow's influence from his time with the Blackfoot Nation, as well as related concepts from the Mi'kmaq and Haudenosaunee peoples. Editing work on this section was completed by **Max Dysart**.

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CHAPTER OVERVIEW

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12.1: Introduction to Social Psychology

Introduction to Social Psychology

Chapter Outline

- What Is Social Psychology?
- Self-presentation
- Attitudes and Persuasion
- Conformity, Compliance, and Obedience
- Prejudice and Oppression
- Aggression
- Prosocial Behaviour



Figure SP.1 Trayvon Martin, 17, was shot to death at the hands of George Zimmerman, a volunteer neighbourhood watchman, in 2012. Was his death the result of self-defence or racial bias? That question drew hundreds of people to rally on each side of this heated debate. (credit “signs”: modification of work by David Shankbone; credit “walk”: modification of work by “Fibonacci Blue”/Flickr)

On the night of February 26, 2012, Trayvon Martin, a 17-year-old African American high school student, was shot by a neighbourhood watch volunteer, George Zimmerman, in a predominantly White neighbourhood. Zimmerman grew suspicious of the boy dressed in a hoodie and pursued Martin. A physical altercation ended with Zimmerman fatally shooting Martin. Zimmerman claimed that he acted in defence. Martin was unarmed, and after his death, there was a nationwide outcry. A Florida jury found Zimmerman not guilty of second degree murder nor of manslaughter. George Zimmerman was a resident in the housing complex, not on the job, when the shooting occurred.

There have also been tragic situations with deadly consequences in which police officers have shot innocent civilians. In 2019, Atatiana Jefferson’s neighbour used a non-emergency line to call the police because Jefferson’s front door was open in the late hours of the night. The police arrived and an officer went to the back of the yard. Jefferson, not knowing that the police had been called, reached into her purse and got out her legally owned gun. The officer perceived a threat and fired upon Jefferson, killing her. Her 8-year-old nephew witnessed the incident, as he was playing video games with his aunt. Why did each of these nights end so tragically for those involved? What dynamics contributed to the outcomes? How can these deaths be prevented?

Social psychologists examine how the presence of others impacts how a person behaves and reacts, whether that person is an athlete playing a game, a police officer on the job, or a worshiper attending a religious service. Social psychologists believe that a person’s behaviour is influenced by who else is present in a given situation and the composition of social groups.

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12.2: What is Social Psychology?

What is Social Psychology?

Learning Objectives

By the end of this section, you will be able to:

- Define social psychology
- Describe situational versus dispositional influences on behaviour
- Describe the fundamental attribution error
- Explain actor-observer bias
- Describe self-serving bias
- Explain the just-world hypothesis

Social psychology examines how people affect one another, and it looks at the power of the situation. According to the American Psychological Association (n.d.), social psychologists "are interested in all aspects of personality and social interaction, exploring the influence of interpersonal and group relationships on human behaviour." Throughout this chapter, we will examine how the presence of other individuals and groups of people impacts a person's behaviours, thoughts, and feelings. Essentially, people will change their behaviour to align with the social situation at hand. If we are in a new situation or are unsure how to behave, we will take our cues from other individuals.

The field of social psychology studies topics at both the intra- and interpersonal levels. Intrapersonal topics (those that pertain to the individual) include emotions and attitudes, the self, and social cognition (the ways in which we think about ourselves and others). Interpersonal topics (those that pertain to dyads and groups) include helping behaviour (Figure SP.2), aggression, prejudice and discrimination, attraction and close relationships, and group processes and intergroup relationships.



Figure SP.2 Social psychology deals with all kinds of interactions between people, spanning a wide range of how we connect: from moments of confrontation to moments of working together and helping others, as shown here. (credit: Sgt. Derec Pierson, U.S. Army)

Social psychologists focus on how people conceptualize and interpret situations and how these interpretations influence their thoughts, feelings, and behaviours (Ross & Nisbett, 1991). Thus, social psychology studies individuals in a social context and how situational variables interact to influence behaviour. In this chapter, we discuss the intrapersonal processes of self-presentation, cognitive dissonance and attitude change, and the interpersonal processes of conformity and obedience, aggression and altruism, and, finally, love and attraction.

Situational and Dispositional Influences on Behaviour

Behaviour is a product of both the situation (e.g., cultural influences, social roles, and the presence of bystanders) and of the person (e.g., personality characteristics). Subfields of psychology tend to focus on one influence or behaviour over others. **Situationism** is the view that our behaviour and actions are determined by our immediate environment and surroundings. In contrast, **dispositionism** holds that our behaviour is determined by internal factors (Heider, 1958). An **internal factor** is an attribute of a person and includes personality traits and temperament. Social psychologists have tended to take the situationist perspective, whereas personality psychologists have promoted the dispositionist perspective. Modern approaches to social psychology, however, take both the situation and the individual into account when studying human behaviour (Fiske, Gilbert, & Lindzey, 2010). In fact, the field of social-personality psychology has emerged to study the complex interaction of internal and situational factors that affect human behaviour (Mischel, 1977; Richard, Bond, & Stokes-Zoota, 2003).

Fundamental Attribution Error

In the United States, the predominant culture tends to favour a dispositional approach in explaining human behaviour. Why do you think this is? We tend to think that people are in control of their own behaviours, and, therefore, any behaviour change must be due to something internal, such as their personality, habits, or temperament. According to some social psychologists, people tend to overemphasize internal factors as explanations—or attributions—for the behaviour of other people. They tend to assume that the behaviour of another person is a *trait* of that person, and to underestimate the power of the situation on the behaviour of others. They tend to fail to recognize when the behaviour of another is due to situational variables, and thus to the person's *state*. This erroneous assumption is called the **fundamental attribution error** (Ross, 1977; Riggio & Garcia, 2009). To better understand, imagine this scenario: Jamie returns home from work, and opens the front door to a happy greeting from their spouse Morgan who inquires how the day has been. Instead of returning their spouse's kind greeting, Jamie yells, "Leave me alone!" Why did Jamie yell? How would someone committing the fundamental attribution error explain Jamie's behaviour? The most common response is that Jamie is a mean, angry, or unfriendly person (traits). This is an internal or dispositional explanation. However, imagine that Jamie was just laid off from work due to company downsizing. Would your explanation for Jamie's behaviour change? Your revised explanation might be that Jamie was frustrated and disappointed about being laid off and was therefore in a bad mood (state). This is now an external or situational explanation for Jamie's behaviour.

The fundamental attribution error is so powerful that people often overlook obvious situational influences on behaviour. A classic example was demonstrated in a series of experiments known as the quizmaster study (Ross, Amabile, & Steinmetz, 1977). Student participants were randomly assigned to play the role of a questioner (the quizmaster) or a contestant in a quiz game. Questioners developed difficult questions to which they knew the answers, and they presented these questions to the contestants. The contestants answered the questions correctly only 4 out of 10 times. After the task, the questioners and contestants were asked to rate their own general knowledge compared to the average student. Questioners did not rate their general knowledge higher than the contestants, but the contestants rated the questioners' intelligence higher than their own. In a second study, observers of the interaction also rated the questioner as having more general knowledge than the contestant. The obvious influence on performance is the situation. The questioners wrote the questions, so of course they had an advantage. Both the contestants and observers made an internal attribution for the performance. They concluded that the questioners must be more intelligent than the contestants.

As demonstrated in the examples above, the fundamental attribution error is considered a powerful influence in how we explain the behaviours of others. However, it should be noted that some researchers have suggested that the fundamental attribution error may not be as powerful as it is often portrayed. In fact, a recent review of more than 173 published studies suggests

that several factors (e.g., high levels of idiosyncrasy of the character and how well hypothetical events are explained) play a role in determining just how influential the fundamental attribution error is (Malle, 2006).

Is the Fundamental Attribution Error a Universal Phenomenon?

You may be able to think of examples of the fundamental attribution error in your life. Do people in all cultures commit the fundamental attribution error? Research suggests that they do not. People from an **individualistic culture**, that is, a culture that focuses on individual achievement and autonomy, have the greatest tendency to commit the fundamental attribution error. Individualistic cultures, which tend to be found in western countries (such as North America and the United Kingdom), promote a focus on the individual. Therefore, a person's disposition is thought to be the primary explanation for her behaviour. In contrast, people from a **collectivistic culture** (such as countries located in Asia), that is, a culture that focuses on communal relationships with others, such as family, friends, and community (Figure SP.3), are less likely to commit the fundamental attribution error (Markus & Kitayama, 1991; Triandis, 2001).



(a) (b) (c)

Figure SP.3 People from collectivistic cultures, such as some Asian cultures, are more likely to emphasize relationships with others than to focus primarily on the individual. Activities such as (a) preparing a meal, (b) hanging out, and (c) playing a game engage people in a group. (credit a: modification of work by Arian Zwegers; credit b: modification of work by "conbon33"/Flickr; credit c: modification of work by Anja Disseldorp)

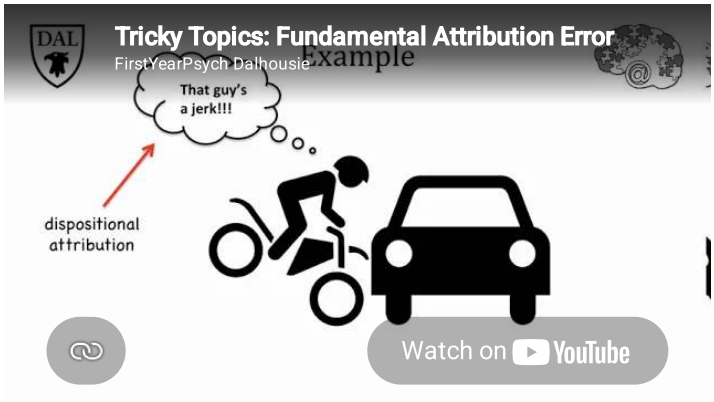
Why do you think this is the case? Collectivistic cultures, which tend to be found in east Asian countries and in Latin American and African countries, focus on the group more than on the individual (Nisbett, Peng, Choi, & Norenzayan, 2001). This focus on others provides a broader perspective that takes into account both situational and cultural influences on behaviour; thus, a more nuanced explanation of the causes of others' behaviour becomes more likely. Table SP.1 summarizes compares individualistic and collectivist cultures.

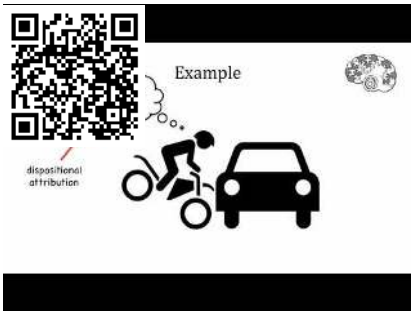
Table SP.1 Characteristics of Individualistic and Collectivistic Cultures

Individualistic Culture	Collectivistic Culture
Achievement oriented	Relationship oriented
Focus on autonomy	Focus on group harmony
Dispositional perspective	Situational perspective
Independent	Interdependent
Analytic thinking style	Holistic thinking style

Masuda and Nisbett (2001) demonstrated that the kinds of information that people attend to when viewing visual stimuli (e.g., an aquarium scene) can differ significantly depending on whether the observer comes from a collectivistic versus an individualistic culture. Japanese participants were much more likely to recognize objects that were presented when they occurred in the same context in which they were originally viewed. Manipulating the context in which object recall occurred had no such impact on American participants. Other researchers have shown similar differences across cultures. For example, Zhang, Fung, Stanley, Isaacowitz, and Zhang (2014) demonstrated differences in the ways that holistic thinking might develop between Chinese and American participants, and Ramesh and Gelfand (2010) demonstrated that job turnover rates are more related to the fit between a person and the organization in which they work in an Indian sample, but the fit between the person and their specific job was more predictive of turnover in an American sample.

TRICKY TOPIC: FUNDAMENTAL ATTRIBUTION ERROR





If the video above does not load, click here: https://youtu.be/o6wWn7D-Yyk
For a full transcript of this video, click here

Actor-Observer Bias

Returning to our earlier example, Jamie was laid off, but an observer would not know. So a naïve observer would tend to attribute Jamie's hostile behaviour to Jamie's disposition rather than to the true, situational cause. Why do you think we underestimate the influence of the situation on the behaviours of others? One reason is that we often don't have all the information we need to make a situational explanation for another person's behaviour. The only information we might have is what is observable. Due to this lack of information we have a tendency to assume the behaviour is due to a dispositional, or internal, factor. When it comes to explaining our own behaviours, however, we have much more information available to us. If you came home from school or work angry and yelled at your dog or a loved one, what would your explanation be? You might say you were very tired or feeling unwell and needed quiet time—a situational explanation. The **actor-observer bias** is the phenomenon of attributing other people's behaviour to internal factors (fundamental attribution error) while attributing our own behaviour to situational forces (Jones & Nisbett, 1971; Nisbett, Caputo, Legant, & Marecek, 1973; Choi & Nisbett, 1998). As actors of behaviour, we have more information available to explain our own behaviour. However as observers, we have less information available; therefore, we tend to default to a dispositionist perspective.

One study on the actor-observer bias investigated reasons male participants gave for why they liked their girlfriend (Nisbett et al., 1973). When asked why participants liked their own girlfriend, participants focused on internal, dispositional qualities of their girlfriends (for example, her pleasant personality). The participants' explanations rarely included causes internal to themselves, such as dispositional traits (for example, "I need companionship."). In contrast, when speculating why a male friend likes his girlfriend, participants were equally likely to give dispositional and external explanations. This supports the idea that actors tend to provide few internal explanations but many situational explanations for their own behaviour. In contrast, observers tend to provide more dispositional explanations for a friend's behaviour (Figure SP.4).

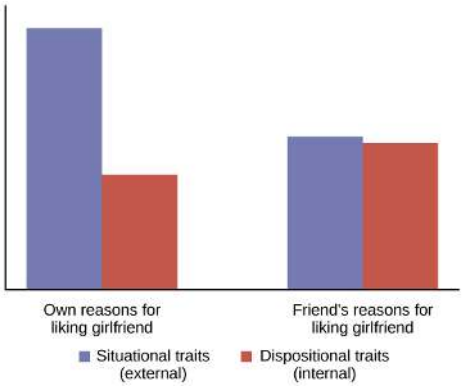


Figure SP.4 Actor-observer bias is evident when subjects explain their own reasons for liking a girlfriend versus their impressions of others' reasons for liking a girlfriend.

Self-Serving Bias

We can understand self-serving bias by digging more deeply into **attribution**, a belief about the cause of a result. One model of attribution proposes three main dimensions: locus of control (internal versus external), stability (stable versus unstable), and controllability (controllable versus uncontrollable). In this context, stability refers the extent to which the circumstances that result in a given outcome are changeable. The circumstances are considered stable if they are unlikely to change. Controllability refers to the extent to which the circumstances that are associated with a given outcome can be controlled. Obviously, those things that we have the power to control would be labeled controllable (Weiner, 1979).

Following an outcome, self-serving biases are those attributions that enable us to see ourselves in a favourable light (for example, making internal attributions for success and external attributions for failures). When you do well at a task, for example acing an exam, it is in your best interest to make a dispositional attribution for your behaviour ("I'm smart,") instead of a situational one ("The exam was easy,"). The tendency of an individual to take credit by making dispositional or internal attributions for positive outcomes (Miller & Ross, 1975). **Self-serving bias** is the tendency to explain our successes as due to dispositional (internal) characteristics, but to explain our failures as due to situational (external) factors. Again, this is culture dependent. This bias serves to protect self-esteem. You can imagine that if people always made situational attributions for their behaviour, they would never be able to take credit and feel good about their accomplishments.

Consider the example of how we explain our favourite sports team's wins. Research shows that we make internal, stable, and controllable attributions for our team's victory (Figure SP.5) (Grove, Hanrahan, & McInman, 1991). For example, we might tell ourselves that our team is talented (internal), consistently works hard (stable), and uses effective strategies (controllable). In contrast, we are more likely to make external, unstable, and uncontrollable attributions when our favourite team loses. For example, we might tell ourselves that the other team has more experienced players or that the referees were unfair (external), the other team played at home (unstable), and the cold weather affected our team's performance (uncontrollable).



Figure SP.5 We tend to believe that our team wins because it's better, but loses for reasons it cannot control. (credit: Wikimedia Commons, user: Tom Szczerbowski)

Just-World Hypothesis

One consequence of westerners' tendency to provide dispositional explanations for behaviour is victim blame (Jost & Major, 2001). When people experience bad fortune, others tend to assume that they somehow are responsible for their own fate. A common ideology, or worldview, in the United States is the just-world hypothesis. The **just-world hypothesis** is the belief that people get the outcomes they deserve (Lerner & Miller, 1978). In order to maintain the belief that the world is a fair place, people tend to think that good people experience positive outcomes, and bad people experience negative outcomes (Jost, Banaji, & Nosek, 2004; Jost & Major, 2001). The ability to think of the world as a fair place, where people get what they deserve, allows us to feel that the world is predictable and that we have some control over our life outcomes (Jost et al., 2004; Jost & Major, 2001). For example, if you want to experience positive outcomes, you just need to work hard to get ahead in life.

Can you think of a negative consequence of the just-world hypothesis? One negative consequence is people's tendency to blame poor individuals for their plight. What common explanations are given for why people live in poverty? Have you heard statements such as, "The poor are lazy and just don't want to work" or "Poor people just want to live off the government"? What types of explanations are these, dispositional or situational? These dispositional explanations are clear examples of the fundamental attribution error. Blaming poor people for their poverty ignores situational factors that impact them, such as high unemployment rates, recession, poor educational opportunities, and the familial cycle of poverty (Figure SP.6). Other research shows that people who hold just-world beliefs have negative attitudes toward people who are unemployed and people living with AIDS (Sutton & Douglas, 2005). In the United States and other countries, victims of sexual assault may find themselves blamed for their abuse. Victim advocacy groups, such as Domestic Violence Ended (DOVE), attend court in support of victims to ensure that blame is directed at the perpetrators of sexual violence, not the victims.



Figure SP.6 People who hold just-world beliefs tend to blame the people in poverty for their circumstances, ignoring situational and cultural causes of poverty. (credit: Adrian Miles)

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12.3: Self-Presentation

Self-Presentation

Learning Objectives

By the end of this section, you will be able to:

- Describe social roles and how they influence behaviour
- Explain what social norms are and how they influence behaviour
- Define the concept of a “script” in the context of social psychology

As you’ve learned, social psychology is the study of how people affect one another’s thoughts, feelings, and behaviours. We have discussed situational perspectives and social psychology’s emphasis on the ways in which a person’s environment, including culture and other social influences, affect behaviour. In this section, we examine situational forces that have a strong influence on human behaviour including social roles, social norms, and scripts. We discuss how humans use the social environment as a source of information, or cues, on how to behave. Situational influences on our behaviour have important consequences, such as whether we will help a stranger in an emergency or how we would behave in an unfamiliar environment.

Social Roles

One major social determinant of human behaviour is our social roles. A **social role** is a pattern of behaviour that is expected of a person in a given setting or group (Hare, 2003). Each one of us has several social roles. You may be, at the same time, a student, a parent, an aspiring teacher, a son or daughter, a spouse, and a lifeguard. How do these social roles influence your behaviour? Social roles are defined by culturally shared knowledge. That is, nearly everyone in a given culture knows what behaviour is expected of a person in a given role. For example, what is the social role for a student? If you look around a college classroom you will likely see students engaging in studious behaviour, taking notes, listening to the professor, reading the textbook, and sitting quietly at their desks (Figure SP.7). Of course you may see students deviating from the expected studious behaviour such as texting on their phones or using Facebook on their laptops, but in all cases, the students that you observe are attending class—a part of the social role of students.



Figure SP.7 Being a student is just one of the many social roles you have. (credit: modification of work by “Rural Institute”/Flickr)

Social roles, and our related behaviour, can vary across different settings. How do you behave when you are engaging in the role of a child attending a family function? Now imagine how you behave when you are engaged in the role of employee at your workplace. It is very likely that your behaviour will be different. Perhaps you are more relaxed and outgoing with your family, making jokes and doing silly things. But at your workplace you might speak more professionally, and although you may be friendly, you are also serious and focused on getting the work completed. These are examples of how our social roles influence and often dictate our behaviour to the extent that identity and personality can vary with context (that is, in different social groups) (Malloy, Albright, Kenny, Agatstein & Winquist, 1997).

Social Norms

As discussed previously, social roles are defined by a culture's shared knowledge of what is expected behaviour of an individual in a specific role. This shared knowledge comes from social norms. A **social norm** is a group's expectation of what is appropriate and acceptable behaviour for its members—how they are supposed to behave and think (Deutsch & Gerard, 1955; Berkowitz, 2004). How are we expected to act? What are we expected to talk about? What are we expected to wear? In our discussion of social roles we noted that colleges have social norms for students' behaviour in the role of student and workplaces have social norms for employees' behaviours in the role of employee. Social norms are everywhere including in families, gangs, and on social media outlets. What are some social norms on Facebook?

Tweens, Teens, and Social Norms

My 11-year-old, Shiloh, recently told me they needed shorts and shirts for the summer, and that they wanted me to take them to a store at the mall that is popular with preteens and teens to buy them. I have noticed that many kids have clothes from that store, so I tried teasing Shiloh. I said, "All the shirts say 'Aero' on the front. If you are wearing a shirt like that and you have a substitute teacher, and the other kids are all wearing that type of shirt, won't the substitute teacher think you are all named 'Aero'?"

Shiloh replied, in typical 11-year-old fashion, "You are not funny. Can we please go shopping?"

I tried a different tactic. I asked Shiloh if having clothing from that particular store will make them popular. They replied, "No, it will not make me popular. It is what the popular kids wear. It will make me feel happier." How can a label or name brand make someone feel happier? Think back to what you've learned about lifespan development. What is it about pre-teens and young teens that make them want to fit in (Figure SP.8)? Does this change over time? Think back to your high school experience, or look around your college campus. What is the main name brand clothing you see? What messages do we get from the media about how to fit in?



Figure SP.8 Young people struggle to become independent at the same time they are desperately trying to fit in with their peers. (credit: Monica Arellano-Ongpin)

Scripts

Because of social roles, people tend to know what behaviour is expected of them in specific, familiar settings. A **script** is a person's knowledge about the sequence of events expected in a specific setting (Schank & Abelson, 1977). How do you act on the first day of school, when you walk into an elevator, or are at a restaurant? For example, at a restaurant in the United States, if we want the server's attention, we try to make eye contact. In Brazil, you would make the sound "psst" to get the server's attention. You can see the cultural differences in scripts. To an American, saying "psst" to a server might seem rude, yet to a Brazilian, trying to make eye contact might not seem an effective strategy. Scripts are important sources of information to guide behaviour in given situations. Can you imagine being in an unfamiliar situation and not having a script for how to behave? This could be uncomfortable and confusing. How could you find out about social norms in an unfamiliar culture?

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12.4: Attitudes and Persuasion

Attitudes and Persuasion

Learning Objectives

By the end of this section, you will be able to:

- Define attitude
- Describe how people's attitudes are internally changed through cognitive dissonance
- Explain how people's attitudes are externally changed through persuasion
- Describe the peripheral and central routes to persuasion

Social psychologists have documented how the power of the situation can influence our behaviours. Now we turn to how the power of the situation can influence our attitudes and beliefs. **Attitude** is our evaluation of a person, an idea, or an object. We have attitudes for many things ranging from products that we might pick up in the supermarket to people around the world to political policies. Typically, attitudes are favourable or unfavourable: positive or negative (Eagly & Chaiken, 1993). And, they have three components: an affective component (feelings), a behavioural component (the effect of the attitude on behaviour), and a cognitive component (belief and knowledge) (Rosenberg & Hovland, 1960).

For example, you may hold a positive attitude toward recycling. This attitude should result in positive feelings toward recycling (such as "It makes me feel good to recycle" or "I enjoy knowing that I make a small difference in reducing the amount of waste that ends up in landfills"). Certainly, this attitude should be reflected in our behaviour: You actually recycle as often as you can. Finally, this attitude will be reflected in favourable thoughts (for example, "Recycling is good for the environment" or "Recycling is the responsible thing to do").

Our attitudes and beliefs are not only influenced by external forces, but also by internal influences that we control. Like our behaviour, our attitudes and thoughts are not always changed by situational pressures, but they can be consciously changed by our own free will. In this section we discuss the conditions under which we would want to change our own attitudes and beliefs.

What is Cognitive Dissonance?

Social psychologists have documented that feeling good about ourselves and maintaining positive self-esteem is a powerful motivator of human behaviour (Tavris & Aronson, 2008). In the United States, members of the predominant culture typically think very highly of themselves and view themselves as good people who are above average on many desirable traits (Ehrlinger, Gilovich, & Ross, 2005). Often, our behaviour, attitudes, and beliefs are affected when we experience a threat to our self-esteem or positive self-image. Psychologist Leon Festinger (1957) defined **cognitive dissonance** as psychological discomfort arising from holding two or more inconsistent attitudes, behaviours, or cognitions (thoughts, beliefs, or opinions). Festinger's theory of cognitive dissonance states that when we experience a conflict in our behaviours, attitudes, or beliefs that runs counter to our positive self-perceptions, we experience psychological discomfort (dissonance). For example, if you believe smoking is bad for your health but you continue to smoke, you experience conflict between your belief and behaviour (Figure SP.9).

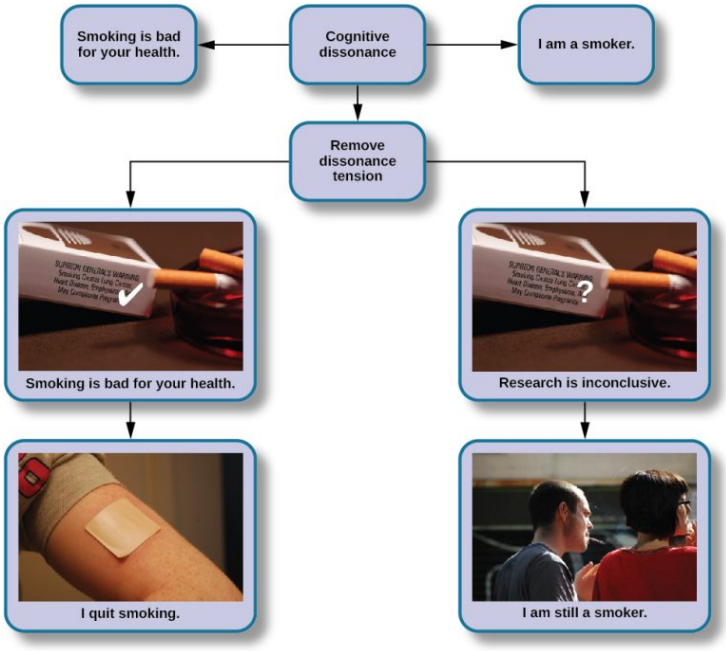


Figure SP.9 Cognitive dissonance is aroused by inconsistent beliefs and behaviours. Believing cigarettes are bad for your health, but smoking cigarettes anyway, can cause cognitive dissonance. To reduce cognitive dissonance, individuals can change their behaviour, as in quitting smoking, or change their belief, such as discounting the evidence that smoking is harmful. (credit "cigarettes": modification of work by CDC/Debora Cartagena; "patch": modification of "RegBarc"/Wikimedia Commons; "smoking": modification of work by Tim Parkinson)

Later research documented that only conflicting cognitions that threaten individuals' positive self-image cause dissonance (Greenwald & Ronis, 1978). Additional research found that dissonance is not only psychologically uncomfortable but also can cause physiological arousal (Croyle & Cooper, 1983) and activate regions of the brain important in emotions and cognitive functioning (van Veen, Krug, Schooler, & Carter, 2009). When we experience cognitive dissonance, we are motivated to decrease it because it is psychologically, physically, and mentally uncomfortable. We can reduce cognitive dissonance by bringing our cognitions, attitudes, and behaviours in line—that is, making them harmonious. This can be done in different ways, such as:

- changing our discrepant behaviour (e.g., stop smoking),
- changing our cognitions through rationalization or denial (e.g., telling ourselves that health risks can be reduced by smoking filtered cigarettes),
- adding a new cognition (e.g., "Smoking suppresses my appetite so I don't become overweight, which is good for my health.").

A classic example of cognitive dissonance is Elian, a 20-year-old who enlists in the military. During boot camp is awakened at 5:00 a.m., is chronically sleep deprived, yelled at, covered in sand flea bites, physically bruised and battered, and mentally exhausted (Figure SP.10). It gets worse. Recruits that make it to week 11 of boot camp have to do 54 hours of continuous training.

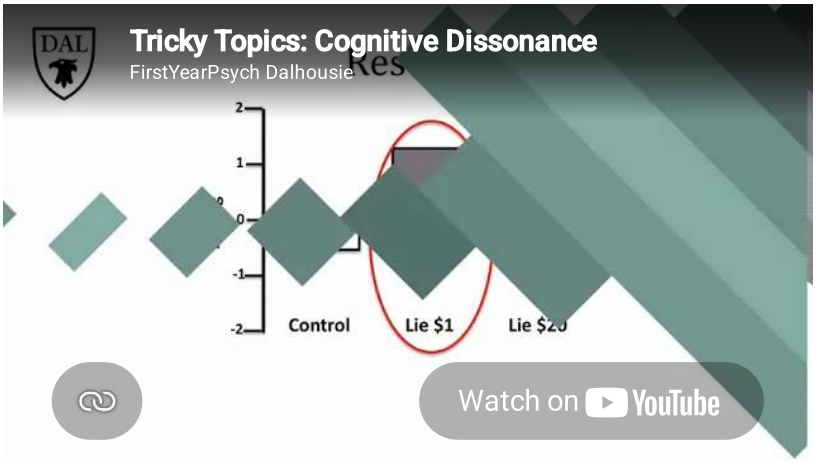


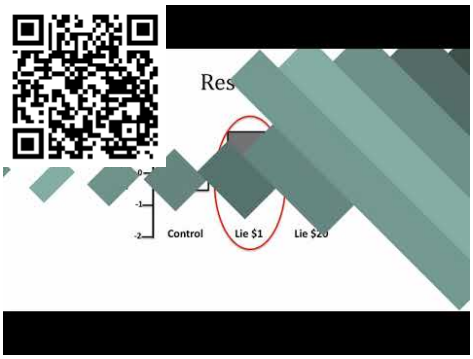
Figure SP.10 A person who has chosen a difficult path must deal with cognitive dissonance in addition to many other discomforts. (credit: Tyler J. Bolken)

Not surprisingly, Elian is miserable. No one likes to be miserable. In this type of situation, people can change their beliefs, their attitudes, or their behaviours. The last option, a change of behaviours, is not available to Elian. He has signed on to the military for four years, and cannot legally leave.

If Elian keeps thinking about how miserable they are, it is going to be a very long four years. Elian will be in a constant state of cognitive dissonance. As an alternative to this misery, Elian can change their beliefs or attitudes. Elian can tell themselves, "I am becoming stronger, healthier, and sharper. I am learning discipline and how to defend myself and my country. What I am doing is really important." If this is their belief, Elian will realize that they are becoming stronger through their challenges. Then they will feel better and not experience cognitive dissonance, which is an uncomfortable state.

TRICKY TOPIC: COGNITIVE DISSONANCE





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The Effect of Initiation

The military example demonstrates the observation that a difficult initiation into a group influences us to like the group more. Another social psychology concept, **justification of effort**, suggests that we value goals and achievements that we put a lot of effort into. According to this theory, if something is difficult for us to achieve, we believe it is more worthwhile. For example, if you move to an apartment and spend hours assembling a dresser you bought from Ikea, you will value that more than a fancier dresser your parents bought you. We do not want to have wasted time and effort to join a group that we eventually leave. A classic experiment by Aronson and Mills (1959) demonstrated this justification of effort effect. College students volunteered to join a campus group that would meet regularly to discuss the psychology of sex. Participants were randomly assigned to one of three conditions: no initiation, an easy initiation, and a difficult initiation into the group. After participating in the first discussion, which was deliberately made very boring, participants rated how much they liked the group. Participants who underwent a difficult initiation process to join the group rated the group more favourably than did participants with an easy initiation or no initiation (Figure SP.11).

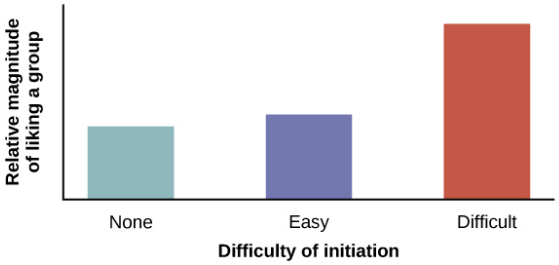


Figure SP.11 Justification of effort has a distinct effect on a person liking a group. Students in the difficult initiation condition liked the group more than students in other conditions due to the justification of effort.

Similar effects can be seen in a more recent study of how student effort affects course evaluations. Heckert, Latier, Ringwald-Burton, and Drazen (2006) surveyed 463 undergraduates enrolled in courses at a midwestern university about the amount of effort that their courses required of them. In addition, the students were also asked to evaluate various aspects of the course. Given what you've just read, it will come as no surprise that those courses that were associated with the highest level of effort were evaluated as being more valuable than those that did not. Furthermore, students indicated that they learned more in courses that required more effort, regardless of the grades that they received in those courses (Heckert et al., 2006).

Besides the classic military example and group initiation, can you think of other examples of cognitive dissonance? Here is one: Addison and Adrian live in Fairfield County, Connecticut, which is one of the wealthiest areas in the United States and has a very high cost of living. Addison telecommutes from home and Adrian does not work outside of the home. They rent a very small house for more than $3000 a month. Adrian shops at consignment stores for clothes and economizes when possible. They complain that they never have any money and that they cannot buy anything new. When asked why they do not move to a less expensive location, since Addison telecommutes, they respond that Fairfield County is beautiful, they love the beaches, and they feel comfortable there. How does the theory of cognitive dissonance apply to Addison and Adrian's choices?

Persuasion

In the previous section we discussed that the motivation to reduce cognitive dissonance leads us to change our attitudes, behaviours, and/or cognitions to make them consonant. **Persuasion** is the process of changing our attitude toward something based on some kind of communication. Much of the persuasion we experience comes from outside forces. How do people convince others to change their attitudes, beliefs, and behaviours (Figure SP.12)? What communications do you receive that attempt to persuade you to change your attitudes, beliefs, and behaviours?



Figure SP.12 We encounter attempts at persuasion attempts everywhere. Persuasion is not limited to formal advertising; we are confronted with it throughout our everyday world. (credit: Robert Couse-Baker)

A subfield of social psychology studies persuasion and social influence, providing us with a plethora of information on how humans can be persuaded by others.

Yale Attitude Change Approach

The topic of persuasion has been one of the most extensively researched areas in social psychology (Fiske et al., 2010). During the Second World War, Carl Hovland extensively researched persuasion for the U.S. Army. After the war, Hovland continued his exploration of persuasion at Yale University. Out of this work came a model called the Yale attitude change approach, which describes the conditions under which people tend to change their attitudes. Hovland demonstrated that certain features of the source of a persuasive message, the content of the message, and the characteristics of the audience will influence the persuasiveness of a message (Hovland, Janis, & Kelley, 1953).

Features of the source of the persuasive message include the credibility of the speaker (Hovland & Weiss, 1951) and the physical attractiveness of the speaker (Eagly & Chaiken, 1975; Petty, Wegener, & Fabrigar, 1997). Thus, speakers who are credible, or have expertise on the topic, and who are deemed as trustworthy are more persuasive than less credible speakers. Similarly, more attractive speakers are more persuasive than less attractive speakers. The use of famous actors and athletes to advertise products on television and in print relies on this principle. The immediate and long term impact of the persuasion also depends, however, on the credibility of the messenger (Kumkale & Albarracín, 2004).

Features of the message itself that affect persuasion include subtlety (the quality of being important, but not obvious) (Petty & Cacioppo, 1986; Walster & Festinger, 1962); sidedness (that is, having more than one side) (Crowley & Hoyer, 1994; Igou & Bless, 2003; Lumsdaine & Janis, 1953); timing (Haugtvedt & Wegener, 1994; Miller & Campbell, 1959), and whether both sides are presented. Messages that are more subtle are more persuasive than direct messages. Arguments that occur first, such as in a debate, are more influential if messages are given back-to-back. However, if there is a delay after the first message, and before the audience needs to make a decision, the last message presented will tend to be more persuasive (Miller & Campbell, 1959).

Features of the audience that affect persuasion are attention (Albarracín & Wyer, 2001; Festinger & Maccoby, 1964), intelligence, self-esteem (Rhodes & Wood, 1992), and age (Krosnick & Alwin, 1989). In order to be persuaded, audience members must be paying attention. People with lower intelligence are more easily persuaded than people with higher intelligence; whereas people with moderate self-esteem are more easily persuaded than people with higher or lower self-esteem (Rhodes & Wood, 1992). Finally, younger adults aged 18–25 are more persuadable than older adults.

Elaboration Likelihood Model

An especially popular model that describes the dynamics of persuasion is the elaboration likelihood model of persuasion (Petty & Cacioppo, 1986). The elaboration likelihood model considers the variables of the attitude change approach—that is, features of the source of the persuasive message, contents of the message, and characteristics of the audience are used to determine when attitude change will occur. According to the elaboration likelihood model of persuasion, there are two main routes that play a role in delivering a persuasive message: central and peripheral (Figure SP.13).

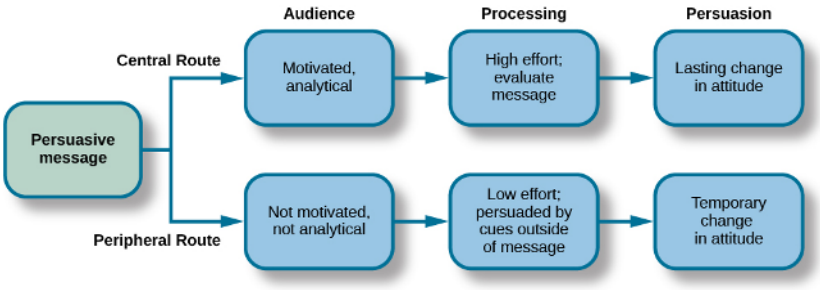


Figure SP.13 Persuasion can take one of two paths, and the durability of the end result depends on the path.

The **central route** is logic driven and uses data and facts to convince people of an argument's worthiness. For example, a car company seeking to persuade you to purchase their model will emphasize the car's safety features and fuel economy. This is a direct route to persuasion that focuses on the quality of the information. In order for the central route of persuasion to be effective in changing attitudes, thoughts, and behaviours, the argument must be strong and, if successful, will result in lasting attitude change.

The central route to persuasion works best when the target of persuasion, or the audience, is analytical and willing to engage in processing of the information. From an advertiser's perspective, what products would be best sold using the central route to persuasion? What audience would most likely be influenced to buy the product? One example is buying a computer. It is likely, for example, that small business owners might be especially influenced by the focus on the computer's quality and features such as processing speed and memory capacity.

The **peripheral route** is an indirect route that uses peripheral cues to associate positivity with the message (Petty & Cacioppo, 1986). Instead of focusing on the facts and a product's quality, the peripheral route relies on association with positive characteristics such as positive emotions and celebrity endorsement. For example, having a popular athlete advertise athletic shoes is a common method used to encourage young adults to purchase the shoes. This route to attitude change does not require much effort or information processing. This method of persuasion may promote positivity toward the message or product, but it typically results in less permanent attitude or behaviour change. The audience does not need to be analytical or motivated to process the message. In fact, a peripheral route to persuasion may not even be noticed by the audience, for example in the strategy of product placement. Product placement refers to putting a product with a clear brand name or brand identity in a TV show or movie to promote the product (Gupta & Lord, 1998). For example, one season of the reality series *American Idol* prominently showed the panel of judges drinking out of cups that displayed the Coca-Cola logo. What other products would be best sold using the peripheral route to persuasion? Another example is clothing: A retailer may focus on celebrities that are wearing the same style of clothing.

Foot-in-the-door Technique

Researchers have tested many persuasion strategies that are effective in selling products and changing people's attitude, ideas, and behaviours. One effective strategy is the **foot-in-the-door technique** (Cialdini, 2001; Pliner, Hart, Kohl, & Saari, 1974). Using the foot-in-the-door technique, the persuader gets a person to agree to bestow a small favour or to buy a small item, only to later request a larger favour or purchase of a bigger item. The foot-in-the-door technique was demonstrated in a study by Freedman and Fraser (1966) in which participants who agreed to post small sign in their yard or sign a petition were more likely to agree to put a large sign in their yard than people who declined the first request (Figure SP.14). Research on this technique also illustrates the principle of consistency (Cialdini, 2001): Our past behaviour often directs our future behaviour, and we have a desire to maintain consistency once we have a committed to a behaviour.



(a)



(b)

Figure SP.14 With the foot-in-the-door technique, getting someone to agree to a small request such as (a) wearing a campaign button can make them more likely to agree to a larger request, such as (b) putting campaigns signs in your yard. (credit a: modification of work by Joe Crawford; credit b: modification of work by "shutterblog"/Flickr)

A common application of foot-in-the-door is when teens ask their parents for a small permission (for example, extending curfew by a half hour) and then asking them for something larger. Having granted the smaller request increases the likelihood that parents will acquiesce with the later, larger request.

How would a store owner use the foot-in-the-door technique to sell you an expensive product? For example, say that you are buying the latest model smartphone, and the salesperson suggests you purchase the best data plan. You agree to this. The salesperson then suggests a bigger purchase—the three-year extended warranty. After agreeing to the smaller request, you are more likely to also agree to the larger request. You may have encountered this if you have bought a car. When salespeople realize that a buyer intends to purchase a certain model, they might try to get the customer to pay for many or most available options on the car. Another example of the foot-in-the-door technique would be applied to an individual in the market for a used car who decides to buy a fully loaded new car. Why? Because the salesperson convinced the buyer that they need a car that has all of the safety features that were not available in the used car.

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12.5: Conformity, Compliance, and Obedience

Conformity, Compliance, and Obedience

Learning Objectives

By the end of this section, you will be able to:

- Explain the Asch effect
- Define conformity and types of social influence
- Describe Stanley Milgram's experiment and its implications
- Define groupthink, social loafing, and social facilitation

In this section, we discuss additional ways in which people influence others. The topics of conformity, social influence, obedience, and group processes demonstrate the power of the social situation to change our thoughts, feelings, and behaviours. We begin this section with a discussion of a famous social psychology experiment that demonstrated how susceptible humans are to outside social pressures.

Conformity

Solomon Asch conducted several experiments in the 1950s to determine how people are affected by the thoughts and behaviours of other people. In one study, a group of participants was shown a series of printed line segments of different lengths: a, b, and c (Figure SP.15). Participants were then shown a fourth line segment: x. They were asked to identify which line segment from the first group (a, b, or c) most closely resembled the fourth line segment in length.

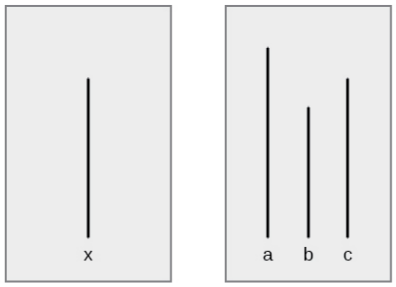


Figure SP.15 These line segments illustrate the judgment task in Asch's conformity study. Which line on the right—a, b, or c—is the same length as line x on the left?

Each group of participants had only one true, naïve subject. The remaining members of the group were confederates of the researcher. A **confederate** is a person who is aware of the experiment and works for the researcher. Confederates are used to manipulate social situations as part of the research design, and the true, naïve participants believe that confederates are, like them, uninformed participants in the experiment. In Asch's study, the confederates identified a line segment that was obviously shorter than the target line—a wrong answer. The naïve participant then had to identify aloud the line segment that best matched the target line segment.

How often do you think the true participant aligned with the confederates' response? That is, how often do you think the group influenced the participant, and the participant gave the wrong answer? Asch (1955) found that 76% of participants conformed to group pressure at least once by indicating the incorrect line. **Conformity** is the change in a person's behaviour to go along with the group, even if they do not agree with the group. Why would people give the wrong answer? What factors would increase or decrease someone giving in or conforming to group pressure?

The **Asch effect** is the influence of the group majority on an individual's judgment.

What factors make a person more likely to yield to group pressure? Research shows that the size of the majority, the presence of another dissenter, and the public or relatively private nature of responses are key influences on conformity.

- The size of the majority: The greater the number of people in the majority, the more likely an individual will conform. There is, however, an upper limit: a point where adding more members does not increase conformity. In Asch's study, conformity increased with the number of people in the majority—up to seven individuals. At numbers beyond seven, conformity levelled off and decreased slightly (Asch, 1955).
- The presence of another dissenter: If there is at least one dissenter, conformity rates drop to near zero (Asch, 1955).
- The public or private nature of the responses: When responses are made publicly (in front of others), conformity is more likely; however, when responses are made privately (e.g., writing down the response), conformity is less likely (Deutsch & Gerard, 1955).

The finding that conformity is more likely to occur when responses are public than when they are private is the reason government elections require voting in secret, so we are not coerced by others (Figure SP.16). The Asch effect can be easily seen in children when they have to publicly vote for something. For example, if the teacher asks whether the children would rather have extra recess, no homework, or candy, once a few children vote, the rest will comply and go with the majority. In a different classroom, the majority might vote differently, and most of the children would comply with that majority. When someone's vote changes if it is made in public versus private, this is known as compliance. Compliance can be a form of conformity. Compliance is going along with a request or demand, even if you do not agree with the request. In Asch's studies, the participants complied by giving the wrong answers, but privately did not accept that the obvious wrong answers were correct.



Figure SP.16 Voting for government officials in most countries is private to reduce the pressure of conformity. (credit: Nicole Klauss)

Now that you have learned about the Asch line experiments, why do you think the participants conformed? The correct answer to the line segment question was obvious, and it was an easy task. Researchers have categorized the motivation to conform into two types: normative social influence and informational social influence (Deutsch & Gerard, 1955).

In **normative social influence**, people conform to the group norm to fit in, to feel good, and to be accepted by the group. However, with **informational social influence**, people conform because they believe the group is competent and has the correct information, particularly when the task or situation is ambiguous. What type of social influence was operating in the Asch conformity studies? Since the line judgment task was unambiguous, participants did not need to rely on the group for information. Instead, participants complied to fit in and avoid ridicule, an instance of normative social influence.

An example of informational social influence may be what to do in an emergency situation. Imagine that you are in a movie theatre watching a film and what seems to be smoke comes in the theatre from under the emergency exit door. You are not certain that it is smoke—it might be a special effect for the movie, such as a fog machine. When you are uncertain you will tend to look at the behaviour of others in the theatre. If other people show concern and get up to leave, you are likely to do the same. However, if others seem unconcerned, you are likely to stay put and continue watching the movie (Figure SP.18).



(a) (b)

Figure SP.17 People in crowds tend to take cues from others and act accordingly. (a) An audience is listening to a lecture and people are relatively quiet, still, and attentive to the speaker on the stage. (b) An audience is at a rock concert where people are dancing, singing, and possibly engaging in activities like crowd surfing. (credit a: modification of work by Matt Brown; credit b: modification of work by Christian Holmér)

How would you have behaved if you were a participant in Asch's study? Many students say they would not conform, that the study is outdated, and that people nowadays are more independent. To some extent this may be true. Research suggests that overall rates of conformity may have reduced since the time of Asch's research. Furthermore, efforts to replicate Asch's study have made it clear that many factors determine how likely it is that someone will demonstrate conformity to the group. These factors include the participant's age, gender, and socio-cultural background (Bond & Smith, 1996; Larsen, 1990; Walker & Andrade, 1996).



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Stanley Milgram's Experiment

Conformity is one effect of the influence of others on our thoughts, feelings, and behaviours. Another form of social influence is obedience to authority. **Obedience** is the change of an individual's behaviour to comply with a demand by an authority figure. People often comply with the request because they are concerned about a consequence if they do not comply. To demonstrate this phenomenon, we review another classic social psychology experiment.

Stanley Milgram was a social psychology professor at Yale who was influenced by the trial of Adolf Eichmann, a Nazi war criminal. Eichmann's defence for the atrocities he committed was that he was "just following orders." Milgram (1963) wanted to test the validity of this defence, so he designed an experiment and initially recruited 40 men for his experiment. The volunteer participants were led to believe that they were participating in a study to improve learning and memory. The participants were told that they were to teach other students (learners) correct answers to a series of test items. The participants were shown how to use a device that they were told delivered electric shocks of different intensities to the learners. The participants were told to shock the learners if they gave a wrong answer to a test item—that the shock would help them to learn. The participants believed they gave the learners shocks, which increased in 15-volt increments, all the way up to 450 volts. The participants did not know that the learners were confederates and that the confederates did not actually receive shocks.

In response to a string of incorrect answers from the learners, the participants obediently and repeatedly shocked them. The confederate learners cried out for help, begged the participant teachers to stop, and even complained of heart trouble. Yet, when the researcher told the participant-teachers to continue the shock, 65% of the participants continued the shock to the maximum voltage and to the point that the learner became unresponsive (Figure SP.18). What makes someone obey authority to the point of potentially causing serious harm to another person?

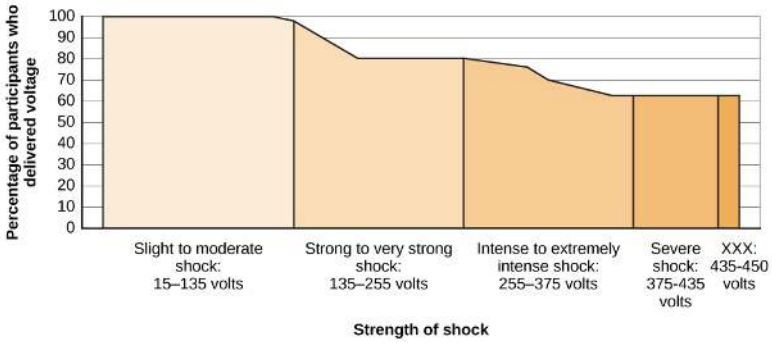


Figure SP.18 The Milgram experiment showed the surprising degree to which people obey authority. Two out of three (65%) participants continued to administer shocks to an unresponsive learner.

Several variations of the original Milgram experiment were conducted to test the boundaries of obedience. When certain features of the situation were changed, participants were less likely to continue to deliver shocks (Milgram, 1965). For example, when the setting of the experiment was moved to an off-campus office building, the percentage of participants who delivered the highest shock dropped to 48%. When the learner was in the same room as the teacher, the highest shock rate dropped to 40%. When the teachers' and learners' hands were touching, the highest shock rate dropped to 30%. When the researcher gave the orders by phone, the rate dropped to 23%. These variations show that when the humanity of the person being shocked was increased, obedience decreased. Similarly, when the authority of the experimenter decreased, so did obedience.

This case is still very applicable today. What does a person do if an authority figure orders something done? What if the person believes it is incorrect, or worse, unethical? In a study by Martin and Bull (2008), midwives privately filled out a questionnaire regarding best practices and expectations in delivering a baby. Then, a more senior midwife and supervisor asked the junior midwives to do something they had previously stated they were opposed to. Most of the junior midwives were obedient to authority, going against their own beliefs. Burger (2009) partially replicated this study. He found among a multicultural sample of women and men that their levels of obedience matched Milgram's research. Doliński et al. (2017) performed a replication of Burger's work in Poland and controlled for the gender of both participants and learners, and once again, results that were consistent with Milgram's original work were observed.

Link to Learning

Watch this Crash Course on Social Influence, in which Hank Green outlines the Milgram experiment and related concepts, to learn more.

Groupthink

When in group settings, we are often influenced by the thoughts, feelings, and behaviours of people around us. Whether it is due to normative or informational social influence, groups have power to influence individuals. Another phenomenon of group conformity is groupthink. **Groupthink** is the modification of the opinions of members of a group to align with what they believe is the group consensus (Janis, 1972). In group situations, the group often takes action that individuals would not perform outside the group setting because groups make more extreme decisions than individuals do. Moreover, groupthink can hinder opposing trains of thought. This elimination of diverse opinions contributes to faulty decision by the group.

Why does groupthink occur? There are several causes of groupthink, which makes it preventable. When the group is highly cohesive, or has a strong sense of connection, maintaining group harmony may become more important to the group than making sound decisions. If the group leader is directive and makes his opinions known, this may discourage group members from disagreeing with the leader. If the group is isolated from hearing alternative or new viewpoints, groupthink may be more likely. How do you know when groupthink is occurring?

There are several symptoms of groupthink including the following:

- perceiving the group as invulnerable or invincible—believing it can do no wrong
- believing the group is morally correct
- self-censorship by group members, such as withholding information to avoid disrupting the group consensus
- the quashing of dissenting group members' opinions
- the shielding of the group leader from dissenting views
- perceiving an illusion of unanimity among group members
- holding stereotypes or negative attitudes toward the out-group or others' with differing viewpoints (Janis, 1972)

Given the causes and symptoms of groupthink, how can it be avoided? There are several strategies that can improve group decision making including seeking outside opinions, voting in private, having the leader withhold position statements until all group members have voiced their views, conducting research on all viewpoints, weighing the costs and benefits of all options, and developing a contingency plan (Janis, 1972; Mitchell & Eckstein, 2009).

Group Polarization

Another phenomenon that occurs within group settings is group polarization. **Group polarization** (Teger & Pruitt, 1967) is the strengthening of an original group attitude after the discussion of views within a group. That is, if a group initially favours a viewpoint, after discussion the group consensus is likely a stronger endorsement of the viewpoint. Conversely, if the group was initially opposed to a viewpoint, group discussion would likely lead to stronger opposition. Group polarization explains many actions taken by groups that would not be undertaken by individuals. Group polarization can be observed at political conventions, when platforms of the party are supported by individuals who, when not in a group, would decline to support them. Recently, some theorists have argued that group polarization may be partly responsible for the extreme political partisanship that seems ubiquitous in modern society. Given that people can self-select media

outlets that are most consistent with their own political views, they are less likely to encounter opposing viewpoints. Over time, this leads to a strengthening of their own perspective and of hostile attitudes and behaviours towards those with different political ideals. Remarkably, political polarization leads to open levels of discrimination that are on par with, or perhaps exceed, racial discrimination (Iyengar & Westwood, 2015). A more everyday example is a group's discussion of how attractive someone is. Does your opinion change if you find someone attractive, but your friends do not agree? If your friends vociferously agree, might you then find this person even more attractive?

Social traps refer to situations that arise when individuals or groups of individuals behave in ways that are not in their best interest and that may have negative, long-term consequences. However, once established, a social trap is very difficult to escape. For example, following World War II, the United States and the former Soviet Union engaged in a nuclear arms race. While the presence of nuclear weapons is not in either party's best interest, once the arms race began, each country felt the need to continue producing nuclear weapons to protect itself from the other.

Social Loafing

Imagine you were just assigned a group project with other students whom you barely know. Everyone in your group will get the same grade. Are you the type who will do most of the work, even though the final grade will be shared? Or are you more likely to do less work because you know others will pick up the slack? **Social loafing** involves a reduction in individual output on tasks where contributions are pooled. Because each individual's efforts are not evaluated, individuals can become less motivated to perform well. Karau and Williams (1993) and Simms and Nichols (2014) reviewed the research on social loafing and discerned when it was least likely to happen. The researchers noted that social loafing could be alleviated if, among other situations, individuals knew their work would be assessed by a manager (in a workplace setting) or instructor (in a classroom setting), or if a manager or instructor required group members to complete self-evaluations.

The likelihood of social loafing in student work groups increases as the size of the group increases (Shepperd & Taylor, 1999). According to Kamau and Williams (1993), college students were the population most likely to engage in social loafing. Their study also found that women and participants from collectivistic cultures were less likely to engage in social loafing, explaining that their group orientation may account for this.

College students could work around social loafing or "free-riding" by suggesting to their professors use of a flocking method to form groups. Harding (2018) compared groups of students who had self-selected into groups for class to those who had been formed by flocking, which involves assigning students to groups who have similar schedules and motivations. Not only did she find that students reported less "free riding," but that they also did better in the group assignments compared to those whose groups were self-selected.

Interestingly, the opposite of social loafing occurs when the task is complex and difficult (Bond & Titus, 1983; Geen, 1989). In a group setting, such as the student work group, if your individual performance cannot be evaluated, there is less pressure for you to do well, and thus less anxiety or physiological arousal (Latané, Williams, & Harkens, 1979). This puts you in a relaxed state in which you can perform your best, if you choose (Zajonc, 1965). If the task is a difficult one, many people feel motivated and believe that their group needs their input to do well on a challenging project (Jackson & Williams, 1985).

Social Facilitation

Not all intergroup interactions lead to social loafing. Sometimes being in a group situation can improve performance. **Social facilitation** occurs when an individual performs better when an audience is watching than when the individual performs the behaviour alone. This typically occurs when people are performing a task for which they are skilled. Can you think of an example in which having an audience could improve performance? One common example is sports. Skilled basketball players will be more likely to make a free throw basket when surrounded by a cheering audience than when playing alone in the gym. However, there are instances when even skilled athletes can have difficulty under pressure. For example, if an athlete is less skilled or nervous about making a free throw, having an audience may actually hinder rather than help. In sum, social facilitation is likely to occur for easy tasks, or tasks at which we are skilled, but worse performance may occur when performing in front of others, depending on the task.

Deindividuation

Another way that being part of a group can affect behaviour is exhibited in instances in which deindividuation occurs. Deindividuation refers to situations in which a person may feel a sense of anonymity and therefore a reduction in accountability and sense of self when among others. Deindividuation is often pointed to in cases in which mob or riot-like behaviours occur (Zimbardo, 1969), but research on the subject and the role that deindividuation plays in such behaviours has resulted in inconsistent results (as discussed in Granström, Guvå, Hylander, & Rosander, 2009).

Table SP.2 summarizes the types of social influence you have learned about in this chapter.

Table SP.2 Types of Social Influence	
Type of Social Influence	Description
Conformity	Changing your behaviour to go along with the group even if you do not agree with the group
Compliance	Going along with a request or demand
Normative social influence	Conformity to a group norm to fit in, feel good, and be accepted by the group
Informational social influence	Conformity to a group norm prompted by the belief that the group is competent and has the correct information
Obedience	Changing your behaviour to please an authority figure or to avoid aversive consequences
Groupthink	Tendency to prioritize group cohesion over critical thinking that might lead to poor decision making; more likely to occur when there is perceived unanimity among the group
Group polarization	Strengthening of the original group attitude after discussing views within a group
Social facilitation	Improved performance when an audience is watching versus when the individual performs the behaviour alone
Social loafing	Exertion of less effort by a person working in a group because individual performance cannot be evaluated separately from the group, thus causing performance decline on easy tasks
Deindividuation	Group situation in which a person may feel a sense of anonymity and a resulting reduction in accountability and sense of self

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12.6: Prejudice and Discrimination

Prejudice and Discrimination

written by Noémie Bergeron-Germain & Jennifer Stamp

Learning Objectives

By the end of this section, you will be able to:

- Discuss the cognitive roots of prejudice and stereotypes
- Discuss how group membership can lead to prejudicial thinking and discrimination
- Discuss experimental evidence of factors that promote discrimination and prejudice
- Identify solutions to prejudicial thinking and discrimination



Figure SP.19 Social group accessories for Jen (left) and Noémie (right)

Who are you? How do other people see you? Above is a collection of items from the authors (Figure SP.19). Depending on the day, you could correctly identify Jen as a member of a soccer club, a Canadian, a union member, Dalhousie neuroscientist, an avid darts player, and a mother. A glance at Noémie's stuff might lead you to conclude she's a member of a dance studio, a graduate of Mount Saint Vincent University, a dog owner, someone with African-Canadian heritage, and a Francophone. These photos show that expressions of group identity can be useful in making decisions about others. The group affiliations that form part of our self-identity are fluid across time and situations. Notice that Jen, who is White, has no items identifying her race; she rarely thinks about it. Noémie has two items identifying her race: the Kente stole and book on anti-Black racism; she thinks about race a lot because society treats her differently. Groups are useful to us, but our preconceptions about groups can lead us to make mistakes.

Prejudice in social psychology refers to negative feelings or opinions about someone based on their social group, often operating unconsciously. **Discrimination**, by contrast, involves negative behaviours towards others for the same reason and can also occur without awareness. Historically, discrimination has been a tool for dominant groups to maintain power by excluding others from spaces like voting, policymaking, research, and education. A powerful example is the oppression of racialized groups.

History of Prejudice and Discrimination

Where do our modern ideas about race categories come from? In the 1700s, Carl Linnaeus proposed that all humans were created in God's image but shaped by climate and environment, resulting in different traits (Charmentier, 2020). In his popular *Systema naturae*, Linnaeus created a taxonomy of races that classified humans into four distinct location-dependent "varieties," assigning desirable traits like wisdom and morality only to White people (Europeaus) (Table SP.3).

Table SP.3 Carl Linnaeus's Taxonomy of Races (adapted from Charmentier, (2020). Linnaeus and race. The Linnean Society of London)

Varieties	Skin colour, temperament, & body posture	Physical traits	Behaviour	Clothing	Form of government
Europaeus	White, sanguine, muscular	Plenty of yellow hair; blue eyes	Light, wise, inventor	Protected by tight clothing	Governed by rites (religion)
Americanus	Red, choleric and straight	Straight, black and thick hair; gaping nostrils; beardless chin	Unyielding, cheerful, free	Paints himself in a maze of red lines	Governed by customary right (traditional practices)
Asiaticus	Tawny, sallow, melancholic, stiff	Blackish hair, dark eyes	Stern, haughty, greedy	Protected by loose garments	Governed by opinions
Africanus	Black, phlegmatic, lazy	Dark hair, with many twisting braids; flat nose; swollen lips; elongated labia (women); breasts lactating profusely.	Sly, sluggish, neglectful	Anoints himself with fat	Governed by choice [caprice]

Johan Friedrich Blumenbach later shifted from Linnaeus's geography-based categories to a system emphasizing physical traits, like skull shape (Bhopal, 2007; Keevak, 2011). He proposed that all humans originated from a single White couple, Adam and Eve, and groups "degenerated" from exposure to environmental factors, passing these traits on to their offspring (Rupke & Lauer, 2018). Blumenbach's work marks a pivotal moment in the history of scientific racism. Unlike earlier scholars who described differences, he established a hierarchy based on hereditary traits, positioning White people as superior and African and Mongolian groups as most "degenerated" (Figure SP.20).

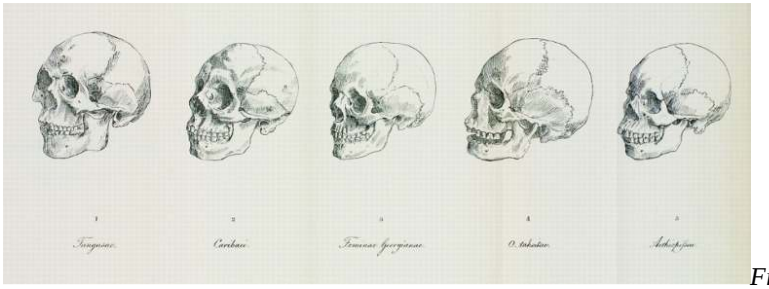


Figure SP.20 Blumenbach's classification of races based on skull shape. From left to right: Tungusae, Caribaei, Feminae Georgianae, O-taheitae, Aethiopissae, presumably examples for Blumenbach's Mongolian, American, Caucasian, Malayan and Ethiopian races. (From Johann Friedrich Blumenbach's Treatise on "De generis humani varietate nativa," (1795), unnumbered page at the end of the book titled Tab II)

Race theorists like Blumenbach and Linnaeus were seen as rigorous scientists in their day, but their methods are now considered pseudoscience. Nonetheless, their ideas still shape how we view and behave in our social world. Social norms are behaviours considered socially acceptable and often persist even as conscious attitudes change (Greenwald & Pettigrew, 2014). For instance, you might find it easy to reject Linnaeus's racism, but do your social habits align with race categories? Do you mostly hang out with people who look like you? Unlearning centuries-old race categories is hard, but our brains can learn AND unlearn throughout life!

Social Cognition: Planting the Seeds of Prejudice

How we think about our social world influences how we behave in it. Think about the number of faces you see on a typical trip to get groceries. Your visual system "sees" everyone whose image passes across your retina, but you only perceive some of these people. Most are ignored, but a few stand out: perhaps an unattended child captures your attention, or maybe you see someone you know well. **Categorization heuristics** are necessary mental shortcuts that help us navigate the world around us. Categorization

itself isn't evil; it helps us quickly recognize a child in danger or a close friend without having to examine every available piece of information. These are **heuristics** (covered in Section 72), cognitive shortcuts we use to cut down the amount of information but can also plant the seeds of prejudice. This is best demonstrated with an example.

The representativeness heuristic is a useful categorization trick where we estimate the likelihood of one event based on how typical it is of another event. Imagine we have a large room with 100 people, 20 women and 80 men, and we choose one at random, how likely it's a woman? Most people correctly answer 20%. What about the chance of getting a man? Again, most people would correctly answer 80%. But let's make this a little more interesting. Let's pull someone at random again, but this time there's a personality description provided. This person wears make-up, volunteers at an elementary school, and regularly practices yoga. Now what are the odds of them being a woman? It does *seem* more like a woman. Did you want to change your estimate this time? If so, you've fallen victim to the representativeness heuristic, because the answer is still 20% despite the personality details. In this case we'd call it the representativeness *bias***,** because it resulted in an error (Kahneman & Tversky, 1973).

The representativeness bias is strongly influenced by **stereotypes**, pre-existing expectations about an individual based upon their group membership. Women are statistically more likely to wear make-up, volunteer at a school, and practice yoga; for most people, this comes to mind without explicitly thinking about it. Stereotypes are heuristics used to make quick decisions, but they're prone to error. If you were asked to picture a chair, you'd probably imagine a piece of familiar furniture with a flat surface to sit on, a back rest, and four legs supporting it on the floor. But have a look at Figure SP.21. Are these all considered chairs?



Figure SP.21 What makes a chair? Only one of these chairs fits the prototypical description, but all three are recognizable examples you can sit in. Categorization saves us time but is error-prone.

Our social identity is based on our connection to social group categories, referred to as **in-groups**. We favour our in-groups and treat members better than people in **out-groups**, those we don't belong to. On the surface, this makes sense – our in-groups are full of cool people with shared interests, why wouldn't we favour them over others?It turns out that we're blindly loyal towards our in-groups, regardless of their basis. This was demonstrated in a classic experiment by Henri Tajfel (1970). He recruited 14-15-year-old boys and asked them to indicate their preference for paintings by the artists Paul Klee or Vasiliy Kandinsky (Figure SP.22). He then randomly assigned them to one of two false feedback conditions: they were told they strongly preferred either Klee's or Kandinsky's work. By using these meaningless criteria, Tajfel created **minimal groups**. He then asked them to participate in an "unrelated" study on decision-making where they were asked to allocate real money to Klee and Kandinsky fans from the first study. They completed this decision-making task alone and no one knew their choices, yet most participants showed a strong *in-group bias* and awarded more money to their in-groups than out-groups. This effect has been replicated in other false-feedback studies with minimal groups based on name memorization, perceived estimation of numbers of dots, and even random assignment (Schmidt & Drake, 2023).



Figure SP.22 Which painting do you like best? Henri Tajfel used false feedback to trick participants into believing they preferred art by Paul Klee (left) or Vasiliy Kandinsky (right), creating artificial in-groups. Participants gave more money to in-group than out-group members, showing that groups based on irrelevant categories are enough to promote discriminatory behaviour.

Group Identity and Self-esteem: Fertilizing Prejudice

Decades of research reveals of our vulnerability to categorization errors, and the dangerous consequences it can produce in how we view fellow humans. With our instant access to information in the digital age, everyone can know about this, so why do prejudice and discrimination still exist? As we've learned, it takes little conscious effort to create in-groups and out-groups, we prefer people in our in-groups, and this can easily lead to in-group bias. But what if our in-group favouritism hurts people in out-groups?

In 1968, Jane Elliott, an elementary school teacher, showed how the arbitrary definition of out-groups can affect how people are treated in a simple, yet powerful, demonstration with her 3rd grade students. She divided the class into eye colour groups and told them that brown-eyed kids were superior. The video below (link to learning) describes how this minimal group category rapidly changed their childrens' behaviour.

Link to Learning

Jane Elliot's Brown Eye/Blue Eye Test

Like in Tajfel's study (1970), Elliott's group divisions were arbitrary and unrelated to the stereotypes attached to them. Yet students quickly embraced their assigned groups, accepted unfounded claims of in-group superiority, and let these labels shape their self-views, emotions, and treatment of one another (Peters, 1987).

When we treat stereotypes as self-evident truths, we may treat other people based on our expectation that they will fit that stereotype. Others may then react to how we treat them in a way that confirms our initial expectation, creating a **self-fulfilling prophecy**. For example, let's say you assume your Intro Psych professor is rude. When you meet them at office hours, you might act coldly, like barely saying "hi" or rolling your eyes when they ask you a follow-up question. Confused, your professor may respond in an annoyed tone, and you walk away thinking, "I knew it, they're rude!" This creates a cycle that's difficult to get out of.

Alternatively, when we're aware of negative stereotypes about our own group, we may fear acting in a way that confirms them, and that anxiety can then impair our performance, called **stereotype threat**. Imagine that your family holds an annual pie-eating contest and that you get to participate for the first time. In the weeks leading up to it, several relatives remind you jokingly that "the newbies never win." On contest day, you remember their comments and immediately get more nervous; your stomach churns, you feel a little nauseous, and you end up being able to eat only a quarter of a pie, losing to your undefeated cousin.

Professors and pies aside, self-fulfilling prophecies and stereotype threat can have serious consequences. Rosenthal and Jacobson's (1968) classic study showed that teachers' expectations alone can shape students' academic performance. After randomly designating five students per class as "academic spurters" based on a fictitious test, researchers found that these students made the greatest intellectual gains, especially in early grades. Teachers also described "spurters" more positively, curious, well-adjusted, and autonomous, while rating "non-spurters" less favourably even when they improved. This phenomenon is known as the **Rosenthal** or **Pygmalion** effect.

The Rosenthal effect has been widely replicated. Recent studies show that teachers' negative expectations predict lower student achievement and influence how students view their own academic abilities (Bergold & Steinmayr, 2023; Gentrup et al., 2020). Jane Elliott's brown eyes/blue eyes demonstration illustrates stereotype threat: a blue-eyed student who previously read at a sixth-grade level began making reading and spelling errors after being told blue-eyed children were less intelligent than brown-eyed children.

What if these types of stereotypes were associated not with eye, but skin colour? Or gender? Or socioeconomic status? A study by Word et al. (1974) showed that white employers treated Black interviewees less warmly by sitting farther away and giving them less time. When these behaviours were replicated with white participants, those treated like the Black interviewees performed worse, demonstrating a self-fulfilling prophecy. Research on stereotype threat shows similar effects: women perform worse on math tests when reminded of gender stereotypes (Brown & Josephs, 1999; Spencer et al., 1999), and Black students underperform on cognitive tests when primed with racial stereotypes (Steele & Aronson, 1995). Among first responders seeking promotion, Black employees reported more stereotype threat, which predicted higher anxiety, lower self-efficacy, and poorer test performance (Chung et al., 2010).

Although prejudiced attitudes and stereotypes happen inside our heads, the studies in this section show how easily they can influence our behaviour in the social world, sometimes unknowingly. While we don't always mean to discriminate against certain groups, it's easier for our brain to remember stereotype-consistent information (Bodenhausen, 1988) . In contrast, disconfirming stereotypes takes mental effort. Because our brain always strives for efficiency, we rely on categories and stereotypes to guide behaviour, sometimes at the cost of harming out-group members or even ourselves.

Measuring Prejudice and Discrimination

Are you prejudiced? Yes or no? You might not want to answer this question for a variety of reasons, which makes studying prejudicial attitudes challenging for researchers. Prejudice is generally measured in two main ways, using **explicit** or **implicit** measures of attitudes. With explicit measures, you simply ask about feelings, attitudes, and opinions related to specific groups. Implicit measures instead focus on automatic behaviours towards members of these groups.

Typically, explicit attitude measures are self-report scales or surveys. One of the simplest explicit measures is the Feelings Thermometers (Figure SP.23), where people rate their warmth or coldness toward a particular group with visual analogue scales displayed as warm or cool (Nelson, 2008). Negative stereotyping scales (Lee et al., 2024) or Likert scales like the Symbolic Racism Scale (Henry & Sears, 2002; Kinder & Sears, 1981) are also commonly used. Explicit measures can be further subdivided into direct or indirect measures. Direct measures clearly ask respondents to rate their attitudes about a specified group, while indirect measures ask respondents to rate their attitudes toward *issues* related to a specific group (see Figure SP.23).

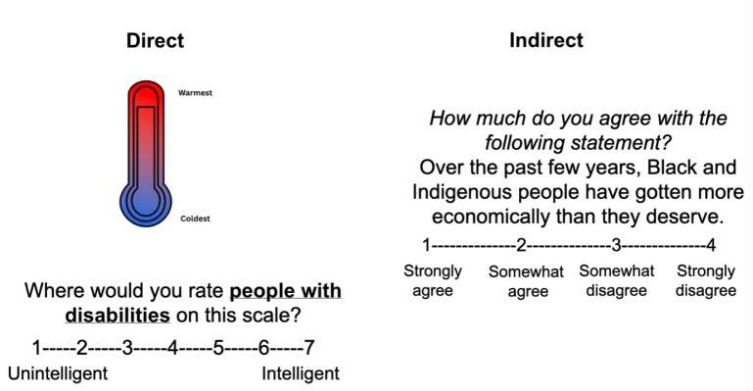


Figure SP.23 Direct (left) and indirect (right) explicit measures of prejudice. Note: This figure is adapted from vecteezy.com (top left), the Lee and Colleagues' (2024) Negative Stereotyping Scale (bottom left), and the Symbolic Racism Scale (Henry & Sears, 2002; Kinder & Sears, 1981; right). It is included in accordance with the Vecteezy Free License for web use policy and fair dealing principles.

The **Implicit Association Test (IAT)** is a widely used measure of implicit attitudes. In this computerized task, people sort words into categories on the left or right side of a screen as quickly as possible, for example, identifying "flower" as "good" or "bugs" with "bad." Reaction times across different blocks reveal unconscious biases, based on the idea that responses are faster when

paired concepts are strongly associated. Because the task limits time for reflection, it can expose preferences people may not report explicitly. You can try the IAT yourself through Harvard Project Implicit (link to learning below).

Link to Learning

Click here to try the implicit association test though the Harvard Project Implicit

Indirect measures help researchers study prejudice while reducing social desirability concerns, but some argue they capture factors other than true bias. One way to assess this trade-off is by comparing indirect measures with other prejudice measures (Axt, 2017). Direct measures predict IAT results even after accounting for social desirability and show stronger correlations with IAT scores than indirect measures, although these associations are only weak to moderate. This suggests that explicit reports are decently valid on their own. Still, explicit and implicit measures each explain unique aspects of intergroup behaviour. A meta-analysis of 217 studies by Kurdi et al. (2021) found that implicit measures were better predictors of in-group and out-group behaviours than explicit ones.

Reducing Prejudice and Discrimination

Although we tend to focus on differences, they're dwarfed by the sea of similarities we share . One individual human is not all that different from another, but things get interesting when these individual humans find themselves in a group. A history of conflict or oppression with other groups adds fuel to our brain's xenophobic cognitive habits. So, is there any way to reduce prejudice?

The intergroup contact hypothesis suggests that interaction with members from different groups can reduce prejudice toward that group. Strategies designed to unlearn prejudicial thinking and discriminatory behaviours work best when they involve positive, collaborative experiences with out-group members. In his book, *The Nature of Prejudice* (1954), Gordon Allport reviewed existing research and proposed four conditions that work best to reduce prejudice based on intergroup contact:

- individuals are of equal status
- they are engaged in a cooperative task
- they share common goals
- contact is institutionally or socially sanctioned

Seventy years later, this hypothesis is strongly supported by research, and we're now beginning to understand how intergroup contact works. A large meta-analysis of 54 studies with thousands of participants revealed that intergroup contact is linked to lower anxiety about interacting with out-group members as well as enhanced perspective-taking and empathy (Pettigrew & Tropp, 2008).

This seems easy, we just need to spend quality time together and we'll all get along, right? Of course it's not that simple. One meta-analysis examined experimental laboratory research specifically designed to test intergroup contact as an intervention and found that certain types of prejudice are more resistant than others. People are more likely to change their attitudes about people with disabilities after intergroup contact, compared to members of a different race or religion. Most of the published research is based upon participants from schools and universities, so it's unclear if the benefit of intergroup contact generalizes to people over the age of 25 (Paluck *et al.*, 2019).

Can these encouraging findings be translated to reducing prejudice and discrimination in the real world? A big challenge is creating the conditions necessary for *meaningful* contact; desegregation is not enough. Leveraging the contact time that already exists in schools is an effective target for prejudice-reduction strategies. For instance, being assigned a different race roommate is associated with prejudice reduction in university students, compared to those assigned same-race roommates (Shook & Fazio, 2008; Gauthier & Sommers, 2013). However, simply mixing different groups of students together can *worsen* prejudice, especially between groups in conflict (McKeown *et al.*, 2025).

So what can *you* do? Out-group friendships are a powerful form of intergroup contact and are associated with lower prejudice (Davies *et al*., 2011) and they're free! Having a friend from an out-group changes how we categorize them because now they're in your friend group, which by definition is an in-group. And maybe you could take that new friend out to a new restaurant? Ethnic food experience as an intergroup contact strategy is also associated with lower levels of prejudice against ethnic groups (Leyva et al, 2005).

Our self-identity is shaped by ties to our in-groups. As we've learned, these connections are fluid; we feel close to the groups interact with the most, but sometimes we fail to notice we all belong to large group called humanity (Figure SP.24).

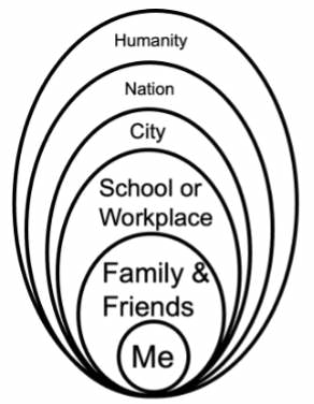


Figure SP.24 Self-identity is based upon affiliation with different in-groups. If we could broaden our thinking to include all of humanity helps change the way we view others (adapted from Allport, 1954).

Link to Learning

How can you find commonalities with out-group members? TV2 Denmark released an ad with a powerful demonstration. Click here to watch.

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12.7: Aggression

Aggression

Learning Objectives

By the end of this section, you will be able to:

- Define aggression
- Define cyberbullying
- Describe the bystander effect

Throughout this chapter we have discussed how people interact and influence one another's thoughts, feelings, and behaviours in both positive and negative ways. People can work together to achieve great things, such as helping each other in emergencies: recall the heroism displayed during the 9/11 terrorist attacks. People also can do great harm to one another, such as conforming to group norms that are immoral and obeying authority to the point of murder: consider the mass conformity of Nazis during WWII. In this section we will discuss a negative side of human behaviour—aggression.

A number of researchers have explored ways to reduce prejudice. One of the earliest was a study by Sherif et al. (1961) known as the Robbers Cave experiment. They found that when two opposing groups at a camp worked together toward a common goal, prejudicial attitudes between the groups decreased (Gaertner, Dovidio, Banker, Houlette, Johnson, & McGlynn, 2000). Focusing on superordinate goals was the key to attitude change in the research. Another study examined the jigsaw classroom, a technique designed by Aronson and Bridgeman in an effort to increase success in desegregated classrooms. In this technique, students work on an assignment in groups inclusive of various races and abilities. They are assigned tasks within their group, then collaborate with peers from other groups who were assigned the same task, and then report back to their original group. Walker and Crogan (1998) noted that the jigsaw classroom reduced potential for prejudice in Australia, as diverse students worked together on projects needing all of the pieces to succeed. This research suggests that anything that can allow individuals to work together toward common goals can decrease prejudicial attitudes. Obviously, the application of such strategies in real-world settings would enhance opportunities for conflict resolution.

Aggression

Humans engage in **aggression** when they seek to cause harm or pain to another person. Aggression takes two forms depending on one's motives: hostile or instrumental. **Hostile aggression** is motivated by feelings of anger with intent to cause pain; a fight in a bar with a stranger is an example of hostile aggression. In contrast, **instrumental aggression** is motivated by achieving a goal and does not necessarily involve intent to cause pain (Berkowitz, 1993); a contract killer who murders for hire displays instrumental aggression.

There are many different theories as to why aggression exists. Some researchers argue that aggression serves an evolutionary function (Buss, 2004). Men are more likely than women to show aggression (Wilson & Daly, 1985). From the perspective of evolutionary psychology, human male aggression, like that in nonhuman primates, likely serves to display dominance over other males, both to protect a mate and to perpetuate the male's genes (Figure SP.22). Sexual jealousy is part of male aggression; males endeavour to make sure their mates are not copulating with other males, thus ensuring their own paternity of the female's offspring. Although aggression provides an obvious evolutionary advantage for men, women also engage in aggression. Women typically display more indirect forms of aggression, with their aggression serving as a means to an end (Dodge & Schwartz, 1997). For example, women may express their aggression covertly by communication that impairs the social standing of another person. Another theory that explains one of the functions of human aggression is frustration aggression theory (Dollard, Doob, Miller, Mowrer, & Sears, 1939). This theory states that when humans are prevented from achieving an important goal, they become frustrated and aggressive.



Figure SP.25 Human males and nonhuman male primates endeavour to gain and display dominance over other males, as demonstrated in the behaviour of these monkeys. (credit: “Arcadiuš”/Flickr)

Bullying

Another form of aggression is bullying. As you learn in your study of child development, socializing and playing with other children is beneficial for children’s psychological development. However, as you may have experienced as a child, not all play behaviour has positive outcomes. Some children are aggressive and want to play roughly. Other children are selfish and do not want to share toys. One form of negative social interactions among children that has become a national concern is bullying. **Bullying** is repeated negative treatment of another person, often an adolescent, over time (Olweus, 1993). A one-time incident in which one child hits another child on the playground would not be considered bullying: Bullying is repeated behaviour. The negative treatment typical in bullying is the attempt to inflict harm, injury, or humiliation, and bullying can include physical or verbal attacks. However, bullying doesn’t have to be physical or verbal, it can be psychological. Research finds gender differences in how girls and boys bully others (American Psychological Association, 2010; Olweus, 1993). Boys tend to engage in direct, physical aggression such as physically harming others. Girls tend to engage in indirect, social forms of aggression such as spreading rumours, ignoring, or socially isolating others. Based on what you have learned about child development and social roles, why do you think boys and girls display different types of bullying behaviour?

Bullying involves three parties: the bully, the victim, and witnesses or bystanders. The act of bullying involves an imbalance of power with the bully holding more power—physically, emotionally, and/or socially over the victim. The experience of bullying can be positive for the bully, who may enjoy a boost to self-esteem. However, there are several negative consequences of bullying for the victim, and also for the bystanders. How do you think bullying negatively impacts adolescents? Being the victim of bullying is associated with decreased mental health, including experiencing anxiety and depression (APA, 2010). Victims of bullying may underperform in schoolwork (Bowen, 2011). Bullying also can result in the victim committing suicide (APA, 2010). How might bullying negatively affect witnesses?

Although there is not one single personality profile for who becomes a bully and who becomes a victim of bullying (APA, 2010), researchers have identified some patterns in children who are at a greater risk of being bullied (Olweus, 1993):

- Children who are emotionally reactive are at a greater risk for being bullied. Bullies may be attracted to children who get upset easily because the bully can quickly get an emotional reaction from them.
- Children who are different from others are likely to be targeted for bullying. Children who are overweight, cognitively impaired, or racially or ethnically different from their peer group may be at higher risk.
- Gay, lesbian, bisexual, and transgender teens are at very high risk of being bullied and hurt due to their sexual orientation.

Cyberbullying

With the rapid growth of technology, and widely available mobile technology and social networking media, a new form of bullying has emerged: cyberbullying (Hoff & Mitchell, 2009). **Cyberbullying**, like bullying, is repeated behaviour that is intended to cause psychological or emotional harm to another person. What is unique about cyberbullying is that it is typically covert, concealed, done in private, and the bully can remain anonymous. This anonymity gives the bully power, and the victim may feel helpless, unable to escape the harassment, and unable to retaliate (Spears, Slee, Owens, & Johnson, 2009).

Cyberbullying can take many forms, including harassing a victim by spreading rumours, creating a website defaming the victim, and ignoring, insulting, laughing at, or teasing the victim (Spears et al., 2009). In cyberbullying, it is more common for girls to be

the bullies and victims because cyberbullying is nonphysical and is a less direct form of bullying (Figure SP.23) (Hoff & Mitchell, 2009). Interestingly, girls who become cyberbullies often have been the victims of cyberbullying at one time (Vandebosch & Van Cleemput, 2009). The effects of cyberbullying are just as harmful as traditional bullying and include the victim feeling frustration, anger, sadness, helplessness, powerlessness, and fear. Victims will also experience lower self-esteem (Hoff & Mitchell, 2009; Spears et al., 2009). Furthermore, recent research suggests that both cyberbullying victims and perpetrators are more likely to experience suicidal ideation, and they are more likely to attempt suicide than individuals who have no experience with cyberbullying (Hinduja & Patchin, 2010). What features of technology make cyberbullying easier and perhaps more accessible to young adults? What can parents, teachers, and social networking websites, like Facebook, do to prevent cyberbullying?

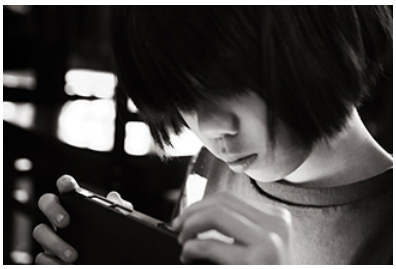


Figure SP.26 Research suggests that cyberbullies and their victims are most often female; however, there is much evidence that gay men are frequently victims of cyberbullying as well (Hinduja & Patchin, 2011). (credit: Steven Depolo)

The Bystander Effect

The discussion of bullying highlights the problem of witnesses not intervening to help a victim. Researchers Latané and Darley (1968) described a phenomenon called the bystander effect. **The bystander effect** is a phenomenon in which a witness or bystander does not volunteer to help a victim or person in distress. Instead, they just watch what is happening. Social psychologists hold that we make these decisions based on the social situation, not our own personality variables. The impetus behind the bystander effect was the murder of a young woman named Kitty Genovese in 1964. The story of her tragic death took on a life of its own when it was reported that none of her neighbours helped her or called the police when she was being attacked. However, Kassin (2017) noted that her killer was apprehended due to neighbours who called the police when they saw him committing a burglary days later. Not only did bystanders indeed intervene in her murder (one man who shouted at the killer, a woman who said she called the police, and a friend who comforted her in her last moments), but other bystanders intervened in the capture of the murderer. Social psychologists claim that diffusion of responsibility is the likely explanation. **Diffusion of responsibility** is the tendency for no one in a group to help because the responsibility to help is spread throughout the group (Bandura, 1999). Because there were many witnesses to the attack on Genovese, as evidenced by the number of lit apartment windows in the building, individuals assumed someone else must have already called the police. The responsibility to call the police was diffused across the number of witnesses to the crime. Have you ever passed an accident on the freeway and assumed that a victim or certainly another motorist has already reported the accident? In general, the greater the number of bystanders, the less likely any one person will help.

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12.8: Prosocial Behaviour

Prosocial Behaviour

Learning Objectives

By the end of this section, you will be able to:

- Describe altruism
- Describe conditions that influence the formation of relationships
- Identify what attracts people to each other
- Describe the triangular theory of love
- Explain social exchange theory in relationships

You've learned about many of the negative behaviours of social psychology, but the field also studies many positive social interactions and behaviours. What makes people like each other? With whom are we friends? Whom do we date? Researchers have documented several features of the situation that influence whether we form relationships with others. There are also universal traits that humans find attractive in others. In this section we discuss conditions that make forming relationships more likely, what we look for in friendships and romantic relationships, the different types of love, and a theory explaining how our relationships are formed, maintained, and terminated.

Prosocial Behaviour and Altruism

Do you voluntarily help others? Voluntary behaviour with the intent to help other people is called prosocial behaviour. Why do people help other people? Is personal benefit such as feeling good about oneself the only reason people help one another? Research suggests there are many other reasons. Altruism is people's desire to help others even if the costs outweigh the benefits of helping. In fact, people acting in altruistic ways may disregard the personal costs associated with helping (Figure SP.24). For example, news accounts of the 9/11 terrorist attacks on the World Trade Center in New York reported an employee in the first tower helped his co-workers make it to the exit stairwell. After helping a co-worker to safety he went back in the burning building to help additional co-workers. In this case the costs of helping were great, and the hero lost his life in the destruction (Stewart, 2002).

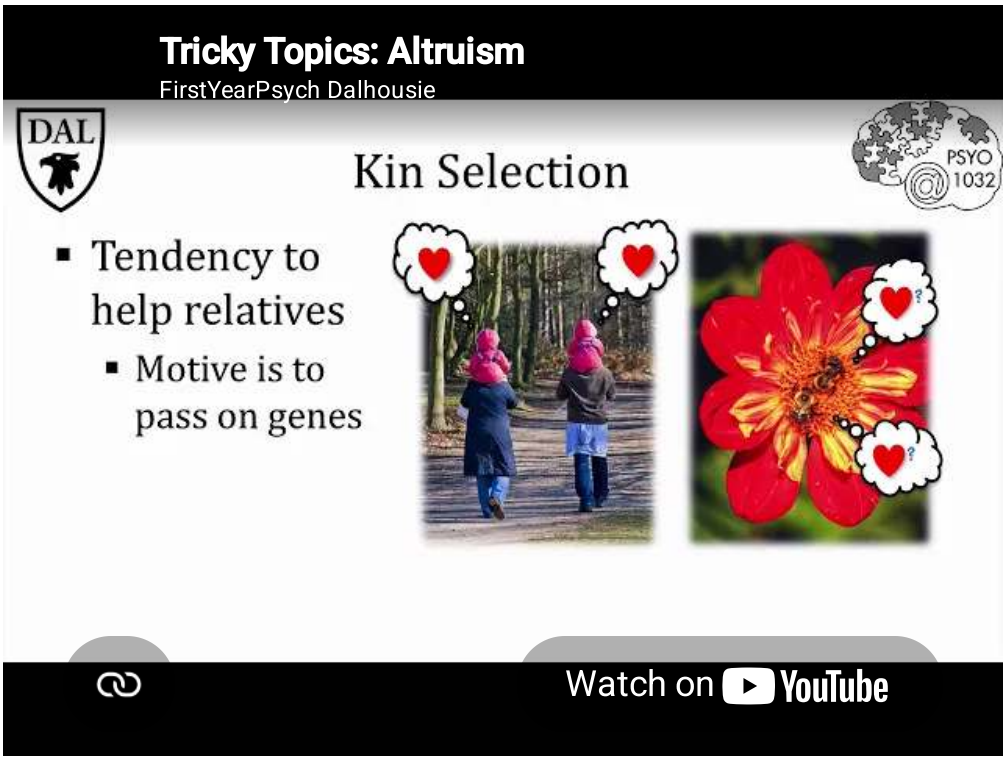


Figure SP.27 The events of 9/11 unleashed an enormous show of altruism and heroism on the parts of first responders and many ordinary people. (credit: Don Halasy)

Some researchers suggest that altruism operates on empathy. Empathy is the capacity to understand another person's perspective, to feel what he or she feels. An empathetic person makes an emotional connection with others and feels compelled to help (Batson, 1991). Other researchers argue that altruism is a form of selfless helping that is not motivated by benefits or feeling good about oneself. Certainly, after helping, people feel good about themselves, but some researchers argue that this is a consequence of altruism, not a cause. Other researchers argue that helping is always self-serving because our egos are involved, and we receive benefits from helping (Cialdini, Brown, Lewis, Luce, & Neuberg 1997). It is challenging to determine experimentally the true

motivation for helping, whether is it largely self-serving (egoism) or selfless (altruism). Thus, a debate on whether pure altruism exists continues.

TRICKY TOPIC: ALTRUISM





If the video above does not load, click here: https://youtu.be/guwwO8s6gh4
For a full transcript of this video, click here

Forming Relationships

What do you think is the single most influential factor in determining with whom you become friends and whom you form romantic relationships? You might be surprised to learn that the answer is simple: the people with whom you have the most contact. This most important factor is **proximity**. You are more likely to be friends with people you have regular contact with. For example, there are decades of research that shows that you are more likely to become friends with people who live in your dorm, your apartment building, or your immediate neighbourhood than with people who live farther away (Festinger, Schachler, & Back, 1950). It is simply easier to form relationships with people you see often because you have the opportunity to get to know them.

Similarity is another factor that influences who we form relationships with. We are more likely to become friends or lovers with someone who is similar to us in background, attitudes, and lifestyle. In fact, there is no evidence that opposites attract. Rather, we are attracted to people who are most like us (Figure SP.26) (McPherson, Smith-Lovin, & Cook, 2001). Why do you think we are

attracted to people who are similar to us? Sharing things in common will certainly make it easy to get along with others and form connections. When you and another person share similar music taste, hobbies, food preferences, and so on, deciding what to do with your time together might be easy. **Homophily** is the tendency for people to form social networks, including friendships, marriage, business relationships, and many other types of relationships, with others who are similar (McPherson et al., 2001).



Figure SP.28 People tend to be attracted to similar people. Many couples share a cultural background. This can be quite obvious in a ceremony such as a wedding, and more subtle (but no less significant) in the day-to-day workings of a relationship. (credit: modification of work by Shiraz Chanawala)

But, homophily limits our exposure to diversity (McPherson et al., 2001). By forming relationships only with people who are similar to us, we will have homogenous groups and will not be exposed to different points of view. In other words, because we are likely to spend time with those who are most like ourselves, we will have limited exposure to those who are different than ourselves, including people of different races, ethnicities, social-economic status, and life situations.

Once we form relationships with people, we desire reciprocity. Reciprocity is the give and take in relationships. We contribute to relationships, but we expect to receive benefits as well. That is, we want our relationships to be a two way street. We are more likely to like and engage with people who like us back. Self-disclosure is part of the two way street. Self-disclosure is the sharing of personal information (Laurenceau, Barrett, & Pietromonaco, 1998). We form more intimate connections with people with whom we disclose important information about ourselves. Indeed, self-disclosure is a characteristic of healthy intimate relationships, as long as the information disclosed is consistent with our own views (Cozby, 1973).

Attraction

We have discussed how proximity and similarity lead to the formation of relationships, and that reciprocity and self-disclosure are important for relationship maintenance. But, what features of a person do we find attractive? We don't form relationships with everyone that lives or works near us, so how is it that we decide which specific individuals we will select as friends and lovers?

Researchers have documented several characteristics that humans find attractive. First we look for friends and lovers who are physically attractive. People differ in what they consider attractive, and attractiveness is culturally influenced. Research, however, suggests that some universally attractive features in women include large eyes, high cheekbones, a narrow jaw line, a slender build (Buss, 1989), and a lower waist-to-hip ratio (Singh, 1993). For men, attractive traits include being tall, having broad shoulders, and a narrow waist (Buss, 1989). Both men and women with high levels of facial and body symmetry are generally considered more attractive than asymmetric individuals (Fink, Neave, Manning, & Grammer, 2006; Penton-Voak et al., 2001; Rikowski & Grammer, 1999). Social traits that people find attractive in potential female mates include warmth, affection, and social skills; in males, the attractive traits include achievement, leadership qualities, and job skills (Regan & Berscheid, 1997). Although humans want mates who are physically attractive, this does not mean that we look for the most attractive person possible. In fact, this observation has led some to propose what is known as the matching hypothesis which asserts that people tend to pick someone they view as their equal in physical attractiveness and social desirability (Taylor, Fiore, Mendelsohn, & Cheshire, 2011). For example, you and most people you know likely would say that a very attractive movie star is out of your league. So, even if you had proximity to that person, you likely would not ask them out on a date because you believe you likely would be rejected. People weigh a potential

partner's attractiveness against the likelihood of success with that person. If you think you are particularly unattractive (even if you are not), you likely will seek partners that are fairly unattractive (that is, unattractive in physical appearance or in behaviour).

Sternberg's Triangular Theory of Love

We typically love the people with whom we form relationships, but the type of love we have for our family, friends, and lovers differs. Robert Sternberg (1986) proposed that there are three components of love: intimacy, passion, and commitment. These three components form a triangle that defines multiple types of love: this is known as Sternberg's triangular theory of love (Figure SP.26). Intimacy is the sharing of details and intimate thoughts and emotions. Passion is the physical attraction—the flame in the fire. Commitment is standing by the person—the "in sickness and health" part of the relationship.

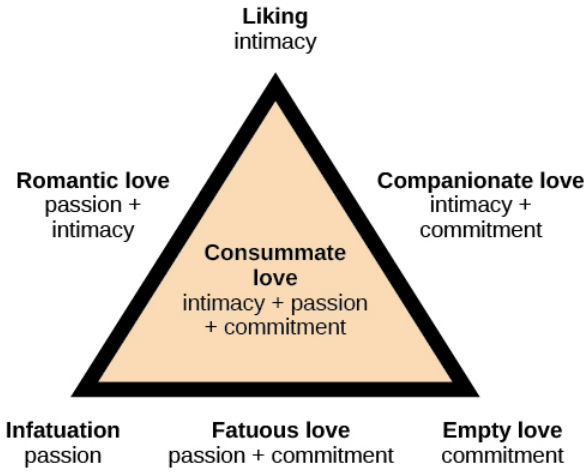


Figure SP.26 According to Sternberg's triangular theory of love, seven types of love can be described from combinations of three components: intimacy, passion, and commitment. (credit: modification of work by "Lnesa"/Wikimedia Commons)

Sternberg (1986) states that a healthy relationship will have all three components of love—intimacy, passion, and commitment—which is described as consummate love (Figure SP.27). However, different aspects of love might be more prevalent at different life stages. Other forms of love include liking, which is defined as having intimacy but no passion or commitment. Infatuation is the presence of passion without intimacy or commitment. Empty love is having commitment without intimacy or passion. Companionate love, which is characteristic of close friendships and family relationships, consists of intimacy and commitment but no passion. Romantic love is defined by having passion and intimacy, but no commitment. Finally, fatuous love is defined by having passion and commitment, but no intimacy, such as a long term sexual love affair. Can you describe other examples of relationships that fit these different types of love?



Figure SP.29 According to Sternberg, consummate love describes a healthy relationship containing intimacy, passion, and commitment. (credit: Carloxito/Wikimedia)

Social Exchange Theory

We have discussed why we form relationships, what attracts us to others, and different types of love. But what determines whether we are satisfied with and stay in a relationship? One theory that provides an explanation is social exchange theory. According to social exchange theory, we act as naïve economists in keeping a tally of the ratio of costs and benefits of forming and maintaining a relationship with others (Figure SP.28) (Rusbult & Van Lange, 2003).

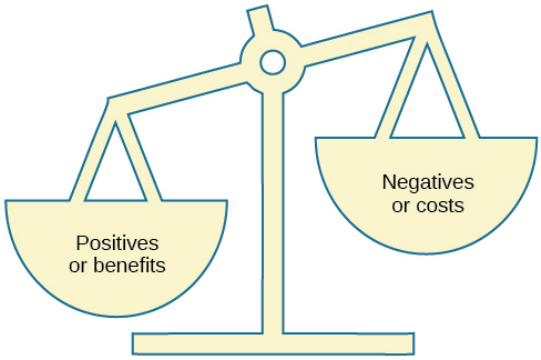


Figure SP.30 Acting like naïve economists, people may keep track of the costs and benefits of maintaining a relationship. Typically, only those relationships in which the benefits outweigh the costs will be maintained.

People are motivated to maximize the benefits of social exchanges, or relationships, and minimize the costs. People prefer to have more benefits than costs, or to have nearly equal costs and benefits, but most people are dissatisfied if their social exchanges create more costs than benefits. Let's discuss an example. If you have ever decided to commit to a romantic relationship, you probably considered the advantages and disadvantages of your decision. What are the benefits of being in a committed romantic relationship? You may have considered having companionship, intimacy, and passion, but also being comfortable with a person you know well. What are the costs of being in a committed romantic relationship? You may think that over time boredom from being with only one person may set in; moreover, it may be expensive to share activities such as attending movies and going to dinner. However, the benefits of dating your romantic partner presumably outweigh the costs, or you wouldn't continue the relationship.

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12.9: Key Terms for Social Psychology

Key Terms for Social Psychology

actor-observer bias
phenomenon of explaining other people's behaviours are due to internal factors and our own behaviours are due to situational forces

ageism
prejudice and discrimination toward individuals based solely on their age

aggression
seeking to cause harm or pain to another person

altruism
humans' desire to help others even if the costs outweigh the benefits of helping

Asch effect
group majority influences an individual's judgment, even when that judgment is inaccurate

attitude
evaluations of or feelings toward a person, idea, or object that are typically positive or negative

attribution
explanation for the behaviour of other people

bullying
a person, often an adolescent, being treated negatively repeatedly and over time

bystander effect
situation in which a witness or bystander does not volunteer to help a victim or person in distress

central route persuasion
logic-driven arguments using data and facts to convince people of an argument's worthiness

cognitive dissonance
psychological discomfort that arises from a conflict in a person's behaviours, attitudes, or beliefs that runs counter to one's positive self-perception

collectivist culture
culture that focuses on communal relationships with others such as family, friends, and community

companionate love
type of love consisting of intimacy and commitment, but not passion; associated with close friendships and family relationships

confederate
person who works for a researcher and is aware of the experiment, but who acts as a participant; used to manipulate social situations as part of the research design

confirmation bias
seeking out information that supports our stereotypes while ignoring information that is inconsistent with our stereotypes

conformity

when individuals change their behaviour to go along with the group even if they do not agree with the group

consummate love
type of love occurring when intimacy, passion, and commitment are all present

cyberbullying
repeated behaviour that is intended to cause psychological or emotional harm to another person and that takes place online

diffusion of responsibility
tendency for no one in a group to help because the responsibility to help is spread throughout the group

discrimination
negative actions toward individuals as a result of their membership in a particular group

dispositionism
describes a perspective common to personality psychologists, which asserts that our behaviour is determined by internal factors, such as personality traits and temperament

empathy
capacity to understand another person's perspective—to feel what he or she feels

foot-in-the-door technique
persuasion of one person by another person, encouraging a person to agree to a small favour, or to buy a small item, only to later request a larger favour or purchase of a larger item

fundamental attribution error
tendency to overemphasize internal factors as attributions for behaviour and underestimate the power of the situation

group polarization
strengthening of the original group attitude after discussing views within the group

groupthink
group members modify their opinions to match what they believe is the group consensus

homophily
tendency for people to form social networks, including friendships, marriage, business relationships, and many other types of relationships, with others who are similar

homophobia
prejudice and discrimination against individuals based solely on their sexual orientation

hostile aggression
aggression motivated by feelings of anger with intent to cause pain

in-group
group that we identify with or see ourselves as belonging to

in-group bias
preference for our own group over other groups

individualistic culture
culture that focuses on individual achievement and autonomy

informational social influence

conformity to a group norm prompted by the belief that the group is competent and has the correct information

instrumental aggression
aggression motivated by achieving a goal and does not necessarily involve intent to cause pain

internal factor
internal attribute of a person, such as personality traits or temperament

just-world hypothesis
ideology common in the United States that people get the outcomes they deserve

justification of effort
theory that people value goals and achievements more when they have put more effort into them

normative social influence
conformity to a group norm to fit in, feel good, and be accepted by the group

obedience
change of behaviour to please an authority figure or to avoid aversive consequences

out-group
group that we don't belong to—one that we view as fundamentally different from us

peripheral route persuasion
one person persuades another person; an indirect route that relies on association of peripheral cues (such as positive emotions and celebrity endorsement) to associate positivity with a message

persuasion
process of changing our attitude toward something based on some form of communication

prejudice
negative attitudes and feelings toward individuals based solely on their membership in a particular group

prosocial behaviour
voluntary behaviour with the intent to help other people

racism
prejudice and discrimination toward individuals based solely on their race

reciprocity
give and take in relationships

romantic love
type of love consisting of intimacy and passion, but no commitment

scapegoating
act of blaming an out-group when the in-group experiences frustration or is blocked from obtaining a goal

script
person's knowledge about the sequence of events in a specific setting

self-disclosure
sharing personal information in relationships

self-fulfilling prophecy

treating stereotyped group members according to our biased expectations only to have this treatment influence the individual to act according to our stereotypic expectations, thus confirming our stereotypic beliefs

self-serving bias

tendency for individuals to take credit by making dispositional or internal attributions for positive outcomes and situational or external attributions for negative outcomes

sexism

prejudice and discrimination toward individuals based on their sex

situationism

describes a perspective that behaviour and actions are determined by the immediate environment and surroundings; a view promoted by social psychologists

social exchange theory

humans act as naïve economists in keeping a tally of the ratio of costs and benefits of forming and maintain a relationship, with the goal to maximize benefits and minimize costs

social facilitation

improved performance when an audience is watching versus when the individual performs the behaviour alone

social loafing

exertion of less effort by a person working in a group because individual performance cannot be evaluated separately from the group, thus causing performance decline on easy tasks

social norm

group's expectations regarding what is appropriate and acceptable for the thoughts and behaviour of its members

social psychology

field of psychology that examines how people impact or affect each other, with particular focus on the power of the situation

social role

socially defined pattern of behaviour that is expected of a person in a given setting or group

stanford prison experiment

Stanford University conducted an experiment in a mock prison that demonstrated the power of social roles, social norms, and scripts

stereotype

specific beliefs or assumptions about individuals based solely on their membership in a group, regardless of their individual characteristics

triangular theory of love

model of love based on three components: intimacy, passion, and commitment; several types of love exist, depending on the presence or absence of each of these components

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12.10: Summary for Social Psychology

Summary for Social Psychology

SP.1 What Is Social Psychology?

Social psychology is the subfield of psychology that studies the power of the situation to influence individuals' thoughts, feelings, and behaviours. Psychologists categorize the causes of human behaviour as those due to internal factors, such as personality, or those due to external factors, such as cultural and other social influences. Behaviour is better explained, however, by using both approaches. Lay people tend to over-rely on dispositional explanations for behaviour and ignore the power of situational influences, a perspective called the fundamental attribution error. People from individualistic cultures are more likely to display this bias versus people from collectivistic cultures. Our explanations for our own and others behaviours can be biased due to not having enough information about others' motivations for behaviours and by providing explanations that bolster our self-esteem.

SP.2 Self-presentation

Human behaviour is largely influenced by our social roles, norms, and scripts. In order to know how to act in a given situation, we have shared cultural knowledge of how to behave depending on our role in society. Social norms dictate the behaviour that is appropriate or inappropriate for each role. Each social role has scripts that help humans learn the sequence of appropriate behaviours in a given setting. The famous Stanford prison experiment is an example of how the power of the situation can dictate the social roles, norms, and scripts we follow in a given situation, even if this behaviour is contrary to our typical behaviour.

SP.3 Attitudes and Persuasion

Attitudes are our evaluations or feelings toward a person, idea, or object and typically are positive or negative. Our attitudes and beliefs are influenced not only by external forces, but also by internal influences that we control. An internal form of attitude change is cognitive dissonance or the tension we experience when our thoughts, feelings, and behaviours are in conflict. In order to reduce dissonance, individuals can change their behaviour, attitudes, or cognitions, or add a new cognition. External forces of persuasion include advertising; the features of advertising that influence our behaviours include the source, message, and audience. There are two primary routes to persuasion. The central route to persuasion uses facts and information to persuade potential consumers. The peripheral route uses positive association with cues such as beauty, fame, and positive emotions.

SP.4 Conformity, Compliance, and Obedience

The power of the situation can lead people to conform, or go along with the group, even in the face of inaccurate information. Conformity to group norms is driven by two motivations, the desire to fit in and be liked and the desire to be accurate and gain information from the group. Authority figures also have influence over our behaviours, and many people become obedient and follow orders even if the orders are contrary to their personal values. Conformity to group pressures can also result in groupthink, or the faulty decision-making process that results from cohesive group members trying to maintain group harmony. Group situations can improve human behaviour through facilitating performance on easy tasks, but inhibiting performance on difficult tasks. The presence of others can also lead to social loafing when individual efforts cannot be evaluated.

SP.5 Prejudice and Discrimination

As diverse individuals, humans can experience conflict when interacting with people who are different from each other. Prejudice, or negative feelings and evaluations, is common when people are from a different social group (i.e., out-group). Negative attitudes toward out-groups can lead to discrimination. Prejudice and discrimination against others can be based on gender, race, ethnicity, social class, sexual orientation, or a variety of other social identities. In-group's who feel threatened may blame the out-groups for their plight, thus using the out-group as a scapegoat for their frustration.

SP.6 Aggression

Aggression is seeking to cause another person harm or pain. Hostile aggression is motivated by feelings of anger with intent to cause pain, and instrumental aggression is motivated by achieving a goal and does not necessarily involve intent to cause pain Bullying is an international public health concern that largely affects the adolescent population. Bullying is repeated behaviours that are intended to inflict harm on the victim and can take the form of physical, psychological, emotional, or social abuse. Bullying

has negative mental health consequences for youth including suicide. Cyberbullying is a newer form of bullying that takes place in an online environment where bullies can remain anonymous and victims are helpless to address the harassment. Despite the social norm of helping others in need, when there are many bystanders witnessing an emergency, diffusion of responsibility will lead to a lower likelihood of any one person helping.

SP.7 Prosocial Behaviour

Altruism is a pure form of helping others out of empathy, which can be contrasted with egoistic motivations for helping. Forming relationships with others is a necessity for social beings. We typically form relationships with people who are close to us in proximity and people with whom we share similarities. We expect reciprocity and self-disclosure in our relationships. We also want to form relationships with people who are physically attractive, though standards for attractiveness vary. There are many types of love that are determined by various combinations of intimacy, passion, and commitment; consummate love, which is the ideal form of love, contains all three components. When determining satisfaction and whether to maintain a relationship, individuals often use a social exchange approach and weigh the costs and benefits of forming and maintaining a relationship.

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12.11: Review Questions for Social Psychology

Review Questions for Social Psychology

Click here for Answer Key

Multiple Choice Questions

1. As a field, social psychology focuses on _____ in predicting human behaviour.

a. personality traits
b. genetic predispositions
c. biological forces
d. situational factors

2. Making internal attributions for your successes and making external attributions for your failures is an example of _____.

a. actor-observer bias
b. fundamental attribution error
c. self-serving bias
d. just-world hypothesis

3. Collectivistic cultures are to _____ as individualistic cultures are to _____.

a. dispositional; situational
b. situational; dispositional
c. autonomy; group harmony
d. just-world hypothesis; self-serving bias

4. According to the actor-observer bias, we have more information about _____.

a. situational influences on behaviour
b. influences on our own behaviour
c. influences on others' behaviour
d. dispositional influences on behaviour

5. A(n) _____ is a set of group expectations for appropriate thoughts and behaviours of its members.

a. social role
b. social norm
c. script
d. attribution

6. On his first day of soccer practice, Jose suits up in a t-shirt, shorts, and cleats and runs out to the field to join his teammates. Jose's behaviour is reflective of _____.

a. a script
b. social influence
c. good athletic behaviour
d. normative behaviour

7. When it comes to buying clothes, teenagers often follow social norms; this is likely motivated by _____.

a. following parents' rules
b. saving money
c. fitting in
d. looking good

8. In the Stanford prison experiment, even the lead researcher succumbed to his role as a prison supervisor. This is an example of the power of _____ influencing behaviour.

a. scripts
b. social norms
c. conformity
d. social roles

9. Attitudes describe our _____ of people, objects, and ideas.

a. treatment
b. evaluations
c. cognitions
d. knowledge

10. Cognitive dissonance causes discomfort because it disrupts our sense of _____.

a. dependency
b. unpredictability
c. consistency
d. power

11. In order for the central route to persuasion to be effective, the audience must be _____ and _____.

a. analytical; motivated
b. attentive; happy
c. intelligent; unemotional
d. gullible; distracted

12. Examples of cues used in peripheral route persuasion include all of the following *except* _____.

a. celebrity endorsement
b. positive emotions
c. attractive models
d. factual information

13. In the Asch experiment, participants conformed due to _____ social influence.

a. informational
b. normative
c. inspirational
d. persuasive

14. Under what conditions will informational social influence be more likely?

a. when individuals want to fit in

b. when the answer is unclear
c. when the group has expertise
d. both b and c

15. Social loafing occurs when _____.

a. individual performance cannot be evaluated
b. the task is easy
c. both a and b
d. none of the above

16. If group members modify their opinions to align with a perceived group consensus, then _____ has occurred.

a. group cohesion
b. social facilitation
c. groupthink
d. social loafing

17. Prejudice is to _____ as discrimination is to _____.

a. feelings; behaviour
b. thoughts; feelings
c. feelings; thoughts
d. behaviour; feelings

18. Which of the following is *not* a type of prejudice?

a. homophobia
b. racism
c. sexism
d. individualism

19. _____ occurs when the out-group is blamed for the in-group's frustration.

a. stereotyping
b. in-group bias
c. scapegoating
d. ageism

20. When we seek out information that supports our stereotypes we are engaged in _____.

a. scapegoating
b. confirmation bias
c. self-fulfilling prophecy
d. in-group bias

21. Typically, bullying from boys is to _____ as bullying from girls is to _____.

a. emotional harm; physical harm
b. physical harm; emotional harm
c. psychological harm; physical harm

d. social exclusion; verbal taunting

22. Which of the following adolescents is least likely to be targeted for bullying?

a. a child with a physical disability
b. a transgender adolescent
c. an emotionally sensitive boy
d. the captain of the football team

23. The bystander effect likely occurs due to _____.

a. desensitization to violence
b. people not noticing the emergency
c. diffusion of responsibility
d. emotional insensitivity

24. Altruism is a form of prosocial behaviour that is motivated by _____.

a. feeling good about oneself
b. selfless helping of others
c. earning a reward
d. showing bravery to bystanders

25. After moving to a new apartment building, research suggests that Sam will be most likely to become friends with _____.

a. his next door neighbour
b. someone who lives three floors up in the apartment building
c. someone from across the street
d. his new postal delivery person

26. What trait do both men and women tend to look for in a romantic partner?

a. sense of humour
b. social skills
c. leadership potential
d. physical attractiveness

27. According to the triangular theory of love, what type of love is defined by passion and intimacy but no commitment?

a. consummate love
b. empty love
c. romantic love
d. liking

28. According to social exchange theory, humans want to maximize the _____ and minimize the _____ in relationships.

a. intimacy; commitment
b. benefits; costs
c. costs; benefits
d. passion; intimacy

Critical Thinking Questions

29. Compare and contrast situational influences and dispositional influences and give an example of each. Explain how situational influences and dispositional influences might explain inappropriate behaviour.

30. Provide an example of how people from individualistic and collectivistic cultures would differ in explaining why they won an important sporting event.

31. Why didn't the "good" guards in the Stanford prison experiment object to other guards' abusive behaviour? Were the student prisoners simply weak people? Why didn't they object to being abused?

32. Describe how social roles, social norms, and scripts were evident in the Stanford prison experiment. How can this experiment be applied to everyday life? Are there any more recent examples where people started fulfilling a role and became abusive?

33. Give an example (one *not* used in class or your text) of cognitive dissonance and how an individual might resolve this.

34. Imagine that you work for an advertising agency, and you've been tasked with developing an advertising campaign to increase sales of Bliss Soda. How would you develop an advertisement for this product that uses a central route of persuasion? How would you develop an ad using a peripheral route of persuasion?

35. Describe how seeking outside opinions can prevent groupthink.

36. Compare and contrast social loafing and social facilitation.

37. Some people seem more willing to openly display prejudice regarding sexual orientation than prejudice regarding race and gender. Speculate on why this might be.

38. When people blame a scapegoat, how do you think they choose evidence to support the blame?

39. Compare and contrast hostile and instrumental aggression.

40. What evidence discussed in the previous section suggests that cyberbullying is difficult to detect and prevent?

41. Describe what influences whether relationships will be formed.

42. The evolutionary theory argues that humans are motivated to perpetuate their genes and reproduce. Using an evolutionary perspective, describe traits in men and women that humans find attractive.

Personal Application Questions

43. Provide a personal example of an experience in which your behaviour was influenced by the power of the situation.

44. Think of an example in the media of a sports figure—player or coach—who gives a self-serving attribution for winning or losing. Examples might include accusing the referee of incorrect calls, in the case of losing, or citing their own hard work and talent, in the case of winning.

45. Try attending a religious service very different from your own and see how you feel and behave without knowing the appropriate script. Or, try attending an important, personal event that you have never attended before, such as a bar mitzvah (a coming-of-age ritual in Jewish culture), a quinceañera (in some Latin American cultures a party is given to a girl who is turning 15 years old), a wedding, a funeral, or a sporting event new to you, such as horse racing or bull riding. Observe and record your feelings and behaviours in this unfamiliar setting for which you lack the appropriate script. Do you silently observe the action, or do you ask another person for help interpreting the behaviours of people at the event? Describe in what ways your behaviour would change if you were to attend a similar event in the future?

46. Name and describe at least three social roles you have adopted for yourself. Why did you adopt these roles? What are some roles that are expected of you, but that you try to resist?

47. Cognitive dissonance often arises after making an important decision, called post-decision dissonance (or in popular terms, buyer's remorse). Describe a recent decision you made that caused dissonance and describe how you resolved it.

48. Describe a time when you or someone you know used the foot-in-the-door technique to gain someone's compliance.

49. Conduct a conformity study the next time you are in an elevator. After you enter the elevator, stand with your back toward the door. See if others conform to your behaviour. Watch this video for a candid camera demonstration of this phenomenon. Did your results turn out as expected?

50. Most students adamantly state that they would never have turned up the voltage in the Milligram experiment. Do you think you would have refused to shock the learner? Looking at your own past behaviour, what evidence suggests that you would go along with the order to increase the voltage?

51. Give an example when you felt that someone was prejudiced against you. What do you think caused this attitude? Did this person display any discrimination behaviours and, if so, how?

52. Give an example when you felt prejudiced against someone else. How did you discriminate against them? Why do you think you did this?

53. Have you ever experienced or witnessed bullying or cyberbullying? How did it make you feel? What did you do about it? After reading this section would you have done anything differently?

54. The next time you see someone needing help, observe your surroundings. Look to see if the bystander effect is in action and take measures to make sure the person gets help. If you aren't able to help, notify an adult or authority figure that can.

55. Think about your recent friendships and romantic relationship(s). What factors do you think influenced the development of these relationships? What attracted you to becoming friends or romantic partners?

56. Have you ever used a social exchange theory approach to determine how satisfied you were in a relationship, either a friendship or romantic relationship? Have you ever had the costs outweigh the benefits of a relationship? If so, how did you address this imbalance?

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CHAPTER OVERVIEW

13: Stress

13.1: Introduction to Stress and Health
13.2: What is Stress?
13.3: Stressors
13.4: Stress and Illness
13.5: Regulation of Stress
13.6: The Pursuit of Happiness
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13.1: Introduction to Stress and Health

Introduction to Stress & Health

Chapter Outline

- What Is Stress?
- Stressors
- Stress and Illness
- Regulation of Stress
- The Pursuit of Happiness



Figure SH.1 Exams are a stressful, but unavoidable, element of college life. (credit modified from Shutterstock)

Few would deny that today's college students are under a lot of pressure. In addition to many usual stresses and strains incidental to the college experience (e.g., exams and term papers), students today are faced with increased college tuitions, burdensome debt, and difficulty finding employment after graduation. A significant population of college students may face additional stressors, such as raising children or holding down a full-time job while working toward a degree.

Of course, life is filled with many additional challenges beyond those incurred in college or the workplace. We might have concerns with financial security, difficulties with friends or neighbours, family responsibilities, and we may not have enough time to do the things we want to do. Even minor hassles—losing things, traffic jams, and loss of internet service—all involve pressure and demands that can make life seem like a struggle and that can compromise our sense of well-being. That is, all can be stressful in some way.

Scientific interest in stress, including how we adapt and cope, has been longstanding in psychology; indeed, after nearly a century of research on the topic, much has been learned and many insights have been developed. This chapter examines stress and highlights our current understanding of the phenomenon, including its psychological and physiological natures, its causes and consequences, and the steps we can take to master stress rather than become its victim.

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13.2: What is Stress?

What is Stress?

Learning Objectives

By the end of this section, you will be able to:

- Differentiate between stimulus-based and response-based definitions of stress
- Define stress as a process
- Differentiate between good stress and bad stress
- Describe the early contributions of Walter Cannon and Hans Selye to the stress research field
- Understand the physiological basis of stress and describe the general adaptation syndrome

The term stress as it relates to the human condition first emerged in scientific literature in the 1930s, but it did not enter the popular vernacular until the 1970s (Lyon, 2012). Today, we often use the term loosely in describing a variety of unpleasant feeling states; for example, we often say we are stressed out when we feel frustrated, angry, conflicted, overwhelmed, or fatigued. Despite the widespread use of the term, stress is a fairly vague concept that is difficult to define with precision.

Researchers have had a difficult time agreeing on an acceptable definition of stress. Some have conceptualized stress as a demanding or threatening event or situation (e.g., a high-stress job, overcrowding, and long commutes to work). Such conceptualizations are known as stimulus-based definitions because they characterize stress as a stimulus that causes certain reactions. Stimulus-based definitions of stress are problematic, however, because they fail to recognize that people differ in how they view and react to challenging life events and situations. For example, a conscientious student who has studied diligently all semester would likely experience less stress during final exams week than would a less responsible, unprepared student.

Others have conceptualized stress in ways that emphasize the physiological responses that occur when faced with demanding or threatening situations (e.g., increased arousal). These conceptualizations are referred to as response-based definitions because they describe stress as a response to environmental conditions. For example, the endocrinologist Hans Selye, a famous stress researcher, once defined stress as the "response of the body to any demand, whether it is caused by, or results in, pleasant or unpleasant conditions" (Selye, 1976, p. 74). Selye's definition of stress is response-based in that it conceptualizes stress chiefly in terms of the body's physiological reaction to any demand that is placed on it. Neither stimulus-based nor response-based definitions provide a complete definition of stress. Many of the physiological reactions that occur when faced with demanding situations (e.g., accelerated heart rate) can also occur in response to things that most people would not consider to be genuinely stressful, such as receiving unanticipated good news: an unexpected promotion or raise.

A useful way to conceptualize **stress** is to view it as a process whereby an individual perceives and responds to events that he appraises as overwhelming or threatening to his well-being (Lazarus & Folkman, 1984). A critical element of this definition is that it emphasizes the importance of how we appraise—that is, judge—demanding or threatening events (often referred to as **stressors**); these appraisals, in turn, influence our reactions to such events. Two kinds of appraisals of a stressor are especially important in this regard: primary and secondary appraisals. A **primary appraisal** involves judgment about the degree of potential harm or threat to well-being that a stressor might entail. A stressor would likely be appraised as a threat if one anticipates that it could lead to some kind of harm, loss, or other negative consequence; conversely, a stressor would likely be appraised as a challenge if one believes that it carries the potential for gain or personal growth. For example, an employee who is promoted to a leadership position would likely perceive the promotion as a much greater threat if she believed the promotion would lead to excessive work demands than if she viewed it as an opportunity to gain new skills and grow professionally. Similarly, a college student on the cusp of graduation may face the change as a threat or a challenge (Figure SH.2).



Figure SH.2 Graduating from college and entering the workforce can be viewed as either a threat (loss of financial support) or a challenge (opportunity for independence and growth). (credit: Pexels user RODNAE)

The perception of a threat triggers a **secondary appraisal**: judgment of the options available to cope with a stressor, as well as perceptions of how effective such options will be (Lyon, 2012) (Figure SH.3). As you may recall from what you learned about self-efficacy, an individual's belief in his ability to complete a task is important (Bandura, 1994). A threat tends to be viewed as less catastrophic if one believes something can be done about it (Lazarus & Folkman, 1984). Imagine that two middle-aged people Syd and Madhuri, perform breast self-examinations one morning and each notices a lump on the lower region of their left breast. Although both view the breast lump as a potential threat (primary appraisal), their secondary appraisals differ considerably. In considering the breast lump, some of the thoughts racing through Syd's mind are, "Oh my God, I could have breast cancer! What if the cancer has spread to the rest of my body and I cannot recover? What if I have to go through chemotherapy? I've heard that experience is awful! What if I have to quit my job? My partner and I won't have enough money to pay the mortgage. Oh, this is just horrible…I can't deal with it!" On the other hand, Madhuri thinks, "Hmm, this may not be good. Although most times these things turn out to be benign, I need to have it checked out. If it turns out to be breast cancer, there are doctors who can take care of it because the medical technology today is quite advanced. I'll have a lot of different options, and I'll be just fine." Clearly, Syd and Madhuri have different outlooks on what might turn out to be a very serious situation: Syd seems to think that little could be done about it, whereas Madhuri believes that, worst case scenario, a number of options that are likely to be effective would be available. As such, Syd would clearly experience greater stress than would Madhuri.

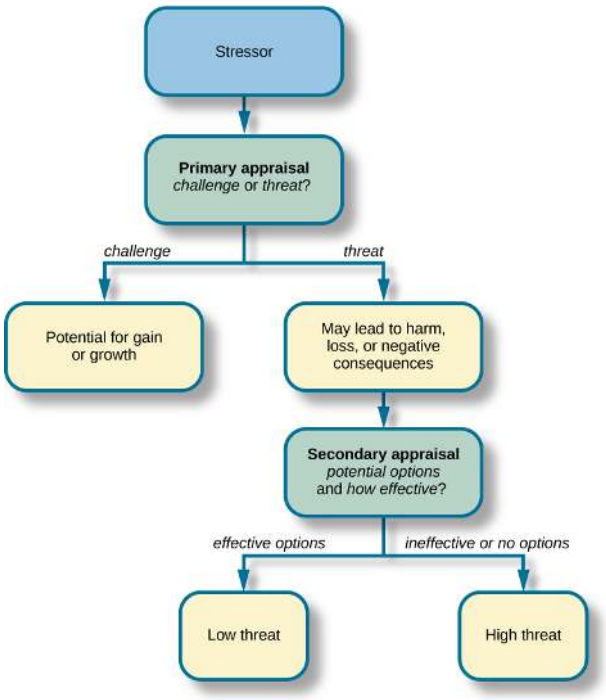


Figure SH.3 When encountering a stressor, a person judges its potential threat (primary appraisal) and then determines if effective options are available to manage the situation. Stress is likely to result if a stressor is perceived as extremely threatening or threatening with few or no effective coping options available.

To be sure, some stressors are inherently more stressful than others in that they are more threatening and leave less potential for variation in cognitive appraisals (e.g., objective threats to one's health or safety). Nevertheless, appraisal will still play a role in augmenting or diminishing our reactions to such events (Everly & Lating, 2002).

If a person appraises an event as harmful and believes that the demands imposed by the event exceed the available resources to manage or adapt to it, the person will subjectively experience a state of stress. In contrast, if one does not appraise the same event as harmful or threatening, she is unlikely to experience stress. According to this definition, environmental events trigger stress reactions by the way they are interpreted and the meanings they are assigned. In short, stress is largely in the eye of the beholder: it's not so much what happens to you as it is how you respond (Selye, 1976).

Good Stress?

Although stress carries a negative connotation, at times it may be of some benefit. Stress can motivate us to do things in our best interests, such as study for exams, visit the doctor regularly, exercise, and perform to the best of our ability at work. Indeed, Selye (1974) pointed out that not all stress is harmful. He argued that stress can sometimes be a positive, motivating force that can improve the quality of our lives. This kind of stress, which Selye called **eustress** (from the Greek *eu* = "good"), is a good kind of stress associated with positive feelings, optimal health, and performance. A moderate amount of stress can be beneficial in challenging situations. For example, athletes may be motivated and energized by pregame stress, and students may experience similar beneficial stress before a major exam. Indeed, research shows that moderate stress can enhance both immediate and delayed recall of educational material. Male participants in one study who memorized a scientific text passage showed improved memory of the passage immediately after exposure to a mild stressor as well as one day following exposure to the stressor (Hupbach & Fieman, 2012).

Increasing one's level of stress will cause performance to change in a predictable way. As shown in Figure SH.4, as stress increases, so do performance and general well-being (eustress); when stress levels reach an optimal level (the highest point of the curve), performance reaches its peak. A person at this stress level is colloquially at the top of their game, meaning they feel fully energized, focused, and can work with minimal effort and maximum efficiency. But when stress exceeds this optimal level, it is no longer a positive force—it becomes excessive and debilitating, or what Selye termed **distress** (from the Latin *dis* = "bad"). People who reach this level of stress feel burned out; they are fatigued, exhausted, and their performance begins to decline. If the stress remains excessive, health may begin to erode as well (Everly & Lating, 2002). A good example of distress is severe test anxiety. When students are feeling very stressed about a test, negative emotions combined with physical symptoms may make concentration difficult, thereby negatively affecting test scores.

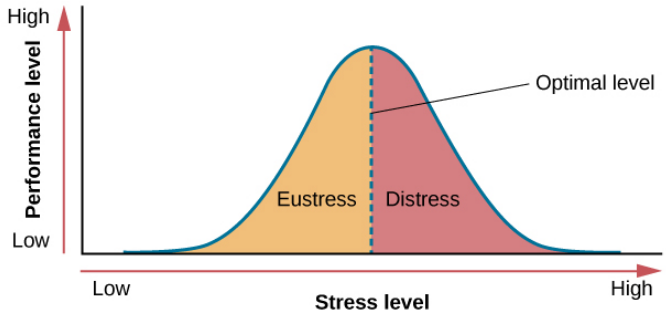


Figure SH.4 As the stress level increases from low to moderate, so does performance (eustress). At the optimal level (the peak of the curve), performance has reached its peak. If stress exceeds the optimal level, it will reach the distress region, where it will become excessive and debilitating, and performance will decline (Everly & Lating, 2002).

The Prevalence of Stress

Stress is everywhere. Each of us is acquainted with stress—some are more familiar than others. In many ways, stress feels like a load you just can't carry—a feeling you experience when, for example, you have to drive somewhere in a blizzard, when you wake up late the morning of an important job interview, when you run out of money before the next pay period, and before taking an important exam for which you realize you are not fully prepared.

Stress is an experience that evokes a variety of responses, including those that are physiological (e.g., accelerated heart rate, headaches, or gastrointestinal problems), cognitive (e.g., difficulty concentrating or making decisions), and behavioural (e.g., drinking alcohol, smoking, or taking actions directed at eliminating the cause of the stress). Although stress can be positive at times, it can have deleterious health implications, contributing to the onset and progression of a variety of physical illnesses and diseases (Cohen & Herbert, 1996).

The scientific study of how stress and other psychological factors impact health falls within the realm of **health psychology**, a subfield of psychology devoted to understanding the importance of psychological influences on health, illness, and how people respond when they become ill (Taylor, 1999). Health psychology emerged as a discipline in the 1970s, a time during which there was increasing awareness of the role behavioural and lifestyle factors play in the development of illnesses and diseases (Straub, 2007). In addition to studying the connection between stress and illness, health psychologists investigate issues such as why people make certain lifestyle choices (e.g., smoking or eating unhealthy food despite knowing the potential adverse health implications of such behaviours). Health psychologists also design and investigate the effectiveness of interventions aimed at changing unhealthy behaviours. Perhaps one of the more fundamental tasks of health psychologists is to identify which groups of people are especially at risk for negative health outcomes, based on psychological or behavioural factors. For example, measuring differences in stress levels among demographic groups and how these levels change over time can help identify populations who may have an increased risk for illness or disease.

Figure SH.5 depicts the results of three national surveys in which several thousand individuals from different demographic groups completed a brief stress questionnaire; the surveys were administered in 1983, 2006, and 2009 (Cohen & Janicki-Deverts, 2012). All three surveys demonstrated higher stress in women than in men. Unemployed individuals reported high levels of stress in all three surveys, as did those with less education and income; retired persons reported the lowest stress levels. However, from 2006 to 2009 the greatest increase in stress levels occurred among men, Hispanics people aged 45–64, college graduates, and those with full-time employment. One interpretation of these findings is that concerns surrounding the 2008–2009 economic downturn (e.g., threat of or actual job loss and substantial loss of retirement savings) may have been especially stressful to college-educated employed men with limited time remaining in their working careers.

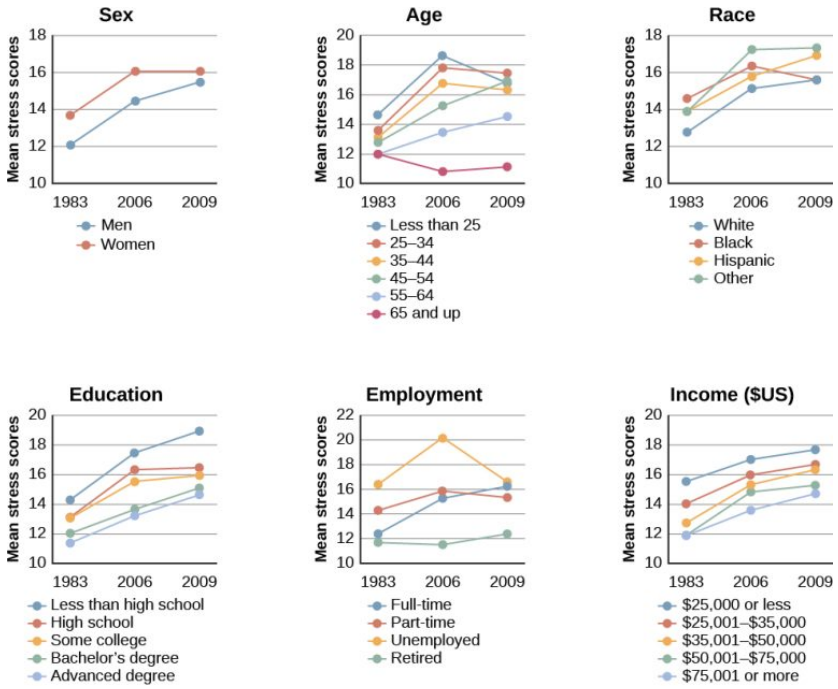
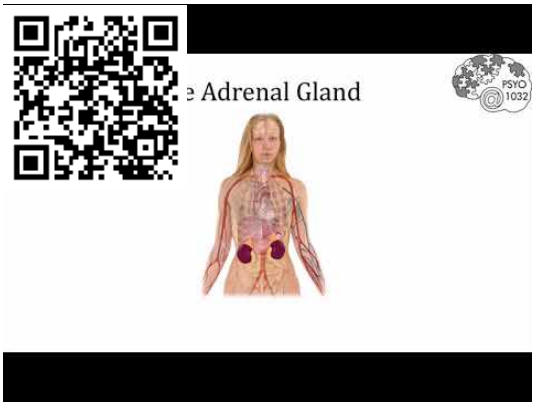


Figure SH.5 The charts above, adapted from Cohen & Janicki-Deverts (2012), depict the mean stress level scores among different demographic groups during the years 1983, 2006, and 2009. Across categories of sex, age, race, education level, employment status, and income, stress levels generally show a marked increase over this quarter-century time span.

Link to Learning

Check out the interactive tables from Statistics Canada to explore the trends in reported stress across age groups, reported sex, and geographic locations, to learn more.

TRICKY TOPIC: THE STRESS RESPONSE



If the video above does not load, click here: https://youtu.be/JH6J8_uKOu0
For a full transcript of this video, click here

Early Contributions to the Study of Stress

As previously stated, scientific interest in stress goes back nearly a century. One of the early pioneers in the study of stress was Walter Cannon, an eminent American physiologist at Harvard Medical School (Figure SH.6). In the early part of the 20th century, Cannon was the first to identify the body's physiological reactions to stress.



Figure SH.6 Harvard physiologist Walter Cannon first articulated and named the fight-or-flight response, the nervous system's sympathetic response to a significant stressor.

Cannon and the Fight-or-Flight Response

Imagine that you are hiking in the beautiful mountains of Colorado on a warm and sunny spring day. At one point during your hike, a large, frightening-looking black bear appears from behind a stand of trees and sits about 50 yards from you. The bear notices you, sits up, and begins to lumber in your direction. In addition to thinking, "This is definitely not good," a constellation of physiological reactions begins to take place inside you. Prompted by a deluge of epinephrine (adrenaline) and norepinephrine (noradrenaline) from your adrenal glands, your pupils begin to dilate. Your heart starts to pound and speeds up, you begin to breathe heavily and perspire, you get butterflies in your stomach, and your muscles become tense, preparing you to take some kind of direct action. Cannon proposed that this reaction, which he called the **fight-or-flight response**, occurs when a person experiences very strong emotions—especially those associated with a perceived threat (Cannon, 1932). During the fight-or-flight response, the body is rapidly aroused by activation of both the sympathetic nervous system and the endocrine system (Figure SH.7). This arousal helps prepare the person to either fight or flee from a perceived threat.

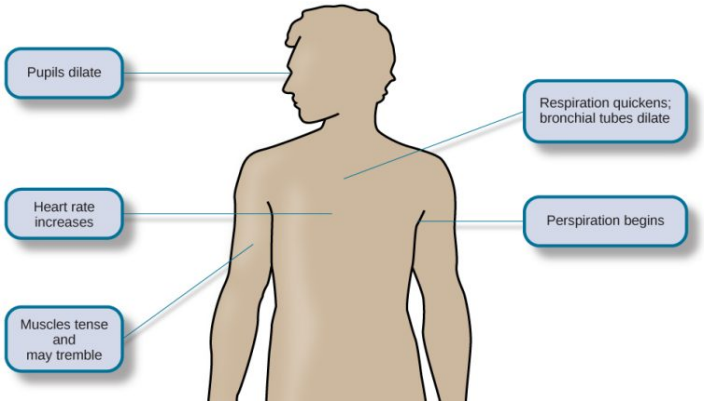


Figure SH.7 Fight or flight is a physiological response to a stressor.

According to Cannon, the fight-or-flight response is a built-in mechanism that assists in maintaining homeostasis—an internal environment in which physiological variables such as blood pressure, respiration, digestion, and temperature are stabilized at levels optimal for survival. Thus, Cannon viewed the fight-or-flight response as adaptive because it enables people to adjust internally and externally to threats in their environment, allowing them to continue to be alive and overcome the threat.

Selye and the General Adaptation Syndrome

Another important early contributor to the stress field was Hans Selye, mentioned earlier. He would eventually become one of the world's foremost experts in the study of stress (Figure SH.8). As a young assistant in the biochemistry department at McGill University in the 1930s, Selye was engaged in research involving sex hormones in rats. Although he was unable to find an answer for what he was initially researching, he incidentally discovered that when exposed to prolonged negative stimulation (stressors)—such as extreme cold, surgical injury, excessive muscular exercise, and shock—the rats showed signs of adrenal enlargement, thymus and lymph node shrinkage, and stomach ulceration. Selye realized that these responses were triggered by a coordinated series of physiological reactions that unfold over time during continued exposure to a stressor. These physiological reactions were nonspecific, which means that regardless of the type of stressor, the same pattern of reactions would occur. What Selye discovered was the **general adaptation syndrome**, the body's nonspecific physiological response to stress.



Figure SH.8 Hans Selye specialized in research about stress. In 2009, his native Hungary honoured his work with this stamp, released in conjunction with the 2nd annual World Conference on Stress.

The general adaptation syndrome, shown in Figure SH.9, consists of three stages: (1) alarm reaction, (2) stage of resistance, and (3) stage of exhaustion (Selye, 1936; 1976). **Alarm reaction** describes the body's immediate reaction upon facing a threatening situation or emergency, and it is roughly analogous to the fight-or-flight response described by Cannon. During an alarm reaction, you are alerted to a stressor, and your body alarms you with a cascade of physiological reactions that provide you with the energy to manage the situation. A person who wakes up in the middle of the night to discover her house is on fire, for example, is experiencing an alarm reaction.

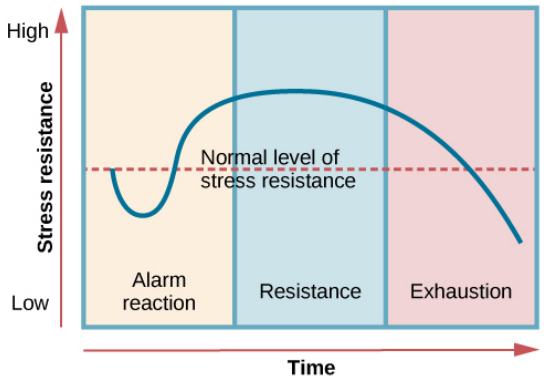


Figure SH.9 The three stages of Selye's general adaptation syndrome are shown in this graph. Prolonged stress ultimately results in exhaustion.

If exposure to a stressor is prolonged, the organism will enter the **stage of resistance**. During this stage, the initial shock of alarm reaction has worn off and the body has adapted to the stressor. Nevertheless, the body also remains on alert and is prepared to respond as it did during the alarm reaction, although with less intensity. For example, suppose a child who went missing is still missing 72 hours later. Although the parents would obviously remain extremely disturbed, the magnitude of physiological reactions would likely have diminished over the 72 intervening hours due to some adaptation to this event.

If exposure to a stressor continues over a longer period of time, the **stage of exhaustion** ensues. At this stage, the person is no longer able to adapt to the stressor: the body's ability to resist becomes depleted as physical wear takes its toll on the body's tissues and organs. As a result, illness, disease, and other permanent damage to the body—even death—may occur. If a missing child still remained missing after three months, the long-term stress associated with this situation may cause a parent to literally faint with exhaustion at some point or even to develop a serious and irreversible illness.

In short, Selye's general adaptation syndrome suggests that stressors tax the body via a three-phase process—an initial jolt, subsequent readjustment, and a later depletion of all physical resources—that ultimately lays the groundwork for serious health problems and even death. It should be pointed out, however, that this model is a response-based conceptualization of stress, focusing exclusively on the body's physical responses while largely ignoring psychological factors such as appraisal and interpretation of threats. Nevertheless, Selye's model has had an enormous impact on the field of stress because it offers a general explanation for how stress can lead to physical damage and, thus, disease. As we shall discuss later, prolonged or repeated stress has been implicated in development of a number of disorders such as hypertension and coronary artery disease.

The Physiological Basis of Stress

What goes on inside our bodies when we experience stress? The physiological mechanisms of stress are extremely complex, but they generally involve the work of two systems—the sympathetic nervous system and the **hypothalamic-pituitary-adrenal (HPA) axis**. When a person first perceives something as stressful (Selye's alarm reaction), the sympathetic nervous system triggers arousal via the release of adrenaline from the adrenal glands. Release of these hormones activates the fight-or-flight responses to stress, such as accelerated heart rate and respiration. At the same time, the HPA axis, which is primarily endocrine in nature, becomes especially active, although it works much more slowly than the sympathetic nervous system. In response to stress, the hypothalamus (one of the limbic structures in the brain) releases corticotrophin-releasing factor, a hormone that causes the pituitary gland to release adrenocorticotropic hormone (ACTH) (Figure SH.10). The ACTH then activates the adrenal glands to secrete a number of hormones into the bloodstream; an important one is cortisol, which can affect virtually every organ within the body. Cortisol is commonly known as a stress hormone and helps provide that boost of energy when we first encounter a stressor, preparing us to run away or fight. However, sustained elevated levels of cortisol weaken the immune system.

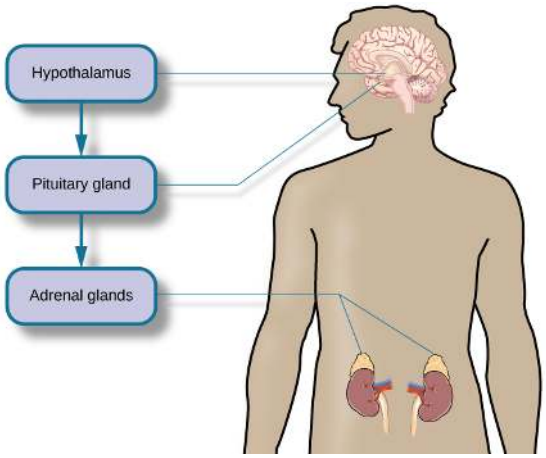


Figure SH.10 This diagram shows the functioning of the hypothalamic-pituitary-adrenal (HPA) axis. The hypothalamus activates the pituitary gland, which in turn activates the adrenal glands, increasing their secretion of cortisol.

In short bursts, this process can have some favourable effects, such as providing extra energy, improving immune system functioning temporarily, and decreasing pain sensitivity. However, extended release of cortisol—as would happen with prolonged or chronic stress—often comes at a high price. High levels of cortisol have been shown to produce a number of harmful effects. For example, increases in cortisol can significantly weaken our immune system (Glaser & Kiecolt-Glaser, 2005), and high levels are frequently observed among depressed individuals (Geoffroy, Hertzman, Li, & Power, 2013). In summary, a stressful event causes a variety of physiological reactions that activate the adrenal glands, which in turn release epinephrine, norepinephrine, and cortisol. These hormones affect a number of bodily processes in ways that prepare the stressed person to take direct action, but also in ways that may heighten the potential for illness.

When stress is extreme or chronic, it can have profoundly negative consequences. For example, stress often contributes to the development of certain psychological disorders, including post-traumatic stress disorder, major depressive disorder, and other serious psychiatric conditions. Additionally, we noted earlier that stress is linked to the development and progression of a variety of physical illnesses and diseases. For example, researchers in one study found that people injured during the September 11, 2001, World Trade Center disaster or who developed post-traumatic stress symptoms afterward later suffered significantly elevated rates of heart disease (Jordan, Miller-Archie, Cone, Morabia, & Stellman, 2011). Another investigation yielded that self-reported stress symptoms among aging and retired Finnish food industry workers were associated with morbidity 11 years later. This study also predicted the onset of musculoskeletal, nervous system, and endocrine and metabolic disorders (Salonen, Arola, Nygård, & Huhtala, 2008). Another study reported that male South Korean manufacturing employees who reported high levels of work-related stress were more likely to catch the common cold over the next several months than were those employees who reported lower work-related stress levels (Park et al., 2011). Later, you will explore the mechanisms through which stress can produce physical illness and disease.

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13.3: Stressors

Stressors

Learning Objectives

By the end of this section, you will be able to:

- Describe different types of possible stressors
- Explain the importance of life changes as potential stressors
- Describe the Social Readjustment Rating Scale
- Understand the concepts of job strain and job burnout

For an individual to experience stress, he must first encounter a potential stressor. In general, stressors can be placed into one of two broad categories: chronic and acute. Chronic stressors include events that persist over an extended period of time, such as caring for a parent with dementia, long-term unemployment, or imprisonment. Acute stressors involve brief focal events that sometimes continue to be experienced as overwhelming well after the event has ended, such as falling on an icy sidewalk and breaking your leg (Cohen, Janicki-Deverts, & Miller, 2007). Whether chronic or acute, potential stressors come in many shapes and sizes. They can include major traumatic events, significant life changes, daily hassles, as well as other situations in which a person is regularly exposed to threat, challenge, or danger.

Traumatic Events

Some stressors involve traumatic events or situations in which a person is exposed to actual or threatened death or serious injury. Stressors in this category include exposure to military combat, threatened or actual physical assaults (e.g., physical attacks, robbery, abuse), terrorist attacks, natural disasters (e.g., earthquakes, floods, hurricanes), and automobile accidents. Men, non-Whites, and individuals in lower socioeconomic status (SES) groups report experiencing a greater number of traumatic events than do women, Whites, and individuals in higher SES groups (Hatch & Dohrenwend, 2007). Some individuals who are exposed to stressors of extreme magnitude develop post-traumatic stress disorder (PTSD): a chronic stress reaction characterized by experiences and behaviours that may include intrusive and painful memories of the stressor event, jumpiness, persistent negative emotional states, detachment from others, angry outbursts, and avoidance of reminders of the event (American Psychiatric Association [APA], 2013).

Life Changes

Most stressors that we encounter are not nearly as intense as the ones described above. Many potential stressors we face involve events or situations that require us to make changes in our ongoing lives and require time as we adjust to those changes. Examples include death of a close family member, marriage, divorce, and moving (Figure SH.11).



Figure SH.11 Some fairly typical life events, such as moving, can be significant stressors. Even when the move is intentional and positive, the amount of resulting change in daily life can cause stress. (credit: “Jellaluna”/Flickr)

In the 1960s, psychiatrists Thomas Holmes and Richard Rahe wanted to examine the link between life stressors and physical illness, based on the hypothesis that life events requiring significant changes in a person’s normal life routines are stressful, whether these events are desirable or undesirable. They developed the **Social Readjustment Rating Scale (SRRS)**, consisting of 43 life events that require varying degrees of personal readjustment (Holmes & Rahe, 1967). Many life events that most people would consider pleasant (e.g., holidays, retirement, marriage) are among those listed on the SRRS; these are examples of eustress. Holmes and Rahe also proposed that life events can add up over time, and that experiencing a cluster of stressful events increases one’s risk of developing physical illnesses.

In developing their scale, Holmes and Rahe asked 394 participants to provide a numerical estimate for each of the 43 items; each estimate corresponded to how much readjustment participants felt each event would require. These estimates resulted in mean value scores for each event—often called life change units (LCUs) (Rahe, McKeen, & Arthur, 1967). The numerical scores ranged from 11 to 100, representing the perceived magnitude of life change each event entails. Death of a spouse ranked highest on the scale with 100 LCUs, and divorce ranked second highest with 73 LCUs. In addition, personal injury or illness, marriage, and job termination also ranked highly on the scale with 53, 50, and 47 LCUs, respectively. Conversely, change in residence (20 LCUs), change in eating habits (15 LCUs), and vacation (13 LCUs) ranked low on the scale (Table SH.1). Minor violations of the law ranked the lowest with 11 LCUs. To complete the scale, participants checked yes for events experienced within the last 12 months. LCUs for each checked item are totalled for a score quantifying the amount of life change. Agreement on the amount of adjustment required by the various life events on the SRRS is highly consistent, even cross-culturally (Holmes & Masuda, 1974).

Table SH.1 Some Stressors on the Social Readjustment Rating Scale (Holmes & Rahe, 1967)	
Life event	Life change units
Death of a close family member	63
Personal injury or illness	53
Dismissal from work	47
Change in financial state	38
Change to different line of work	36
Outstanding personal achievement	28
Beginning or ending school	26
Change in living conditions	25
Change in working hours or conditions	20
Change in residence	20
Change in schools	20
Change in social activities	18
Change in sleeping habits	16
Change in eating habits	15
Minor violation of the law	11

Extensive research has demonstrated that accumulating a high number of life change units within a brief period of time (one or two years) is related to a wide range of physical illnesses (even accidents and athletic injuries) and mental health problems (Monat & Lazarus, 1991; Scully, Tosi, & Banning, 2000). In an early demonstration, researchers obtained LCU scores for U.S. and Norwegian Navy personnel who were about to embark on a six-month voyage. A later examination of medical records revealed positive (but small) correlations between LCU scores prior to the voyage and subsequent illness symptoms during the ensuing six-month journey (Rahe, 1974). In addition, people tend to experience more physical symptoms, such as backache, upset stomach, diarrhea, and acne, on specific days in which self-reported LCU values are considerably higher than normal, such as the day of a family member's wedding (Holmes & Holmes, 1970).

The Social Readjustment Rating Scale (SRRS) provides researchers a simple, easy-to-administer way of assessing the amount of stress in people's lives, and it has been used in hundreds of studies (Thoits, 2010). Despite its widespread use, the scale has been subject to criticism. First, many of the items on the SRRS are vague; for example, death of a close friend could involve the death of a long-absent childhood friend that requires little social readjustment (Dohrenwend, 2006). In addition, some have challenged its assumption that undesirable life events are no more stressful than desirable ones (Derogatis & Coons, 1993). However, most of the available evidence suggests that, at least as far as mental health is concerned, undesirable or negative events are more strongly associated with poor outcomes (such as depression) than are desirable, positive events (Hatch & Dohrenwend, 2007). Perhaps the most serious criticism is that the scale does not take into consideration respondents' appraisals of the life events it contains. As you recall, appraisal of a stressor is a key element in the conceptualization and overall experience of stress. Being fired from work may be devastating to some but a welcome opportunity to obtain a better job for others. The SRRS remains one of the most well-known instruments in the study of stress, and it is a useful tool for identifying potential stress-related health outcomes (Scully et al., 2000).

Go to this site and complete the SRRS scale to determine the total number of LCUs you have experienced over the last year.

Correlational Research

The Holmes and Rahe Social Readjustment Rating Scale (SRRS) uses the correlational research method to identify the connection between stress and health. That is, respondents' LCU scores are correlated with the number or frequency of self-reported symptoms indicating health problems. These correlations are typically positive—as LCU scores increase, the number of symptoms increase. Consider all the thousands of studies that have used this scale to correlate stress and illness symptoms: If you were to assign an average correlation coefficient to this body of research, what would be your best guess? How strong do you think the correlation coefficient would be? *Why can't the SRRS show a causal relationship between stress and illness?* If it were possible to show causation, do you think stress causes illness or illness causes stress?

Hassles

Potential stressors do not always involve major life events. **Daily hassles**—the minor irritations and annoyances that are part of our everyday lives (e.g., rush hour traffic, lost keys, obnoxious coworkers, inclement weather, arguments with friends or family)—can build on one another and leave us just as stressed as life change events (Figure SH.12) (Kanner, Coyne, Schaefer, & Lazarus, 1981).



(a) (b)

Figure SH.12 Daily commutes, whether (a) on the road or (b) via public transportation, can be hassles that contribute to our feelings of everyday stress. (credit a: modification of work by Jeff Turner; credit b: modification of work by "epSos.de"/Flickr)

Researchers have demonstrated that the frequency of daily hassles is actually a better predictor of both physical and psychological health than are life change units. In a well-known study of San Francisco residents, the frequency of daily hassles was found to be more strongly associated with physical health problems than were life change events (DeLongis, Coyne, Dakof, Folkman, & Lazarus, 1982). In addition, daily minor hassles, especially interpersonal conflicts, often lead to negative and distressed mood states (Bolger, DeLongis, Kessler, & Schilling, 1989). Cyber hassles that occur on social media may represent a modern and evolving source of stress. In one investigation, social media stress was tied to loss of sleep in adolescents, presumably because ruminating about social media caused a physiological stress response that increased arousal (van der Schuur, Baumgartner, & Sumter, 2018). Clearly, daily hassles can add up and take a toll on us both emotionally and physically.

Occupation-Related Stressors

Stressors can include situations in which one is frequently exposed to challenging and unpleasant events, such as difficult, demanding, or unsafe working conditions. Although most jobs and occupations can at times be demanding, some are clearly more stressful than others (Figure SH.13). For example, most people would likely agree that a firefighter's work is inherently more stressful than that of a florist. Equally likely, most would agree that jobs containing various unpleasant elements, such as those requiring exposure to loud noise (heavy equipment operator), constant harassment and threats of physical violence (prison guard), perpetual frustration (bus driver in a major city), or those mandating that an employee work alternating day and night shifts (hotel

desk clerk), are much more demanding—and thus, more stressful—than those that do not contain such elements. Table SH.2 lists several occupations and some of the specific stressors associated with those occupations (Sulsky & Smith, 2005).



(a) (b)

Figure SH.13 (a) Police officers and (b) firefighters hold high stress occupations. (credit a: modification of work by Australian Civil-Military Centre; credit b: modification of work by Andrew Magill)

Table SH.2 Occupations and Their Related Stressors

Occupation	Stressors Specific to Occupation
Police officer	physical dangers, excessive paperwork, dealing with court system, tense interactions, life-and-death decision making
Firefighter	uncertainty over whether a serious fire or hazard awaits after an alarm, potential for extreme physical danger
Social worker	little positive feedback from jobs or from the public, unsafe work environments, frustration in dealing with bureaucracy, excessive paperwork, sense of personal responsibility for clients, work overload
Teacher	Excessive paperwork, lack of adequate supplies or facilities, work overload, lack of positive feedback, threat of physical violence, lack of support from parents and administrators
Nurse	Work overload, heavy physical work, patient concerns (dealing with death and medical concerns), interpersonal problems with other medical staff (especially physicians)
Emergency medical worker	Unpredictable and extreme nature of the job, inexperience
Clerical and secretarial work	Few opportunities for advancement, unsupportive supervisors, work overload, lack of perceived control
Managerial work	Work overload, conflict and ambiguity in defining the managerial role, difficult work relationships

Although the specific stressors for these occupations are diverse, they seem to share some common denominators such as heavy workload and uncertainty about and lack of control over certain aspects of a job. Chronic occupational stress contributes to **job strain**, a work situation that combines excessive job demands and workload with little discretion in decision making or job control (Karasek & Theorell, 1990). Clearly, many occupations other than the ones listed in Table SH.2 involve at least a moderate amount of job strain in that they often involve heavy workloads and little job control (e.g., inability to decide when to take breaks). Such jobs are often low-status and include those of factory workers, postal clerks, supermarket cashiers, taxi drivers, and short-order cooks. Job strain can have adverse consequences on both physical and mental health; it has been shown to be associated with increased risk of hypertension (Schnall & Landsbergis, 1994), heart attacks (Theorell et al., 1998), recurrence of heart disease after a first heart attack (Aboa-Éboulé et al., 2007), significant weight loss or gain (Kivimäki et al., 2006), and major depressive disorder (Stansfeld, Shipley, Head, & Fuhrer, 2012). A longitudinal study of over 10,000 British civil servants reported that workers under 50 years old who earlier had reported high job strain were 68% more likely to later develop heart disease than were those workers under 50 years old who reported little job strain (Chandola et al., 2008).

Some people who are exposed to chronically stressful work conditions can experience **job burnout**, which is a general sense of emotional exhaustion and cynicism in relation to one's job (Maslach & Jackson, 1981). Job burnout occurs frequently among those

in human service jobs (e.g., social workers, teachers, therapists, cashiers, and fast-food employees). Job burnout consists of three dimensions. The first dimension is exhaustion—a sense that one's emotional resources are drained or that one is at the end of their rope and has nothing more to give at a psychological level. Second, job burnout is characterized by depersonalization: a sense of emotional detachment between the worker and the recipients of his services, often resulting in callous, cynical, or indifferent attitudes toward these individuals. Third, job burnout is characterized by diminished personal accomplishment, which is the tendency to evaluate one's work negatively by, for example, experiencing dissatisfaction with one's job-related accomplishments or feeling as though one has categorically failed to influence others' lives through one's work.

Job strain appears to be one of the greatest risk factors leading to job burnout, which is most commonly observed in workers who are older (ages 55–64), unmarried, and whose jobs involve manual labor. Heavy alcohol consumption, physical inactivity, being overweight, and having a physical or lifetime mental disorder are also associated with job burnout (Ahola, et al., 2006). In addition, depression often co-occurs with job burnout. One large-scale study of over 3,000 Finnish employees reported that half of the participants with severe job burnout had some form of depressive disorder (Ahola et al., 2005). Job burnout is often precipitated by feelings of having invested considerable energy, effort, and time into one's work while receiving little in return (e.g., little respect or support from others or low pay) (Tatris, Peeters, Le Blanc, Schreurs, & Schaufeli, 2001).

As an illustration, consider Tyre, a nursing assistant who worked in a nursing home. Tyre worked long hours for little pay in a difficult facility. Tyre's supervisor was domineering, unpleasant, and unsupportive, as well as disrespectful of Tyre's personal time, frequently informing them at the last minute they must work several additional hours after their shift ended or report to work on weekends. Tyre had very little autonomy at work. They had little input in day-to-day duties and how to perform them, and was not permitted to take breaks unless explicitly told by their supervisor. Tyre did not feel as though their hard work was appreciated, either by supervisory staff or by the residents of the home. Tyre was very unhappy over the low pay, and felt that many of the residents treated them disrespectfully.

After several years, Tyre began to hate their job. Tyre dreaded going to work in the morning, and gradually developed a callous, hostile attitude toward many of the residents. Eventually, they began to feel they could no longer help the nursing home residents. Tyre's absenteeism from work increased, and one day they decided that they had had enough and quit. Tyre now has a job in sales, vowing never to work in nursing again.

Link to Learning

Watch this clip from the 1999 comedy *Office Space* for a humorous illustration of lack of supervisory support in which a sympathetic character's insufferable boss makes a last-minute demand that he "go ahead and come in" to the office on both Saturday and Sunday.

Finally, our close relationships with friends and family—particularly the negative aspects of these relationships—can be a potent source of stress. Negative aspects of close relationships can include conflicts such as disagreements or arguments, lack of emotional support or confiding, and lack of reciprocity. All of these can be overwhelming, threatening to the relationship, and thus stressful. Such stressors can take a toll both emotionally and physically. A longitudinal investigation of over 9,000 British civil servants found that those who at one point had reported the highest levels of negative interactions in their closest relationship were 34% more likely to experience serious heart problems (fatal or nonfatal heart attacks) over a 13–15 year period, compared to those who experienced the lowest levels of negative interaction (De Vogli, Chandola & Marmot, 2007).

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13.4: Stress and Illness

Stress and Illness

Learning Objectives

By the end of this section, you will be able to:

- Explain the nature of psychophysiological disorders
- Describe the immune system and how stress impacts its functioning
- Describe how stress and emotional factors can lead to the development and exacerbation of cardiovascular disorders, asthma, and tension headaches

In this section, we will discuss stress and illness. As stress researcher Robert Sapolsky (1998) describes,

> *"…stress-related disease emerges, predominantly, out of the fact that we so often activate a physiological system that has evolved for responding to acute physical emergencies, but we turn it on for months on end, worrying about mortgages, relationships, and promotions." (p. 6)*

The stress response, as noted earlier, consists of a coordinated but complex system of physiological reactions that are called upon as needed. These reactions are beneficial at times because they prepare us to deal with potentially dangerous or threatening situations (for example, recall our old friend, the fearsome bear on the trail). However, health is affected when physiological reactions are sustained, as can happen in response to ongoing stress.

Psychophysiological Disorders

If the reactions that compose the stress response are chronic or if they frequently exceed normal ranges, they can lead to cumulative wear and tear on the body, in much the same way that running your air conditioner on full blast all summer will eventually cause wear and tear on it. For example, the high blood pressure that a person under considerable job strain experiences might eventually take a toll on his heart and set the stage for a heart attack or heart failure. Also, someone exposed to high levels of the stress hormone cortisol might become vulnerable to infection or disease because of weakened immune system functioning (McEwen, 1998).

Neuroscientists Robert Sapolsky and Carol Shively have conducted extensive research on stress in non-human primates for over 30 years. Both have shown that position in the social hierarchy predicts stress, mental health status, and disease. Their research sheds light on how stress may lead to negative health outcomes for stigmatized or ostracized people. Here are two videos featuring Dr. Sapolsky: one is brief and discusses killer stress and the other is an excellent full-length (1 hour) in-depth documentary from *National Geographic*.

Physical disorders or diseases whose symptoms are brought about or worsened by stress and emotional factors are called psychophysiological disorders. The physical symptoms of psychophysiological disorders are real and they can be produced or exacerbated by psychological factors (hence the *psycho* and *physiological* in psychophysiological). A list of frequently encountered psychophysiological disorders is provided in Table SH.3.

SH. 3Types of Psychophysiological Disorders (adapted from Everly & Lating, 2002)

Type of Psychophysiological Disorder	Examples
Cardiovascular	hypertension, coronary heart disease
Gastrointestinal	irritable bowel syndrome
Respiratory	asthma, allergy
Musculoskeletal	low back pain, tension headaches
Skin	acne, eczema, psoriasis

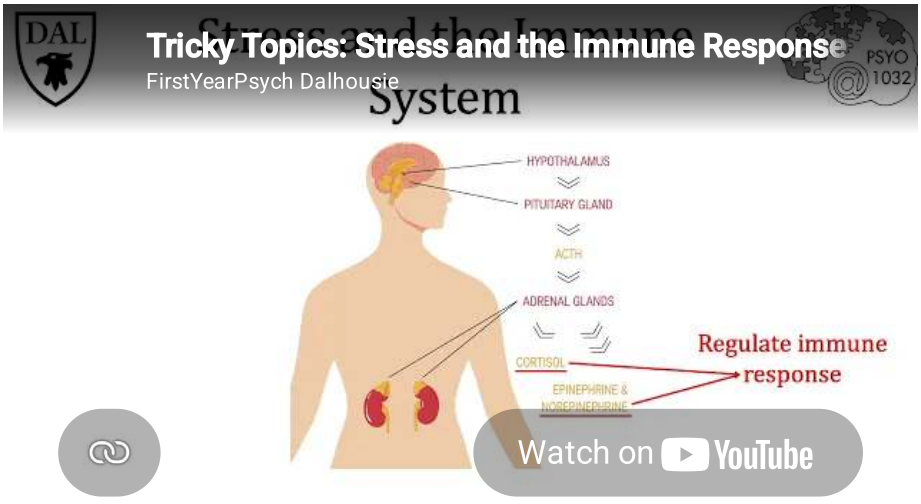
Friedman and Booth-Kewley (1987) statistically reviewed 101 studies to examine the link between personality and illness. They proposed the existence of disease-prone personality characteristics, including depression, anger/hostility, and anxiety. Indeed, a study of over 61,000 Norwegians identified depression as a risk factor for all major disease-related causes of death (Mykletun et al., 2007). In addition, neuroticism —a personality trait that reflects how anxious, moody, and sad one is—has been identified as a risk factor for chronic health problems and mortality (Ploubidis & Grundy, 2009).

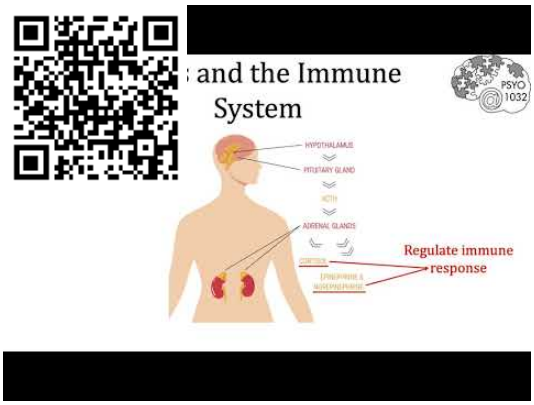
Below, we discuss two kinds of psychophysiological disorders about which a great deal is known: cardiovascular disorders and asthma. First, however, it is necessary to turn our attention to a discussion of the immune system—one of the major pathways through which stress and emotional factors can lead to illness and disease.

Stress and the Immune System

In a sense, the **immune system** is the body's surveillance system. It consists of a variety of structures, cells, and mechanisms that serve to protect the body from invading microorganisms that can harm or damage the body's tissues and organs. When the immune system is working as it should, it keeps us healthy and disease free by eliminating harmful bacteria, viruses, and other foreign substances that have entered the body (Everly & Lating, 2002).

TRICKY TOPIC: STRESS AND THE IMMUNE RESPONSE





If the video above does not load, click here: https://youtu.be/1mJ7WhYDuU8
For a full transcript of this video, click here

Immune System Errors

Sometimes, the immune system will function erroneously. For example, sometimes it can go awry by mistaking your body's own healthy cells for invaders and repeatedly attacking them. When this happens, the person is said to have an autoimmune disease, which can affect almost any part of the body. How an autoimmune disease affects a person depends on what part of the body is targeted. For instance, rheumatoid arthritis, an autoimmune disease that affects the joints, results in joint pain, stiffness, and loss of function. Systemic lupus erythematosus, an autoimmune disease that affects the skin, can result in rashes and swelling of the skin. Grave's disease, an autoimmune disease that affects the thyroid gland, can result in fatigue, weight gain, and muscle aches (National Institute of Arthritis and Musculoskeletal and Skin Diseases [NIAMS], 2012).

In addition, the immune system may sometimes break down and be unable to do its job. This situation is referred to as **immunosuppression**, the decreased effectiveness of the immune system. When people experience immunosuppression, they become susceptible to any number of infections, illness, and diseases. For example, acquired immune deficiency syndrome (AIDS) is a serious and lethal disease that is caused by

human immunodeficiency virus (HIV), which greatly weakens the immune system by infecting and destroying antibody-producing cells, thus rendering an untreated person vulnerable to any of a number of opportunistic infections (Powell, 1996).

Stressors and Immune Function

The question of whether stress and negative emotional states can influence immune function has captivated researchers for over three decades, and discoveries made over that time have dramatically changed the face of health psychology (Kiecolt-Glaser, 2009). **Psychoneuroimmunology** is the field that studies how psychological factors such as stress influence the immune system and immune functioning. The term psychoneuroimmunology was first coined in 1981, when it appeared as the title of a book that reviewed available evidence for associations between the brain, endocrine system, and immune system (Zacharie, 2009). To a large extent, this field evolved from the discovery that there is a connection between the central nervous system and the immune system.

Some of the most compelling evidence for a connection between the brain and the immune system comes from studies in which researchers demonstrated that immune responses in animals could be classically conditioned (Everly & Lating, 2002). For example, Ader and Cohen (1975) paired flavoured water (the conditioned stimulus) with the presentation of an immunosuppressive drug (the unconditioned stimulus), causing sickness (an unconditioned response). Not surprisingly, rats exposed to this pairing developed a conditioned aversion to the flavoured water. However, the taste of the water itself later produced immunosuppression (a conditioned response), indicating that the immune system itself had been conditioned. Many subsequent studies over the years have further demonstrated that immune responses can be classically conditioned in both animals and humans (Ader & Cohen, 2001). Thus, if classical conditioning can alter immunity, other psychological factors should be capable of altering it as well.

Hundreds of studies involving tens of thousands of participants have tested many kinds of brief and chronic stressors and their effects on the immune system (e.g., public speaking, medical school examinations, unemployment, marital discord, divorce, death of spouse, burnout and job strain, caring for a relative with Alzheimer's disease, and exposure to the harsh climate of Antarctica). It has been repeatedly demonstrated that many kinds of stressors are associated with poor or weakened immune functioning (Glaser & Kiecolt-Glaser, 2005; Kiecolt-Glaser, McGuire, Robles, & Glaser, 2002; Segerstrom & Miller, 2004).

When evaluating these findings, it is important to remember that there is a tangible physiological connection between the brain and the immune system. For example, the sympathetic nervous system innervates immune organs such as the thymus, bone marrow, spleen, and even lymph nodes (Maier, Watkins, & Fleshner, 1994). Also, we noted earlier that stress hormones released during hypothalamic-pituitary-adrenal (HPA) axis activation can adversely impact immune function. One way they do this is by inhibiting the production of **lymphocytes**, white blood cells that circulate in the body's fluids that are important in the immune response (Everly & Lating, 2002).

Some of the more dramatic examples demonstrating the link between stress and impaired immune function involve studies in which volunteers were exposed to viruses. The rationale behind this research is that because stress weakens the immune system, people with high stress levels should be more likely to develop an illness compared to those under little stress. In one memorable experiment using this method, researchers interviewed 276 healthy volunteers about recent stressful experiences (Cohen et al., 1998). Following the interview, these participants were given nasal drops containing the cold virus (in case you are wondering why anybody would ever want to participate in a study in which they are subjected to such treatment, the participants were paid $800 for their trouble). When examined later, participants who reported experiencing chronic stressors for more than one month—especially enduring difficulties involving work or relationships—were considerably more likely to have developed colds than were participants who reported no chronic stressors (Figure SH.14).

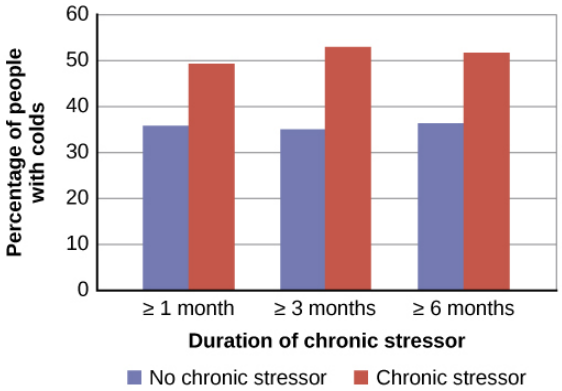


Figure SH.14 This graph shows the percentages of participants who developed colds (after receiving the cold virus) after reporting having experienced chronic stressors lasting at least one month, three months, and six months (adapted from Cohen et al., 1998).

In another study, older volunteers were given an influenza virus vaccination. Compared to controls, those who were caring for a spouse with Alzheimer's disease (and thus were under chronic stress) showed poorer antibody response following the vaccination (Kiecolt-Glaser, Glaser, Gravenstein, Malarkey, & Sheridan, 1996).

Other studies have demonstrated that stress slows down wound healing by impairing immune responses important to wound repair (Glaser & Kiecolt-Glaser, 2005). In one study, for example, skin blisters were induced on the forearm. Subjects who reported higher levels of stress produced lower levels of immune proteins necessary for wound healing (Glaser et al., 1999). Stress, then, is not so much the sword that kills the knight, so to speak; rather, it's the sword that breaks the knight's shield, and your immune system is that shield.

Cardiovascular Disorders

The cardiovascular system is composed of the heart and blood circulation system. For many years, disorders that involve the cardiovascular system—known as **cardiovascular disorders**—have been a major focal point in the study of psychophysiological disorders because of the cardiovascular system's centrality in the stress response (Everly & Lating, 2002). **Heart disease** is one such condition. Each year, heart disease causes approximately one in three deaths in the United States, and it is the leading cause of death in the developed world (Centers for Disease Control and Prevention [CDC], 2011; Shapiro, 2005).

The symptoms of heart disease vary somewhat depending on the specific kind of heart disease one has, but they generally involve angina—chest pains or discomfort that occur when the heart does not receive enough blood (Office on Women's Health, 2009). The pain often feels like the chest is being pressed or squeezed; burning sensations in the chest and shortness of breath are also commonly reported. Such pain and discomfort can spread to the arms, neck, jaws, stomach (as nausea), and back (American Heart Association [AHA], 2012a) (Figure SH.15).

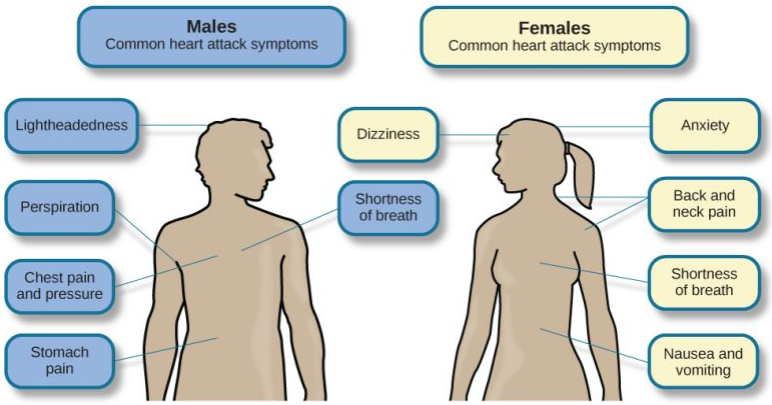


Figure SH.15 Males and females often experience different symptoms of a heart attack.

A major risk factor for heart disease is **hypertension**, which is high blood pressure. Hypertension forces a person's heart to pump harder, thus putting more physical strain on the heart. If left unchecked, hypertension can lead to a heart attack, stroke, or heart failure; it can also lead to kidney failure and blindness. Hypertension is a serious cardiovascular disorder, and it is sometimes called the silent killer because it has no symptoms—one who has high blood pressure may not even be aware of it (AHA, 2012b).

Many risk factors contributing to cardiovascular disorders have been identified. These risk factors include social determinants such as aging, income, education, and employment status, as well as behavioural risk factors that include unhealthy diet, tobacco use, physical inactivity, and excessive alcohol consumption; obesity and diabetes are additional risk factors (World Health Organization [WHO], 2013).

Over the past few decades, there has been much greater recognition and awareness of the importance of stress and other psychological factors in cardiovascular health (Nusair, Al-dadah, & Kumar, 2012). Indeed, exposure to stressors of many kinds has also been linked to cardiovascular problems; in the case of hypertension, some of these stressors include job strain (Trudel, Brisson, & Milot, 2010), natural disasters (Saito, Kim, Maekawa, Ikeda, & Yokoyama, 1997), marital conflict (Nealey-Moore, Smith, Uchino, Hawkins, & Olson-Cerny, 2007), and exposure to high traffic noise levels at one's home (de Kluizenaar, Gansevoort, Miedema, & de Jong, 2007). Perceived discrimination appears to be associated with hypertension among African Americans (Sims et al., 2012). In addition, laboratory-based stress tasks, such as performing mental arithmetic under time pressure, immersing one's hand into ice water (known as the cold pressor test), mirror tracing, and public speaking have all been shown to elevate blood pressure (Phillips, 2011).

Are You Type A or Type B?

Sometimes research ideas and theories emerge from seemingly trivial observations. In the 1950s, cardiologist Meyer Friedman was looking over his waiting room furniture, which consisted of upholstered chairs with armrests. Friedman decided to have these chairs reupholstered.

When the person doing the reupholstering came to the office to do the work, they commented on how the chairs were worn in a unique manner—the front edges of the cushions were worn down, as were the front tips of the arm rests. It seemed like the cardiology patients were tapping or squeezing the front of the armrests, as well as literally sitting on the edge of their seats (Friedman & Rosenman, 1974). Were cardiology patients somehow different than other types of patients? If so, how?

After researching this matter, Friedman and his colleague, Ray Rosenman, came to understand that people who are prone to heart disease tend to think, feel, and act differently than those who are not. These individuals tend to be intensively driven workaholics who are preoccupied with deadlines and always seem to be in a rush. According to Friedman and Rosenman, these individuals exhibit **Type A** behaviour pattern; those who are more relaxed and laid-back were characterized as **Type B** (Figure SH.16). In a sample of Type As and Type Bs, Friedman and Rosenman were startled to discover that heart disease was over seven times more frequent among the Type As than the Type Bs (Friedman & Rosenman, 1959).



(a)



(b)

Figure SH.16 (a) Type A individuals are characterized as intensely driven, (b) while Type B people are characterized as laid-back and relaxed. (credit a: modification of work by Greg Hernandez; credit b: modification of work by Elvert Barnes)

The major components of the Type A pattern include an aggressive and chronic struggle to achieve more and more in less and less time (Friedman & Rosenman, 1974). Specific characteristics of the Type A pattern include an excessive competitive drive, chronic sense of time urgency, impatience, and hostility toward others (particularly those who get in the person's way).

An example of a person who exhibits Type A behaviour pattern is Terry. Even as a child, Terry was intense and driven. They excelled at school, was captain of the swim team, and graduated with honours from an Ivy League college. Terry never seems able to relax; they are always working on something, even on the weekends. However, Terry always seems to feel as though there are not enough hours in the day to accomplish all they feel they should. Terry volunteers to take on extra tasks at work and often brings their work home with them; they often go to bed frustrated late at night because they feel that they have not done enough. Terry is quick tempered with their coworkers; often becoming noticeably agitated when dealing with coworkers Terry thinks work too slowly or whose work does not meet Terry's standards. Terry typically reacts with hostility when interrupted at work. Terry has experienced problems in their relationship over their lack of time spent with family. When caught in traffic during their commute to and from work, Terry incessantly pounds on their horn and swears loudly at other drivers. When Terry was 52, they suffered their first heart attack.

By the 1970s, a majority of practicing cardiologists believed that Type A behaviour pattern was a significant risk factor for heart disease (Friedman, 1977). Indeed, a number of early longitudinal investigations demonstrated a link between Type A behaviour pattern and later development of heart disease (Rosenman et al., 1975; Haynes, Feinleib, & Kannel, 1980).

Subsequent research examining the association between Type A and heart disease, however, failed to replicate these earlier findings (Glassman, 2007; Myrtek, 2001). Because Type A theory did not pan out as well as they had hoped, researchers shifted their attention toward determining if any of the specific elements of Type A predict heart disease.

Extensive research clearly suggests that the anger/hostility dimension of Type A behaviour pattern may be one of the most important factors in the development of heart disease. This relationship was initially described in the Haynes et al. (1980) study mentioned above: Suppressed hostility was found to substantially elevate the risk of heart disease for both men and women. Also, one investigation followed over 1,000 male medical students from 32 to 48 years. At the beginning of the study, these men completed a questionnaire assessing how they react to pressure; some indicated that they respond with high levels of anger, whereas others indicated that they respond with less anger. Decades later, researchers found that those who earlier had indicated the highest levels of anger were over 6 times more likely than those who indicated less anger to have had a heart attack by age 55, and they were 3.5 times more likely to have experienced heart disease by the same age (Chang, Ford, Meoni, Wang, & Klag, 2002). From a health standpoint, it clearly does not pay to be an angry person.

After reviewing and statistically summarizing 35 studies from 1983 to 2006, Chida and Steptoe (2009) concluded that the bulk of the evidence suggests that anger and hostility constitute serious long-term risk factors for adverse cardiovascular outcomes among both healthy individuals and those already suffering from heart disease. One reason angry and hostile moods might contribute to cardiovascular diseases is that such moods can create social strain, mainly in the form of antagonistic social encounters with others. This strain could then lay the foundation for

disease-promoting cardiovascular responses among hostile individuals (Vella, Kamarck, Flory, & Manuck, 2012). In this transactional model, hostility and social strain form a cycle (Figure SH.17).

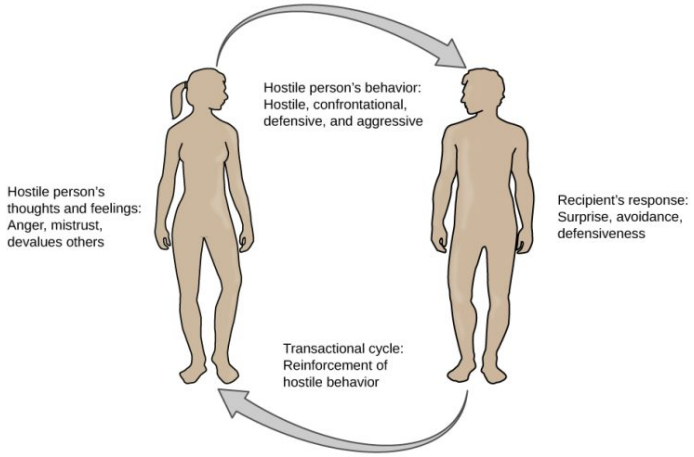


Figure SH.17 According to the transactional model of hostility for predicting social interactions (Vella et al., 2012), the thoughts and feelings of a hostile person promote antagonistic behaviour toward others, which in turn reinforces complimentary reactions from others, thereby intensifying ones' hostile disposition and intensifying the cyclical nature of this relationship.

For example, suppose Parker has a hostile disposition; they have a cynical, distrustful attitude toward others and often thinks that other people are out to get them. Parker is very defensive around people, even those they have known for years, and they are always looking for signs that others are either disrespecting or belittling them. In the shower each morning before work, Parker often mentally rehearses what she would say to someone who said or did something that angered them, such as making a political statement that was counter to their own ideology. As Parker goes through these mental rehearsals, they often grin and think about the retaliation on anyone who will irk them that day.

Socially, Parker is confrontational and tends to use a harsh tone with people, which often leads to very disagreeable and sometimes argumentative social interactions. As you might imagine, Parker is not especially popular with others, including coworkers, neighbours, and even members of their own family. They either avoid Parker at all costs or snap back at them, which causes Parker to become even more cynical and distrustful of others, making their disposition even more hostile. Parker's hostility—through their own doing—has created an antagonistic environment that cyclically causes them to become even more hostile and angry, thereby potentially setting the stage for cardiovascular problems.

In addition to anger and hostility, a number of other negative emotional states have been linked with heart disease, including negative affectivity and depression (Suls & Bunde, 2005). **Negative affectivity** is a tendency to experience distressed emotional states involving anger, contempt, disgust, guilt, fear, and nervousness (Watson, Clark, & Tellegen, 1988). It has been linked with the development of both hypertension and heart disease. For example, over 3,000 initially healthy participants in one study were tracked longitudinally, up to 22 years. Those with higher levels of negative affectivity at the time the study began were substantially more likely to develop and be treated for hypertension during the ensuing years than were those with lower levels of negative affectivity (Jonas & Lando, 2000). In addition, a study of over 10,000 middle-aged London-based civil servants who were followed an average of 12.5 years revealed that those who earlier had scored in the upper third on a test of negative affectivity were 32% more likely to have experienced heart disease, heart attack, or angina over a period of years than were those who scored in the lowest third (Nabi, Kivimaki, De Vogli, Marmot, & Singh-Manoux, 2008). Hence, negative affectivity appears to be a potentially vital risk factor for the development of cardiovascular disorders.

Depression and the Heart

For centuries, poets and folklore have asserted that there is a connection between moods and the heart (Glassman & Shapiro, 1998). You are no doubt familiar with the notion of a broken heart following a disappointing or depressing event and have encountered that notion in songs, films, and literature.

Perhaps the first to recognize the link between depression and heart disease was Benjamin Malzberg (1937), who found that the death rate among institutionalized patients with melancholia (an archaic term for depression) was six times higher than that of the population. A classic study in the late 1970s looked at over 8,000 people diagnosed with manic-depressive disorder (now classified as bipolar disorder) in Denmark, finding a nearly 50% increase in deaths from heart disease among these patients compared with the general Danish population (Weeke, 1979). By the early 1990s, evidence began to accumulate showing that depressed individuals who were followed for long periods of time were at

increased risk for heart disease and cardiac death (Glassman, 2007). In one investigation of over 700 Denmark residents, those with the highest depression scores were 71% more likely to have experienced a heart attack than were those with lower depression scores (Barefoot & Schroll, 1996). Figure SH.18 illustrates the gradation in risk of heart attacks for both men and women.

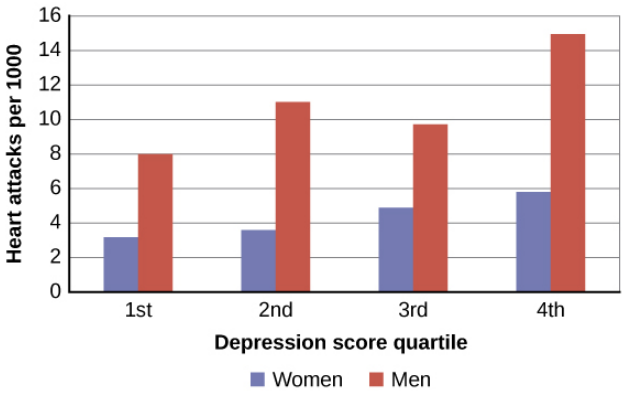


Figure SH.18 This graph shows the incidence of heart attacks among men and women by depression score quartile (adapted from Barefoot & Schroll, 1996).

After more than two decades of research, it is now clear that a relationship exists: Patients with heart disease have more depression than the general population, and people with depression are more likely to eventually develop heart disease and experience higher mortality than those who do not have depression (Hare, Toukhsati, Johansson, & Jaarsma, 2013); the more severe the depression, the higher the risk (Glassman, 2007). Consider the following:

- In one study, death rates from cardiovascular problems was substantially higher in depressed people; depressed men were 50% more likely to have died from cardiovascular problems, and depressed women were 70% more likely (Ösby, Brandt, Correia, Ekbom, & Sparén, 2001).
- A statistical review of 10 longitudinal studies involving initially healthy individuals revealed that those with elevated depressive symptoms have, on average, a 64% greater risk of developing heart disease than do those with fewer symptoms (Wulsin & Singal, 2003).
- A study of over 63,000 registered nurses found that those with more depressed symptoms when the study began were 49% more likely to experience fatal heart disease over a 12-year period (Whang et al., 2009).

The American Heart Association, fully aware of the established importance of depression in cardiovascular diseases, several years ago recommended routine depression screening for all heart disease patients (Lichtman et al., 2008). Recently, they have recommended including depression as a risk factor for heart disease patients (AHA, 2014).

Although the exact mechanisms through which depression might produce heart problems have not been fully clarified, a recent investigation examining this connection in early life has shed some light. In an ongoing study of childhood depression, adolescents who had been diagnosed with depression as children were more likely to be obese, smoke, and be physically inactive than were those who had not received this diagnosis (Rottenberg et al., 2014). One implication of this study is that depression, especially if it occurs early in life, may increase the likelihood of living an unhealthy lifestyle, thereby predisposing people to an unfavourable cardiovascular disease risk profile.

It is important to point out that depression may be just one piece of the emotional puzzle in elevating the risk for heart disease, and that chronically experiencing several negative emotional states may be especially important. A longitudinal investigation of Vietnam War veterans found that depression, anxiety, hostility, and trait anger each independently predicted the onset of heart disease (Boyle, Michalek, & Suarez, 2006). However, when each of these negative psychological attributes was combined into a single variable, this new variable (which researchers called psychological risk factor) predicted heart disease more strongly than any of the individual variables. Thus, rather than examining the predictive power of isolated psychological risk factors, it seems crucial for future researchers to examine the effects of combined and more general negative emotional and psychological traits in the development of cardiovascular illnesses.

Asthma

Asthma is a chronic and serious disease in which the airways of the respiratory system become obstructed, leading to great difficulty expelling air from the lungs. The airway obstruction is caused by inflammation of the airways (leading to thickening of the airway walls) and a tightening of the muscles around them, resulting in a narrowing of the airways (Figure SH.19) (American Lung Association, 2010). Because airways become obstructed, a person with asthma will sometimes have great difficulty breathing and will experience repeated episodes of wheezing, chest tightness, shortness of breath, and coughing, the latter occurring mostly during the morning and night (CDC, 2006).

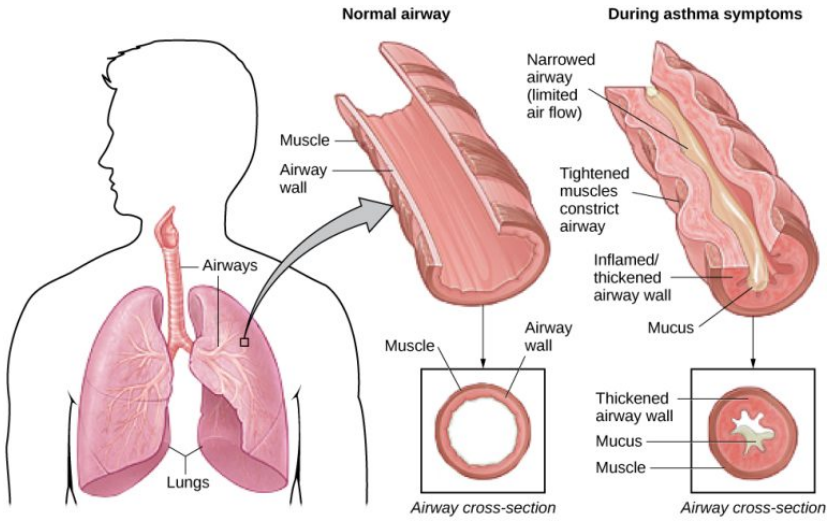


Figure SH.19 In asthma, the airways become inflamed and narrowed.

According to the Centers for Disease Control and Prevention (CDC), around 4,000 people die each year from asthma-related causes, and asthma is a contributing factor to another 7,000 deaths each year (CDC, 2013a). The CDC has revealed that asthma affects 18.7 million U.S. adults and is more common among people with lower education and income levels (CDC, 2013b). Especially concerning is that asthma is on the rise, with rates of asthma increasing 157% between 2000 and 2010 (CDC, 2013b).

Asthma attacks are acute episodes in which an asthma sufferer experiences the full range of symptoms. Asthma exacerbation is often triggered by environmental factors, such as air pollution, allergens (e.g., pollen, mold, and pet hairs), cigarette smoke, airway infections, cold air or a sudden change in temperature, and exercise (CDC, 2013b).

Psychological factors appear to play an important role in asthma (Wright, Rodriguez, & Cohen, 1998), although some believe that psychological factors serve as potential triggers in only a subset of asthma patients (Ritz, Steptoe, Bobb, Harris, & Edwards, 2006). Many studies over the years have demonstrated that some people with asthma will experience asthma-like symptoms if they expect to experience such symptoms, such as when breathing an inert substance that they (falsely) believe will lead to airway obstruction (Sodergren & Hyland, 1999). As stress and emotions directly affect immune and respiratory functions, psychological factors likely serve as one of the most common triggers of asthma exacerbation (Trueba & Ritz, 2013).

People with asthma tend to report and display a high level of negative emotions such as anxiety, and asthma attacks have been linked to periods of high emotionality (Lehrer, Isenberg, & Hochron, 1993). In addition, high levels of emotional distress during both laboratory tasks and daily life have been found to negatively affect airway function and can produce asthma-like symptoms in people with asthma (von Leupoldt, Ehnes, & Dahme, 2006). In one investigation, 20 adults with asthma wore preprogrammed wristwatches that signalled them to breathe into a portable device that measures airway function. Results showed that higher levels of negative emotions and stress were associated with increased airway obstruction and self-reported asthma symptoms (Smyth, Soefer, Hurewitz, Kliment, & Stone, 1999). In addition, D'Amato, Liccardi, Cecchi, Pellegrino, & D'Amato (2010) described a case study of an 18-year-old man with asthma whose girlfriend had broken up with him, leaving him in a depressed state. She had also unfriended him on Facebook, while friending other young males. Eventually, the young man was able to "friend" her once again and could monitor her activity through Facebook. Subsequently, he would experience asthma symptoms whenever he logged on and accessed her profile. When he later resigned not to use Facebook any longer, the asthma attacks stopped. This case suggests that the use of Facebook and other forms of social media may represent a new source of stress—it may be a triggering factor for asthma attacks, especially in depressed asthmatic individuals.

Exposure to stressful experiences, particularly those that involve parental or interpersonal conflicts, has been linked to the development of asthma throughout the lifespan. A longitudinal study of 145 children found that parenting difficulties during the first year of life increased the chances that the child developed asthma by 107% (Klinnert et al., 2001). In addition, a cross-sectional study of over 10,000 Finnish college students found that high rates of parent or personal conflicts (e.g., parental divorce, separation from spouse, or severe conflicts in other long-term relationships) increased the risk of asthma onset (Kilpeläinen, Koskenvuo, Helenius, & Terho, 2002). Further, a study of over 4,000 middle-aged men who were interviewed in the early 1990s and again a decade later found that breaking off an important life partnership (e.g., divorce or breaking off relationship from parents) increased the risk of developing asthma by 124% over the time of the study (Loerbroks, Apfelbacher, Thayer, Debling, & Stürmer, 2009).

Headaches

A headache is a continuous pain anywhere in the head and neck region. Inflammation of the sinuses caused by an infection or allergic reaction can cause sinus headaches, which are experienced as pain in the cheeks and forehead. Migraine headaches are a type of headache thought to be caused by blood vessel swelling and increased blood flow (McIntosh, 2013). Migraines are characterized by severe pain on one or both sides of the head, an upset stomach, and disturbed vision. They are more frequently experienced by women than by men (American Academy of Neurology, 2014). Tension headaches are triggered by tightening/tensing of facial and neck muscles; they are the most commonly experienced kind of headache, accounting for about 42% of all headaches worldwide (Stovner et al., 2007). In the United States, well over one-third of the population experiences tension headaches each year, and 2–3% of the population suffers from chronic tension headaches (Schwartz, Stewart, Simon, & Lipton, 1998).

A number of factors can contribute to tension headaches, including sleep deprivation, skipping meals, eye strain, overexertion, muscular tension caused by poor posture, and stress (MedicineNet, 2013). Although there is uncertainty regarding the exact mechanisms through which stress can produce tension headaches, stress has been demonstrated to increase sensitivity to pain (Caceres & Burns, 1997; Logan et al., 2001). In general, tension headache sufferers, compared to non-sufferers, have a lower threshold for and greater sensitivity to pain (Ukestad & Wittrock, 1996), and they report greater levels of subjective stress when faced with a stressor (Myers, Wittrock, & Foreman, 1998). Thus, stress may contribute to tension headaches by increasing pain sensitivity in already-sensitive pain pathways in tension headache sufferers (Cathcart, Petkov, & Pritchard, 2008).

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13.5: Regulation of Stress

Regulation of Stress

Learning Objectives

By the end of this section, you will be able to:

- Define coping and differentiate between problem-focused and emotion-focused coping
- Describe the importance of perceived control in our reactions to stress
- Explain how social support is vital in health and longevity

As we learned in the previous section, stress—especially if it is chronic—takes a toll on our bodies and can have enormously negative health implications. When we experience events in our lives that we appraise as stressful, it is essential that we use effective coping strategies to manage our stress. **Coping** refers to mental and behavioural efforts that we use to deal with problems relating to stress.

Coping Styles

Lazarus and Folkman (1984) distinguished two fundamental kinds of coping: problem-focused coping and emotion-focused coping. In problem-focused coping, one attempts to manage or alter the problem that is causing one to experience stress (i.e., the stressor). Problem-focused coping strategies are similar to strategies used in everyday problem-solving: they typically involve identifying the problem, considering possible solutions, weighing the costs and benefits of these solutions, and then selecting an alternative (Lazarus & Folkman, 1984). As an example, suppose Darby receives a midterm notice that they are failing statistics class. If Darby adopts a problem-focused coping approach to managing their stress, they would be proactive in trying to alleviate the source of the stress. Darby might contact their professor to discuss what must be done to raise their grade, they might also decide to set aside two hours daily to study statistics assignments, and they may seek tutoring assistance. A problem-focused approach to managing stress means we actively try to do things to address the problem.

Emotion-focused coping, in contrast, consists of efforts to change or reduce the negative emotions associated with stress. These efforts may include avoiding, minimizing, or distancing oneself from the problem, or positive comparisons with others (“I’m not as bad off as they are”), or seeking something positive in a negative event (“Now that I’ve been fired, I can sleep in for a few days”). In some cases, emotion-focused coping strategies involve reappraisal, whereby the stressor is construed differently (and somewhat self-deceptively) without changing its objective level of threat (Lazarus & Folkman, 1984). For example, a person sentenced to federal prison who thinks, “This will give me a great chance to network with others,” is using reappraisal. If Darby adopted an emotion-focused approach to managing their midterm deficiency stress, they might watch a comedy movie, play video games, or spend hours on social media to take their mind off the situation. In a certain sense, emotion-focused coping can be thought of as treating the symptoms rather than the actual cause.

While many stressors elicit both kinds of coping strategies, problem-focused coping is more likely to occur when encountering stressors we perceive as controllable, while emotion-focused coping is more likely to predominate when faced with stressors that we believe we are powerless to change (Folkman & Lazarus, 1980). Clearly, emotion-focused coping is more effective in dealing with uncontrollable stressors. For example, the stress you experience when a loved one dies can be overwhelming. You are simply powerless to change the situation as there is nothing you can do to bring this person back. The most helpful coping response is emotion-focused coping aimed at minimizing the pain of the grieving period.

Fortunately, most stressors we encounter can be modified and are, to varying degrees, controllable. A person who cannot stand their job can quit and look for work elsewhere; a middle-aged divorcee can find another potential partner; the freshman who fails an exam can study harder next time, and a breast lump does not necessarily mean that one is fated to die of breast cancer.

Control and Stress

The desire and ability to predict events, make decisions, and affect outcomes—that is, to enact control in our lives—is a basic tenet of human behaviour (Everly & Lating, 2002). Albert Bandura (1997) stated that “the intensity and chronicity of human stress is governed largely by perceived control over the demands of one’s life” (p. 262). As cogently described in his statement, our reaction to potential stressors depends to a large extent on how much control we feel we have over such things. **Perceived control** is our beliefs about our personal capacity to exert influence over and shape outcomes, and it has major implications for our health and happiness (Infurna & Gerstorf, 2014). Extensive research has demonstrated that perceptions of personal control are associated with a variety of favourable outcomes, such as better physical and mental health and greater psychological well-being (Diehl & Hay, 2010). Greater personal control is also associated with lower reactivity to stressors in daily life. For example, researchers in one investigation found that higher levels of perceived control at one point in time were later associated with lower emotional and physical reactivity to interpersonal stressors (Neupert, Almeida, & Charles, 2007). Further, a daily diary study with 34 older widows found that their stress and anxiety levels were significantly reduced on days during which the widows felt greater perceived control (Ong, Bergeman, & Bisconti, 2005).

Dig Deeper

Learned Helplessness

When we lack a sense of control over the events in our lives, particularly when those events are threatening, harmful, or noxious, the psychological consequences can be profound. In one of the better illustrations of this concept, psychologist Martin Seligman conducted a series of classic experiments in the 1960s (Seligman & Maier, 1967) in which dogs were placed in a chamber where they received electric shocks from which they could not escape. Later, when these dogs were given the opportunity to escape the shocks by jumping across a partition, most failed to even try; they seemed to just give up and passively accept any shocks the experimenters chose to administer. In comparison, dogs who were previously allowed to escape the shocks tended to jump the partition and escape the pain (Figure SH.20).



Figure SH.20 Seligman's learned helplessness experiments with dogs used an apparatus that measured when the animals would move from a floor delivering shocks to one without.

Seligman believed that the dogs who failed to try to escape the later shocks were demonstrating learned helplessness: They had acquired a belief that they were powerless to do anything about the stimulation they were receiving. Seligman also believed that the passivity and lack of initiative these dogs demonstrated was similar to that observed in human depression. Therefore, Seligman speculated that learned helplessness might be an important cause of depression in humans: Humans who experience negative life events that they believe they are unable to control may become helpless. As a result, they give up trying to change the situation and some may become depressed and show lack of initiative in future situations in which they can control the outcomes (Seligman, Maier, & Geer, 1968). Sadly, learned helplessness was later used to justify the torture of prisoners by U.S. military personnel following the 2001 attacks on the World Trade Center. The hypothesis was that detainees who were subjected to uncontrollable afflictions would eventually become passive and compliant, making them more likely to reveal information to their interrogators. There is little evidence that the program achieved worthwhile results. It is now widely regarded as unethical and unjustified. This example emphasizes the need to consistently consider the ethics of research studies and their applications (Konnikova, 2015).

Seligman and colleagues later reformulated the original learned helplessness model of depression (Abramson, Seligman, & Teasdale, 1978). In their reformulation, they emphasized attributions (i.e., a mental explanation for why something occurred) that fostered a sense of learned helplessness. For example, suppose a coworker shows up late to work; your belief as to what caused the coworker's tardiness would be an attribution (e.g., too much traffic, slept too late, or just doesn't care about being on time).

The reformulated version of Seligman's study holds that the attributions made for negative life events contribute to depression. Consider the example of a student who performs poorly on a midterm exam. This model suggests that the student will make three kinds of attributions for this outcome: internal vs. external (believing the outcome was caused by his own personal inadequacies or by environmental factors), stable vs. unstable (believing the cause can be changed or is permanent), and global vs. specific (believing the outcome is a sign of inadequacy in most everything versus just this area). Assume that the student makes an internal ("I'm just not smart"), stable ("Nothing can be done to change the fact that I'm not smart") and global ("This is another example of how lousy I am at everything") attribution for the poor performance. The reformulated theory predicts that the student would perceive a lack of control over this stressful event and thus be especially prone to developing depression. Indeed, research has demonstrated that people who have a tendency to make internal, global, and stable attributions for bad outcomes tend to develop symptoms of depression when faced with negative life experiences (Peterson & Seligman, 1984). Fortunately, attribution habits can be changed through practice. Training in healthy attribution habits has been shown to make people less vulnerable to depression (Konnikova, 2015).

Seligman's learned helplessness model has emerged over the years as a leading theoretical explanation for the onset of major depressive disorder. When you study psychological disorders, you will learn more about the latest reformulation of this model—now called hopelessness theory.

People who report higher levels of perceived control view their health as controllable, thereby making it more likely that they will better manage their health and engage in behaviours conducive to good health (Bandura, 2004). Not surprisingly, greater perceived control has been linked to lower risk of physical health problems, including declines in physical functioning (Infurna, Gerstorf, Ram, Schupp, & Wagner, 2011), heart attacks (Rosengren et al., 2004), and both cardiovascular disease incidence (Stürmer, Hasselbach, & Amelang, 2006) and mortality from cardiac disease (Surtees et al., 2010). In addition, longitudinal studies of British civil servants have found that those in low-status jobs (e.g., clerical and office support staff) in which the degree of control over the job is minimal are considerably more likely to develop heart disease than those with high-status jobs or considerable control over their jobs (Marmot, Bosma, Hemingway, & Stansfeld, 1997).

The link between perceived control and health may provide an explanation for the frequently observed relationship between social class and health outcomes (Kraus, Piff, Mendoza-Denton, Rheinschmidt, & Keltner, 2012). In general, research has found that more affluent individuals experience better health partly because they tend to believe that they can personally control and manage their reactions to life's stressors (Johnson & Krueger, 2006). Perhaps buoyed by the perceived level of control, individuals of higher social class may be prone to overestimating the degree of influence they have over particular outcomes. For example, those of higher social class tend to believe that their votes have greater sway on election outcomes than do those of lower social class, which may explain higher rates of voting in more affluent communities (Krosnick, 1990). Other research has found that a sense of perceived control can protect less affluent individuals from poorer health, depression, and reduced life-satisfaction—all of which tend to accompany lower social standing (Lachman & Weaver, 1998).

Taken together, findings from these and many other studies clearly suggest that perceptions of control and coping abilities are important in managing and coping with the stressors we encounter throughout life.

Social Support

The need to form and maintain strong, stable relationships with others is a powerful, pervasive, and fundamental human motive (Baumeister & Leary, 1995). Building strong interpersonal relationships with others helps us establish a network of close, caring individuals who can provide social support in times of distress, sorrow, and fear. **Social support** can be thought of as the soothing impact of friends, family, and acquaintances (Baron & Kerr, 2003). Social support can take many forms, including advice, guidance, encouragement, acceptance, emotional comfort, and tangible assistance (such as financial help). Thus, other people can be very comforting to us when we are faced with a wide range of life stressors, and they can be extremely helpful in our efforts to manage these challenges. Even in nonhuman animals, species mates can offer social support during times of stress. For example, elephants seem to be able to sense when other elephants are stressed and will often comfort them with physical contact—such as a trunk touch—or an empathetic vocal response (Krumboltz, 2014).

Scientific interest in the importance of social support first emerged in the 1970s when health researchers developed an interest in the health consequences of being socially integrated (Stroebe & Stroebe, 1996). Interest was further fuelled by longitudinal studies showing that social connectedness reduced mortality. In one classic study, nearly 7,000 Alameda County, California, residents were followed over 9 years. Those who had previously indicated that they lacked social and community ties were more likely to die during the follow-up period than those with more extensive social networks. Compared to those with the most social contacts, isolated men and women were, respectively, 2.3 and 2.8 times more likely to die. These trends persisted even after controlling for a variety of health-related variables, such as smoking, alcohol consumption, self-reported health at the beginning of the study, and physical activity (Berkman & Syme, 1979).

Since the time of that study, social support has emerged as one of the well-documented psychosocial factors affecting health outcomes (Uchino, 2009). A statistical review of 148 studies conducted between 1982 and 2007 involving over 300,000 participants concluded that individuals with stronger social relationships have a 50% greater likelihood of survival compared to those with weak or insufficient social relationships (Holt-Lunstad, Smith, & Layton, 2010). According to the researchers, the magnitude of the effect of social support observed in this study is comparable with quitting smoking and exceeded many well-known risk factors for mortality, such as obesity and physical inactivity (Figure SH.21).



(a) (b)

Figure SH.21 Close relationships with others, whether (a) a group of friends or (b) a family circle, provide more than happiness and fulfillment—they can help foster good health. (credit a: modification of work by “Damian Gadal_Flickr”/Flickr; credit b: modification of work by Christian Haugen)

A number of large-scale studies have found that individuals with low levels of social support are at greater risk of mortality, especially from cardiovascular disorders (Brummett et al., 2001). Further, higher levels of social supported have been linked to better survival rates following breast cancer (Falagas et al., 2007) and infectious diseases, especially HIV infection (Lee & Rotheram-Borus, 2001). In fact, a person with high levels of social support is less likely to contract a common cold. In one study, 334 participants completed questionnaires assessing their sociability; these individuals were subsequently exposed to a virus that causes a common cold and monitored for several weeks to see who became ill. Results showed that increased sociability was linearly associated with a decreased probability of developing a cold (Cohen, Doyle, Turner, Alper, & Skoner, 2003).

For many of us, friends are a vital source of social support. But what if you find yourself in a situation in which you have few friends and companions? Many students who leave home to attend and live at college experience drastic reductions in their social support, which makes them vulnerable to anxiety, depression, and loneliness. Social media can sometimes be useful in navigating these transitions (Raney & Troop Gordon, 2012) but might also cause increases in loneliness (Hunt, Marx, Lipson, & Young, 2018). For this reason, many colleges have designed first-year programs, such as peer mentoring (Raymond & Shepard, 2018), that can help students build new social networks. For some people, our families—especially our parents—are a major source of social support.

Social support appears to work by boosting the immune system, especially among people who are experiencing stress (Uchino, Vaughn, Carlisle, & Birmingham, 2012). In a pioneering study, spouses of cancer patients who reported high levels of social support showed indications of better immune functioning on two out of three immune functioning measures, compared to spouses who were below the median on reported social support (Baron, Cutrona, Hicklin, Russell, & Lubaroff, 1990). Studies of other populations have produced similar results, including those of spousal caregivers of dementia sufferers, medical students, elderly adults, and cancer patients (Cohen & Herbert, 1996; Kiecolt-Glaser, McGuire, Robles, & Glaser, 2002).

In addition, social support has been shown to reduce blood pressure for people performing stressful tasks, such as giving a speech or performing mental arithmetic (Lepore, 1998). In these kinds of studies, participants are usually asked to perform a stressful task either alone, with a stranger present (who may be either supportive or unsupportive), or with a friend present. Those tested with a friend present generally exhibit lower blood pressure than those tested alone or with a stranger (Fontana, Diegnan, Villeneuve, & Lepore, 1999). In one study, 112 female participants who performed stressful mental arithmetic exhibited lower blood pressure when they received support from a friend rather than a stranger, but only if the friend was a male (Phillips, Gallagher, & Carroll, 2009). Although these findings are somewhat difficult to interpret, the authors mention that it is possible that females feel less supported and more evaluated by other females, particularly females whose opinions they value.

Taken together, the findings above suggest one of the reasons social support is connected to favourable health outcomes is because it has several beneficial physiological effects in stressful situations. However, it is also important to consider the possibility that social support may lead to better health behaviours, such as a healthy diet, exercising, smoking cessation, and cooperation with medical regimens (Uchino, 2009).

Stress Reduction Techniques

Beyond having a sense of control and establishing social support networks, there are numerous other means by which we can manage stress (Figure SH.22). A common technique people use to combat stress is exercise (Salmon, 2001). It is well-established that exercise, both of long (aerobic) and short (anaerobic) duration, is beneficial for both physical and mental health (Everly & Lating, 2002). There is considerable evidence that physically fit individuals are more resistant to the adverse effects of stress and recover more quickly from stress than less physically fit individuals (Cotton, 1990). In a study of more than 500 Swiss police officers and emergency service personnel, increased physical fitness was associated with reduced stress, and regular exercise was reported to protect against stress-related health problems (Gerber, Kellman, Hartman, & Pühse, 2010).



(a) (b) (c)

Figure SH.22 Stress reduction techniques may include (a) exercise, (b) meditation and relaxation, or (c) biofeedback. (credit a: modification of work by "UNE Photos"/Flickr; credit b: modification of work by Caleb Roenigk; credit c: modification of work by Dr. Carmen Russoniello)

One reason exercise may be beneficial is because it might buffer some of the deleterious physiological mechanisms of stress. One study found rats that exercised for six weeks showed a decrease in hypothalamic-pituitary-adrenal responsiveness to mild stressors (Campeau et al., 2010). In high-stress humans, exercise has been shown to prevent telomere shortening, which may explain the common observation of a youthful appearance among those who exercise regularly (Puterman et al., 2010). Further, exercise in later adulthood appears to minimize the detrimental effects of stress on the hippocampus and memory (Head, Singh, & Bugg, 2012). Among cancer survivors, exercise has been shown to reduce anxiety (Speck, Courneya, Masse, Duval, & Schmitz, 2010) and depressive symptoms (Craft, VanIterson, Helenowski, Rademaker, & Courneya, 2012). Clearly, exercise is a highly effective tool for regulating stress.

In the 1970s, Herbert Benson, a cardiologist, developed a stress reduction method called the relaxation response technique (Greenberg, 2006). The relaxation response technique combines relaxation with transcendental meditation, and consists of four components (Stein, 2001):

1. sitting upright on a comfortable chair with feet on the ground and body in a relaxed position,
2. being in a quiet environment with eyes closed,
3. repeating a word or a phrase—a mantra—to oneself, such as "alert mind, calm body,"
4. passively allowing the mind to focus on pleasant thoughts, such as nature or the warmth of your blood nourishing your body.

The relaxation response approach is conceptualized as a general approach to stress reduction that reduces sympathetic arousal, and it has been used effectively to treat people with high blood pressure (Benson & Proctor, 1994).

Another technique to combat stress, **biofeedback**, was developed by Gary Schwartz at Harvard University in the early 1970s. Biofeedback is a technique that uses electronic equipment to accurately measure a person's neuromuscular and autonomic activity—feedback is provided in the form of visual or auditory signals. The main assumption of this approach is that providing somebody biofeedback will enable the individual to develop strategies that help gain some level of voluntary control over what are normally involuntary bodily processes (Schwartz & Schwartz, 1995). A number of different bodily measures have been used in biofeedback research, including facial muscle movement, brain activity, and skin temperature, and it has been applied successfully with individuals experiencing tension headaches, high blood pressure, asthma, and phobias (Stein, 2001).

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13.6: The Pursuit of Happiness

The Pursuit of Happiness

Learning Objectives

By the end of this section, you will be able to:

- Define and discuss happiness, including its determinants
- Describe the field of positive psychology and identify the kinds of problems it addresses
- Explain the meaning of positive affect and discuss its importance in health outcomes
- Describe the concept of flow and its relationship to happiness and fulfillment

Although the study of stress and how it affects us physically and psychologically is fascinating, it is—admittedly—somewhat of a grim topic. Psychology is also interested in the study of a more upbeat and encouraging approach to human affairs—the quest for happiness.

Happiness

America's founders declared that its citizens have an unalienable right to pursue happiness. But what is happiness? When asked to define the term, people emphasize different aspects of this elusive state. Indeed, happiness is somewhat ambiguous and can be defined from different perspectives (Martin, 2012). Some people, especially those who are highly committed to their religious faith, view happiness in ways that emphasize virtuosity, reverence, and enlightened spirituality. Others see happiness as primarily contentment—the inner peace and joy that come from deep satisfaction with one's surroundings, relationships with others, accomplishments, and oneself. Still others view happiness mainly as pleasurable engagement with their personal environment—having a career and hobbies that are engaging, meaningful, rewarding, and exciting. These differences, of course, are merely differences in emphasis. Most people would probably agree that each of these views, in some respects, captures the essence of happiness.

Elements of Happiness

Some psychologists have suggested that happiness consists of three distinct elements: the pleasant life, the good life, and the meaningful life, as shown in Figure SH.23 (Seligman, 2002; Seligman, Steen, Park, & Peterson, 2005). The pleasant life is realized through the attainment of day-to-day pleasures that add fun, joy, and excitement to our lives. For example, evening walks along the beach and a fulfilling sex life can enhance our daily pleasure and contribute to the pleasant life. The good life is achieved through identifying our unique skills and abilities and engaging these talents to enrich our lives; those who achieve the good life often find themselves absorbed in their work or their recreational pursuits. The meaningful life involves a deep sense of fulfillment that comes from using our talents in the service of the greater good: in ways that benefit the lives of others or that make the world a better place. In general, the happiest people tend to be those who pursue the full life—they orient their pursuits toward all three elements (Seligman et al., 2005).

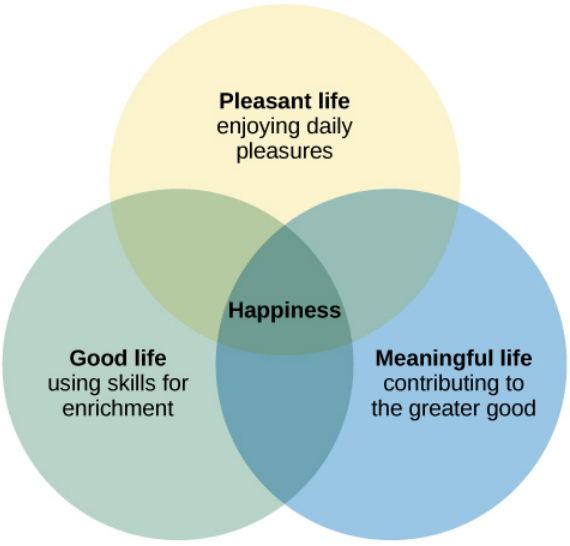


Figure SH.23 Happiness is an enduring state of well-being involving satisfaction in the pleasant, good, and meaningful aspects of life.

For practical purposes, a precise definition of **happiness** might incorporate each of these elements: an enduring state of mind consisting of joy, contentment, and other positive emotions, plus the sense that one's life has meaning and value (Lyubomirsky, 2001). The definition implies that happiness is a long-term state—what is often characterized as subjective well-being—rather than merely a transient positive mood we all experience from time to time. It is this enduring happiness that has captured the interests of psychologists and other social scientists.

The study of happiness has grown dramatically in the last three decades (Diener, 2013). One of the most basic questions that happiness investigators routinely examine is this: How happy are people in general? The average person in the world tends to be relatively happy and tends to indicate experiencing more positive feelings than negative feelings (Diener, Ng, Harter, & Arora, 2010). When asked to evaluate their current lives on a scale ranging from 0 to 10 (with 0 representing "worst possible life" and 10 representing "best possible life"), people in more than 150 countries surveyed from 2010–2012 reported an average score of 5.2. People who live in North America, Australia, and New Zealand reported the highest average score at 7.1, whereas those living Sub-Saharan Africa reported the lowest average score at 4.6 (Helliwell, Layard, & Sachs, 2013). Worldwide, the five happiest countries are Denmark, Norway, Switzerland, the Netherlands, and Sweden; the United States is ranked 17th happiest (Figure SH.24) (Helliwell et al., 2013).



(a) (b)

Figure SH.24 (a) Surveys of residents in over 150 countries indicate that Denmark has the happiest citizens in the world. (b) Americans ranked the United States as the 17th happiest country in which to live. (credit a: modification of work by "JamesZ_Flickr"/Flickr; credit b: modification of work by Ryan Swindell)

Several years ago, a Gallup survey of more than 1,000 U.S. adults found that 52% reported that they were "very happy." In addition, more than 8 in 10 indicated that they were "very satisfied" with their lives (Carroll, 2007). However, a recent poll found

that only 42% of American adults report being “very happy.” The groups that show the greatest declines in happiness are people of colour, those who have not completed a college education, and those who politically identify as Democrats or independents (McCarthy, 2020). These results suggest that challenging economic conditions may be related to declines in happiness. Of course, this interpretation implies that happiness is closely tied to one’s finances. But, is it? What factors influence happiness?

Factors Connected to Happiness

What really makes people happy? What factors contribute to sustained joy and contentment? Is it money, attractiveness, material possessions, a rewarding occupation, a satisfying relationship? Extensive research over the years has examined this question. One finding is that age is related to happiness: Life satisfaction usually increases the older people get, but there do not appear to be gender differences in happiness (Diener, Suh, Lucas, & Smith, 1999). Although it is important to point out that much of this work has been correlational, many of the key findings (some of which may surprise you) are summarized below.

Family and other social relationships appear to be key factors correlated with happiness. Studies show that married people report being happier than those who are single, divorced, or widowed (Diener et al., 1999). Happy individuals also report that their marriages are fulfilling (Lyubomirsky, King, & Diener, 2005). In fact, some have suggested that satisfaction with marriage and family life is the strongest predictor of happiness (Myers, 2000). Happy people tend to have more friends, more high-quality social relationships, and stronger social support networks than less happy people (Lyubomirsky et al., 2005). Happy people also have a high frequency of contact with friends (Pinquart & Sörensen, 2000).

Can money buy happiness? In general, extensive research suggests that the answer is yes, but with several caveats. While a nation’s per capita gross domestic product (GDP) is associated with happiness levels (Helliwell et al., 2013), changes in GDP (which is a less certain index of household income) bear little relationship to changes in happiness (Diener, Tay, & Oishi, 2013). On the whole, residents of affluent countries tend to be happier than residents of poor countries; within countries, wealthy individuals are happier than poor individuals, but the association is much weaker (Diener & Biswas-Diener, 2002). To the extent that it leads to increases in purchasing power, increases in income are associated with increases in happiness (Diener, Oishi, & Ryan, 2013). However, income within societies appears to correlate with happiness only up to a point. In a study of over 450,000 U.S. residents surveyed by the Gallup Organization, Kahneman and Deaton (2010) found that well-being rises with annual income, but only up to $75,000. The average increase in reported well-being for people with incomes greater than $75,000 was null. As implausible as these findings might seem—after all, higher incomes would enable people to indulge in Hawaiian vacations, prime seats as sporting events, expensive automobiles, and expansive new homes—higher incomes may impair people’s ability to savour and enjoy the small pleasures of life (Kahneman, 2011). Indeed, researchers in one study found that participants exposed to a subliminal reminder of wealth spent less time savouring a chocolate candy bar and exhibited less enjoyment of this experience than did participants who were not reminded of wealth (Quoidbach, Dunn, Petrides, & Mikolajczak, 2010).

What about education and employment? Happy people, compared to those who are less happy, are more likely to graduate from college and secure more meaningful and engaging jobs. Once they obtain a job, they are also more likely to succeed (Lyubomirsky et al., 2005). While education shows a positive (but weak) correlation with happiness, intelligence is not appreciably related to happiness (Diener et al., 1999).

Does religiosity correlate with happiness? In general, the answer is yes (Hackney & Sanders, 2003). However, the relationship between religiosity and happiness depends on societal circumstances. Nations and states with more difficult living conditions (e.g., widespread hunger and low life expectancy) tend to be more highly religious than societies with more favourable living conditions. Among those who live in nations with difficult living conditions, religiosity is associated with greater well-being; in nations with more favourable living conditions, religious and nonreligious individuals report similar levels of well-being (Diener, Tay, & Myers, 2011).

Clearly the living conditions of one’s nation can influence factors related to happiness. What about the influence of one’s culture? To the extent that people possess characteristics that are highly valued by their culture, they tend to be happier (Diener, 2012). For example, self-esteem is a stronger predictor of life satisfaction in individualistic cultures than in collectivistic cultures (Diener, Diener, & Diener, 1995), and extraverted people tend to be happier in extraverted cultures than in introverted cultures (Fulmer et al., 2010).

So we’ve identified many factors that exhibit some correlation to happiness. What factors don’t show a correlation? Researchers have studied both parenthood and physical attractiveness as potential contributors to happiness, but no link has been identified.

Although people tend to believe that parenthood is central to a meaningful and fulfilling life, aggregate findings from a range of countries indicate that people who do not have children are generally happier than those who do (Hansen, 2012). And although one's perceived level of attractiveness seems to predict happiness, a person's objective physical attractiveness is only weakly correlated with their happiness (Diener, Wolsic, & Fujita, 1995).

Life Events and Happiness

An important point should be considered regarding happiness. People are often poor at affective forecasting: predicting the intensity and duration of their future emotions (Wilson & Gilbert, 2003). In one study, nearly all newlywed spouses predicted their marital satisfaction would remain stable or improve over the following four years; despite this high level of initial optimism, their marital satisfaction actually declined during this period (Lavner, Karner, & Bradbury, 2013). In addition, we are often incorrect when estimating how our long-term happiness would change for the better or worse in response to certain life events. For example, it is easy for many of us to imagine how euphoric we would feel if we won the lottery, were asked on a date by an attractive celebrity, or were offered our dream job. It is also easy to understand how long-suffering fans of the Chicago Cubs baseball team, which had not won a World Series championship since 1908, thought they would feel permanently elated when their team finally won another World Series in 2016. Likewise, it is easy to predict that we would feel permanently miserable if we suffered a disabling accident or if a romantic relationship ended.

However, something similar to sensory adaptation often occurs when people experience emotional reactions to life events. In much the same way our senses adapt to changes in stimulation (e.g., our eyes adapting to bright light after walking out of the darkness of a movie theatre into the bright afternoon sun), we eventually adapt to changing emotional circumstances in our lives (Brickman & Campbell, 1971; Helson, 1964). When an event that provokes positive or negative emotions occurs, at first we tend to experience its emotional impact at full intensity. We feel a burst of pleasure following such things as a marriage proposal, birth of a child, acceptance to law school, an inheritance, and the like; as you might imagine, lottery winners experience a surge of happiness after hitting the jackpot (Lutter, 2007). Likewise, we experience a surge of misery following the death of a loved one, a divorce, or a layoff from work. In the long run, however, we eventually adjust to the emotional new normal; the emotional impact of the event tends to erode, and we eventually revert to our original baseline happiness levels. Thus, what was at first a thrilling lottery windfall or World Series championship eventually loses its lustre and becomes the status quo (Figure SH.25). Indeed, dramatic life events have much less long-lasting impact on happiness than might be expected (Brickman, Coats, & Janoff-Bulman, 1978).



(a) (b)

Figure SH.25 (a) Long-suffering Chicago Cub fans felt elated in 2016 when their team won a World Series championship, a feat that had not been accomplished by that franchise in over a century. (b) In ways that are similar, those who play the lottery rightfully think that choosing the correct numbers and winning millions would lead to a surge in happiness. However, the initial burst of elation following such elusive events would most likely erode with time. (credit a: modification of work by Phil Roeder; credit b: modification of work by Robert S. Donovan)

Recently, some have raised questions concerning the extent to which important life events can permanently alter people's happiness set points (Diener, Lucas, & Scollon, 2006). Evidence from a number of investigations suggests that, in some circumstances, happiness levels do not revert to their original positions. For example, although people generally tend to adapt to marriage so that it no longer makes them happier or unhappier than before, they often do not fully adapt to unemployment or severe disabilities (Diener, 2012). Figure SH.26, which is based on longitudinal data from a sample of over 3,000 German respondents, shows life satisfaction scores several years before, during, and after various life events, and it illustrates how people adapt (or fail to adapt) to

these events. German respondents did not get lasting emotional boosts from marriage; instead, they reported brief increases in happiness, followed by quick adaptation. In contrast, widows and those who had been laid off experienced sizeable decreases in happiness that appeared to result in long-term changes in life satisfaction (Diener et al., 2006). Further, longitudinal data from the same sample showed that happiness levels changed significantly over time for nearly a quarter of respondents, with 9% showing major changes (Fujita & Diener, 2005). Thus, long-term happiness levels can and do change for some people.

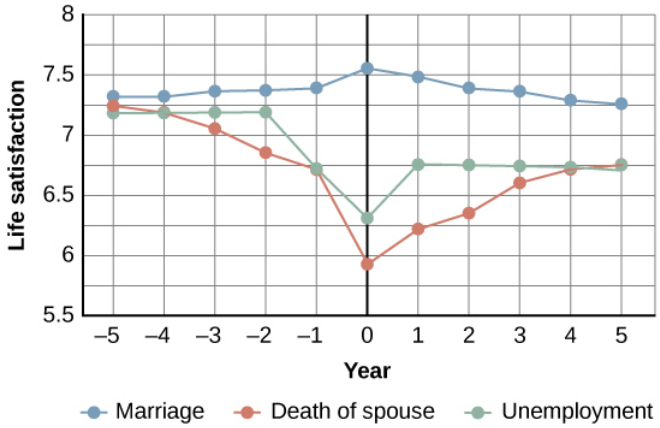


Figure SH.26 This graphs shows life satisfaction scores several years before and after three significant life events (0 represents the year the event happened) (Diener et al., 2006).

Increasing Happiness

Some recent findings about happiness provide an optimistic picture, suggesting that real changes in happiness are possible. For example, thoughtfully developed well-being interventions designed to augment people's baseline levels of happiness may increase happiness in ways that are permanent and long-lasting, not just temporary. These changes in happiness may be targeted at individual, organizational, and societal levels (Diener et al., 2006). Researchers in one study found that a series of happiness interventions involving such exercises as writing down three good things that occurred each day led to increases in happiness that lasted over six months (Seligman et al., 2005).

Measuring happiness and well-being at the societal level over time may assist policy makers in determining if people are generally happy or miserable, as well as when and why they might feel the way they do. Studies show that average national happiness scores (over time and across countries) relate strongly to six key variables: per capita gross domestic product (GDP, which reflects a nation's economic standard of living), social support, freedom to make important life choices, healthy life expectancy, freedom from perceived corruption in government and business, and generosity (Helliwell et al., 2013). Investigating why people are happy or unhappy might help policymakers develop programs that increase happiness and well-being within a society (Diener et al., 2006). Resolutions about contemporary political and social issues that are frequent topics of debate—such as poverty, taxation, affordable health care and housing, clean air and water, and income inequality—might be best considered with people's happiness in mind.

Positive Psychology

In 1998, Seligman (the same person who conducted the learned helplessness experiments mentioned earlier), who was then president of the American Psychological Association, urged psychologists to focus more on understanding how to build human strength and psychological well-being. In deliberately setting out to create a new direction and new orientation for psychology, Seligman helped establish a growing movement and field of research called positive psychology (Compton, 2005). In a very general sense, **positive psychology** can be thought of as the science of happiness; it is an area of study that seeks to identify and promote those qualities that lead to greater fulfillment in our lives. This field looks at people's strengths and what helps individuals

to lead happy, contented lives, and it moves away from focusing on people's pathology, faults, and problems. According to Seligman and Csikszentmihalyi (2000), positive psychology:

> *"…at the subjective level is about valued subjective experiences: well-being, contentment, and satisfaction (in the past); hope and optimism (for the future); and… happiness (in the present). At the individual level, it is about positive individual traits: the capacity for love and vocation, courage, interpersonal skill, aesthetic sensibility, perseverance, forgiveness, originality, future mindedness, spirituality, high talent, and wisdom." (p. 5)*

Some of the topics studied by positive psychologists include altruism and empathy, creativity, forgiveness and compassion, the importance of positive emotions, enhancement of immune system functioning, savoUring the fleeting moments of life, and strengthening virtues as a way to increase authentic happiness (Compton, 2005). Recent efforts in the field of positive psychology have focused on extending its principles toward peace and well-being at the level of the global community. In a war-torn world in which conflict, hatred, and distrust are common, such an extended "positive peace psychology" could have important implications for understanding how to overcome oppression and work toward global peace (Cohrs, Christie, White, & Das, 2013).

Positive Affect and Optimism

Taking a cue from positive psychology, extensive research over the last 10-15 years has examined the importance of positive psychological attributes in physical well-being. Qualities that help promote psychological well-being (e.g., having meaning and purpose in life, a sense of autonomy, positive emotions, and satisfaction with life) are linked with a range of favourable health outcomes (especially improved cardiovascular health) mainly through their relationships with biological functions and health behaviours (such as diet, physical activity, and sleep quality) (Boehm & Kubzansky, 2012). The quality that has received attention is **positive affect**, which refers to pleasurable engagement with the environment, such as happiness, joy, enthusiasm, alertness, and excitement (Watson, Clark, & Tellegen, 1988). The characteristics of positive affect, as with negative affect (discussed earlier), can be brief, long-lasting, or trait-like (Pressman & Cohen, 2005). Independent of age, gender, and income, positive affect is associated with greater social connectedness, emotional and practical support, adaptive coping efforts, and lower depression; it is also associated with longevity and favourable physiological functioning (Steptoe, O'Donnell, Marmot, & Wardle, 2008).

Positive affect also serves as a protective factor against heart disease. In a 10-year study of Nova Scotians, the rate of heart disease was 22% lower for each one-point increase on the measure of positive affect, from 1 (no positive affect expressed) to 5 (extreme positive affect) (Davidson, Mostofsky, & Whang, 2010). In terms of our health, the expression, "don't worry, be happy" is helpful advice indeed. There has also been much work suggesting that **optimism**—the general tendency to look on the bright side of things—is also a significant predictor of positive health outcomes.

Although positive affect and optimism are related in some ways, they are not the same (Pressman & Cohen, 2005). Whereas positive affect is mostly concerned with positive feeling states, optimism has been regarded as a generalized tendency to expect that good things will happen (Chang, 2001). It has also been conceptualized as a tendency to view life's stressors and difficulties as temporary and external to oneself (Peterson & Steen, 2002). Numerous studies over the years have consistently shown that optimism is linked to longevity, healthier behaviours, fewer post-surgical complications, better immune functioning among men with prostate cancer, and better treatment adherence (Rasmussen & Wallio, 2008). Further, optimistic people report fewer physical symptoms, less pain, better physical functioning, and are less likely to be rehospitalized following heart surgery (Rasmussen, Scheier, & Greenhouse, 2009).

Flow

Another factor that seems to be important in fostering a deep sense of well-being is the ability to derive flow from the things we do in life. **Flow** is described as a particular experience that is so engaging and engrossing that it becomes worth doing for its own sake (Csikszentmihalyi, 1997). It is usually related to creative endeavours and leisure activities, but it can also be experienced by workers who like their jobs or students who love studying (Csikszentmihalyi, 1999). Many of us instantly recognize the notion of flow. In fact, the term derived from respondents' spontaneous use of the term when asked to describe how it felt when what they were doing was going well. When people experience flow, they become involved in an activity to the point where they feel they lose themselves in the activity. They effortlessly maintain their concentration and focus, they feel as though they have complete

control of their actions, and time seems to pass more quickly than usual (Csikszentmihalyi, 1997). Flow is considered a pleasurable experience, and it typically occurs when people are engaged in challenging activities that require skills and knowledge they know they possess. For example, people would be more likely report flow experiences in relation to their work or hobbies than in relation to eating. When asked the question, “Do you ever get involved in something so deeply that nothing else seems to matter, and you lose track of time?” about 20% of Americans and Europeans report having these flow-like experiences regularly (Csikszentmihalyi, 1997).

Although wealth and material possessions are nice to have, the notion of flow suggests that neither are prerequisites for a happy and fulfilling life. Finding an activity that you are truly enthusiastic about, something so absorbing that doing it is reward itself (whether it be playing tennis, studying Arabic, writing children’s novels, or cooking lavish meals) is perhaps the real key. According to Csikszentmihalyi (1999), creating conditions that make flow experiences possible should be a top social and political priority. How might this goal be achieved? How might flow be promoted in school systems? In the workplace? What potential benefits might be accrued from such efforts?

In an ideal world, scientific research endeavours should inform us on how to bring about a better world for all people. The field of positive psychology promises to be instrumental in helping us understand what truly builds hope, optimism, happiness, healthy relationships, flow, and genuine personal fulfillment.

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13.7: Key Terms for Stress and Health

Key Terms for Stress & Health

alarm reaction

first stage of the general adaptation syndrome; characterized as the body's immediate physiological reaction to a threatening situation or some other emergency; analogous to the fight-or-flight response

asthma

psychophysiological disorder in which the airways of the respiratory system become obstructed, leading to great difficulty expelling air from the lungs

biofeedback

stress-reduction technique using electronic equipment to measure a person's involuntary (neuromuscular and autonomic) activity and provide feedback to help the person gain a level of voluntary control over these processes

cardiovascular disorders

disorders that involve the heart and blood circulation system

coping

mental or behavioural efforts used to manage problems relating to stress, including its cause and the unpleasant feelings and emotions it produces

cortisol

stress hormone released by the adrenal glands when encountering a stressor; helps to provide a boost of energy, thereby preparing the individual to take action

daily hassles

minor irritations and annoyances that are part of our everyday lives and are capable of producing stress

distress

bad form of stress; usually high in intensity; often leads to exhaustion, fatigue, feeling burned out; associated with erosions in performance and health

eustress

good form of stress; low to moderate in intensity; associated with positive feelings, as well as optimal health and performance

fight-or-flight response

set of physiological reactions (increases in blood pressure, heart rate, respiration rate, and sweat) that occur when an individual encounters a perceived threat; these reactions are produced by activation of the sympathetic nervous system and the endocrine system

flow

state involving intense engagement in an activity; usually is experienced when participating in creative, work, and leisure endeavours

general adaptation syndrome

Hans Selye's three-stage model of the body's physiological reactions to stress and the process of stress adaptation: alarm reaction, stage of resistance, and stage of exhaustion

happiness

enduring state of mind consisting of joy, contentment, and other positive emotions; the sense that one's life has meaning and value

health psychology
subfield of psychology devoted to studying psychological influences on health, illness, and how people respond when they become ill

heart disease
several types of adverse heart conditions, including those that involve the heart's arteries or valves or those involving the inability of the heart to pump enough blood to meet the body's needs; can include heart attack and stroke

hypertension
high blood pressure

hypothalamic-pituitary-adrenal (HPA) axis
set of structures found in both the limbic system (hypothalamus) and the endocrine system (pituitary gland and adrenal glands) that regulate many of the body's physiological reactions to stress through the release of hormones

immune system
various structures, cells, and mechanisms that protect the body from foreign substances that can damage the body's tissues and organs

immunosuppression
decreased effectiveness of the immune system

job burnout
general sense of emotional exhaustion and cynicism in relation to one's job; consists of three dimensions: exhaustion, depersonalization, and sense of diminished personal accomplishment

job strain
work situation involving the combination of excessive job demands and workload with little decision making latitude or job control

lymphocytes
white blood cells that circulate in the body's fluids and are especially important in the body's immune response

negative affectivity
tendency to experience distressed emotional states involving anger, contempt, disgust, guilt, fear, and nervousness

optimism
tendency toward a positive outlook and positive expectations

perceived control
peoples' beliefs concerning their capacity to influence and shape outcomes in their lives

positive affect
state or a trait that involves pleasurable engagement with the environment, the dimensions of which include happiness, joy, enthusiasm, alertness, and excitement

positive psychology
scientific area of study seeking to identify and promote those qualities that lead to happy, fulfilled, and contented lives

primary appraisal

judgment about the degree of potential harm or threat to well-being that a stressor might entail

psychoneuroimmunology
field that studies how psychological factors (such as stress) influence the immune system and immune functioning

psychophysiological disorders
physical disorders or diseases in which symptoms are brought about or worsened by stress and emotional factors

relaxation response technique
stress reduction technique combining elements of relaxation and meditation

secondary appraisal
judgment of options available to cope with a stressor and their potential effectiveness

Social Readjustment Rating Scale (SRRS)
popular scale designed to measure stress; consists of 43 potentially stressful events, each of which has a numerical value quantifying how much readjustment is associated with the event

social support
soothing and often beneficial support of others; can take different forms, such as advice, guidance, encouragement, acceptance, emotional comfort, and tangible assistance

stage of exhaustion
third stage of the general adaptation syndrome; the body's ability to resist stress becomes depleted; illness, disease, and even death may occur

stage of resistance
second stage of the general adaptation syndrome; the body adapts to a stressor for a period of time

stress
process whereby an individual perceives and responds to events that one appraises as overwhelming or threatening to one's well-being

stressors
environmental events that may be judged as threatening or demanding; stimuli that initiate the stress process

Type A
psychological and behaviour pattern exhibited by individuals who tend to be extremely competitive, impatient, rushed, and hostile toward others

Type B
psychological and behaviour pattern exhibited by a person who is relaxed and laid back

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13.8: Summary for Stress and Health

Summary for Stress & Health

14.1 What Is Stress?

Stress is a process whereby an individual perceives and responds to events appraised as overwhelming or threatening to one's well-being. The scientific study of how stress and emotional factors impact health and well-being is called health psychology, a field devoted to studying the general impact of psychological factors on health. The body's primary physiological response during stress, the fight-or-flight response, was first identified in the early 20th century by Walter Cannon. The fight-or-flight response involves the coordinated activity of both the sympathetic nervous system and the hypothalamic-pituitary-adrenal (HPA) axis. Hans Selye, a noted endocrinologist, referred to these physiological reactions to stress as part of general adaptation syndrome, which occurs in three stages: alarm reaction (fight-or-flight reactions begin), resistance (the body begins to adapt to continuing stress), and exhaustion (adaptive energy is depleted, and stress begins to take a physical toll).

14.2 Stressors

Stressors can be chronic (long term) or acute (short term), and can include traumatic events, significant life changes, daily hassles, and situations in which people are frequently exposed to challenging and unpleasant events. Many potential stressors include events or situations that require us to make changes in our lives, such as a divorce or moving to a new residence. Thomas Holmes and Richard Rahe developed the Social Readjustment Rating Scale (SRRS) to measure stress by assigning a number of life change units to life events that typically require some adjustment, including positive events. Although the SRRS has been criticized on a number of grounds, extensive research has shown that the accumulation of many LCUs is associated with increased risk of illness. Many potential stressors also include daily hassles, which are minor irritations and annoyances that can build up over time. In addition, jobs that are especially demanding, offer little control over one's working environment, or involve unfavourable working conditions can lead to job strain, thereby setting the stage for job burnout.

14.3 Stress and Illness

Psychophysiological disorders are physical diseases that are either brought about or worsened by stress and other emotional factors. One of the mechanisms through which stress and emotional factors can influence the development of these diseases is by adversely affecting the body's immune system. A number of studies have demonstrated that stress weakens the functioning of the immune system. Cardiovascular disorders are serious medical conditions that have been consistently shown to be influenced by stress and negative emotions, such as anger, negative affectivity, and depression. Other psychophysiological disorders that are known to be influenced by stress and emotional factors include asthma and tension headaches.

14.4 Regulation of Stress

When faced with stress, people must attempt to manage or cope with it. In general, there are two basic forms of coping: problem-focused coping and emotion-focused coping. Those who use problem-focused coping strategies tend to cope better with stress because these strategies address the source of stress rather than the resulting symptoms. To a large extent, perceived control greatly impacts reaction to stressors and is associated with greater physical and mental well-being. Social support has been demonstrated to be a highly effective buffer against the adverse effects of stress. Extensive research has shown that social support has beneficial physiological effects for people, and it seems to influence immune functioning. However, the beneficial effects of social support may be related to its influence on promoting healthy behaviours.

14.5 The Pursuit of Happiness

Happiness is conceptualized as an enduring state of mind that consists of the capacity to experience pleasure in daily life, as well as the ability to engage one's skills and talents to enrich one's life and the lives of others. Although people around the world generally report that they are happy, there are differences in average happiness levels across nations. Although people have a tendency to overestimate the extent to which their happiness set points would change for the better or for the worse following certain life events, researchers have identified a number of factors that are consistently related to happiness. In recent years, positive psychology has emerged as an area of study seeking to identify and promote qualities that lead to greater happiness and fulfillment in our lives. These components include positive affect, optimism, and flow.

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13.9: Review Questions for Stress and Health

Review Questions for Stress & Health

Click here for Answer Key

Multiple Choice Questions

1. Negative effects of stress are most likely to be experienced when an event is perceived as _____.

a. negative, but it is likely to affect one's friends rather than oneself
b. challenging
c. confusing
d. threatening, and no clear options for dealing with it are apparent

2. Between 2006 and 2009, the greatest increases in stress levels were found to occur among _____.

a. Black people
b. those aged 45–64
c. the unemployed
d. those without college degrees

3. At which stage of Selye's general adaptation syndrome is a person especially vulnerable to illness?

a. exhaustion
b. alarm reaction
c. fight-or-flight
d. resistance

4. During an encounter judged as stressful, cortisol is released by the _____.

a. sympathetic nervous system
b. hypothalamus
c. pituitary gland
d. adrenal glands

5. According to the Holmes and Rahe scale, which life event requires the greatest amount of readjustment?

a. marriage
b. personal illness
c. divorce
d. death of spouse

6. While waiting to pay for their weekly groceries at the supermarket, Harley had to wait about 20 minutes in a long line at the checkout because only one cashier was on duty. When Harley was finally ready to pay, their debit card was declined because they did not have enough money left in their checking account. Because Harley had left their credit cards at home, they had to place the groceries back into the cart and head home to retrieve a credit card. While driving back to their home, traffic was backed up two miles due to an accident. These events that Harley had to endure are best characterized as _____.

a. chronic stressors
b. acute stressors
c. daily hassles

d. readjustment occurrences

7. What is one of the major criticisms of the Social Readjustment Rating Scale?

a. It has too few items.
b. It was developed using only people from the New England region of the United States.
c. It does not take into consideration how a person appraises an event.
d. None of the items included are positive.

8. Which of the following is not a dimension of job burnout?

a. depersonalization
b. hostility
c. exhaustion
d. diminished personal accomplishment

9. The white blood cells that attack foreign invaders to the body are called _____.

a. antibodies
b. telomeres
c. lymphocytes
d. immune cells

10. The risk of heart disease is especially high among individuals with _____.

a. depression
b. asthma
c. telomeres
d. lymphocytes

11. The most lethal dimension of Type A behaviour pattern seems to be _____.

a. hostility
b. impatience
c. time urgency
d. competitive drive

12. Which of the following statements pertaining to asthma is *false*?

a. Parental and interpersonal conflicts have been tied to the development of asthma.
b. Asthma sufferers can experience asthma-like symptoms simply by believing that an inert substance they breathe will lead to airway obstruction.
c. Asthma has been shown to be linked to periods of depression.
d. Rates of asthma have decreased considerably since 2000.

13. Emotion-focused coping would likely be a better method than problem-focused coping for dealing with which of the following stressors?

a. terminal cancer
b. poor grades in school
c. unemployment

d. divorce

14. Studies of British civil servants have found that those in the lowest status jobs are much more likely to develop heart disease than those who have high status jobs. These findings attest to the importance of _____ in dealing with stress.

a. biofeedback
b. social support
c. perceived control
d. emotion-focused coping

15. Relative to those with low levels of social support, individuals with high levels of social support _____.

a. are more likely to develop asthma
b. tend to have less perceived control
c. are more likely to develop cardiovascular disorders
d. tend to tolerate stress well

16. The concept of learned helplessness was formulated by Seligman to explain the _____.

a. inability of dogs to attempt to escape avoidable shocks after having received inescapable shocks
b. failure of dogs to learn to from prior mistakes
c. ability of dogs to learn to help other dogs escape situations in which they are receiving uncontrollable shocks
d. inability of dogs to learn to help other dogs escape situations in which they are receiving uncontrollable electric shocks

17. Which of the following is *not* one of the presumed components of happiness?

a. using our talents to help improve the lives of others
b. learning new skills
c. regular pleasurable experiences
d. identifying and using our talents to enrich our lives

18. Researchers have identified a number of factors that are related to happiness. Which of the following is *not* one of them?

a. age
b. annual income up to $75,000
c. physical attractiveness
d. marriage

19. How does positive affect differ from optimism?

a. Optimism is more scientific than positive affect.
b. Positive affect is more scientific than optimism.
c. Positive affect involves feeling states, whereas optimism involves expectations.
d. Optimism involves feeling states, whereas positive affect involves expectations.

20. Carson enjoys writing mystery novels, and has even managed to publish some of his work. When Carson's writing, they become extremely focused on their work; in fact, Carson becomes so absorbed that that he often loses track of time, often staying up well past 3 a.m. Carson's experience best illustrates the concept of _____.

a. happiness set point
b. adaptation

c. positive affect
d. flow

Critical Thinking Questions

21. Provide an example (other than the one described earlier) of a situation or event that could be appraised as either threatening or challenging.

22. Provide an example of a stressful situation that may cause a person to become seriously ill. How would Selye's general adaptation syndrome explain this occurrence?

23. Review the items on the Social Readjustment Rating Scale. Select one of the items and discuss how it might bring about distress and eustress.

24. Discuss the concept of Type A behaviour pattern, its history, and what we now know concerning its role in heart disease.

25. Consider the study in which volunteers were given nasal drops containing the cold virus to examine the relationship between stress and immune function (Cohen et al., 1998). How might this finding explain how people seem to become sick during stressful times in their lives (e.g., final exam week)?

26. Although problem-focused coping seems to be a more effective strategy when dealing with stressors, do you think there are any kinds of stressful situations in which emotion-focused coping might be a better strategy?

27. Describe how social support can affect health both directly and indirectly.

28. In considering the three dimensions of happiness discussed in this section (the pleasant life, the good life, and the meaningful life), what are some steps you could take to improve your personal level of happiness?

29. The day before the drawing of a $300 million Powerball lottery, you notice that a line of people waiting to buy their Powerball tickets is stretched outside the door of a nearby convenience store. Based on what you've learned, provide some perspective on why these people are doing this, and what would likely happen if one of these individuals happened to pick the right numbers.

Personal Application Questions

30. Think of a time in which you and others you know (family members, friends, and classmates) experienced an event that some viewed as threatening and others viewed as challenging. What were some of the differences in the reactions of those who experienced the event as threatening compared to those who viewed the event as challenging? Why do you think there were differences in how these individuals judged the same event?

31. Suppose you want to design a study to examine the relationship between stress and illness, but you cannot use the Social Readjustment Rating Scale. How would you go about measuring stress? How would you measure illness? What would you need to do in order to tell if there is a cause-effect relationship between stress and illness?

32. If a family member or friend of yours has asthma, talk to that person (if he or she is willing) about their symptom triggers. Does this person mention stress or emotional states? If so, are there any commonalities in these asthma triggers?

33. Try to think of an example in which you coped with a particular stressor by using problem-focused coping. What was the stressor? What did your problem-focused efforts involve? Were they effective?

34. Think of an activity you participate in that you find engaging and absorbing. For example, this might be something like playing video games, reading, or a hobby. What are your experiences typically like while engaging in this activity? Do your experiences conform to the notion of flow? If so, how? Do you think these experiences have enriched your life? Why or why not?

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CHAPTER OVERVIEW

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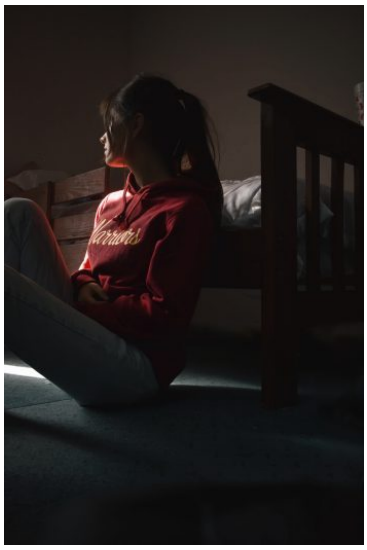
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14.1: Introduction to Psychopathology

Introduction to Psychopathology

Chapter Outline

- What is Psychopathology?
- Diagnosing and Classifying Psychological Disorders
- Perspectives on Psychopathology
- Neurodiversity
- Schizophrenia
- Mood Disorders
- Anxiety Disorders
- Obsessive-Compulsive Related Disorders
- Post-Traumatic Stress Disorder
- Dissociative Disorders
- Personality Disorders



PY.1 Many university students may experience challenges, set-backs, and low-moods, but when should they (or their friends and family) be concerned? (credit: Pexels user Sofia Alejandra)

Esmé is an 18-year-old from Hamilton, ON (Figure PY.1). She did well in high school and received scholarships to attend university in Halifax, NS. Esmé is excited to start this new chapter in her life, even though she'll be almost 2000 kms away from home.

When the semester began, Esmé was optimistic about her courses and future degree. She made friends and was engaged in her courses. Halfway through the semester, however, Esmé's friends noticed that she seemed disinterested in social activities and was falling behind in her classes. When they asked about her change in behaviour, Esmé said that she was just a bit homesick. Towards the end of the term, Esmé seemed even more withdrawn from her friends, classes, and other activities. She was spending most of her time alone in her room and was failing most of her courses. Esmé's friends decide to contact the Health & Wellness Centre on campus for support. With regular counselling sessions and support from her friends and family, Esmé was able to deal with her depression and made significant improvements the following semester.

Esmé's story is hypothetical but may be similar to the experience of many undergraduate students across the country. As you'll learn in this chapter, the experiences and journeys of everyone are different, and with different outcomes. In this chapter, we'll

explore the difference between atypical and dysfunctional, the concept of psychopathology, and symptoms and signs of common psychological disorders.

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14.2: What are Psychological Disorders?

What are Psychological Disorders?

Learning Objectives

By the end of this section, you will be able to:

- Understand the problems inherent in defining the concept of psychological disorder
- Describe what is meant by harmful dysfunction
- Identify the formal criteria that thoughts, feelings, and behaviours must meet to be considered abnormal and, thus, symptomatic of a psychological disorder

A psychological disorder is a condition characterized by abnormal thoughts, feelings, and behaviours. Psychopathology is the study of psychological disorders, including their symptoms, etiology (i.e., their causes), and treatment. The term *psychopathology* can also refer to the manifestation of a psychological disorder. Although consensus can be difficult, it is extremely important for mental health professionals to agree on what kinds of thoughts, feelings, and behaviours are truly abnormal in the sense that they genuinely indicate the presence of psychopathology. Certain patterns of behaviour and inner experience can easily be labeled as abnormal and clearly signify some kind of psychological disturbance. The person who washes their hands 40 times per day and the person who claims to hear the voices of demons exhibit behaviours and inner experiences that most would regard as abnormal: beliefs and behaviours that suggest the existence of a psychological disorder. But, consider the nervousness a young man feels when talking to an attractive person or the loneliness and longing for home a first-year student experiences during her first semester of college—these feelings may not be regularly present, but they fall in the range of normal. So, what kinds of thoughts, feelings, and behaviours represent a true psychological disorder? Psychologists work to distinguish psychological disorders from inner experiences and behaviours that are merely situational, idiosyncratic, or unconventional.

Definition of a Psychological Disorder

Perhaps the simplest approach to conceptualizing psychological disorders is to label behaviours, thoughts, and inner experiences that are atypical, distressful, dysfunctional, and sometimes even dangerous, as signs of a disorder. For example, if you ask a classmate for a date and you are rejected, you probably would feel a little dejected. Such feelings would be normal. If you felt extremely depressed—so much so that you lost interest in activities, had difficulty eating or sleeping, felt utterly worthless, and contemplated suicide—your feelings would be atypical, would deviate from the norm, and could signify the presence of a psychological disorder. Just because something is atypical, however, does not necessarily mean it is disordered.

For example, only about 2-6% of people in Canada have red hair, so red hair is considered an atypical characteristic (Figure PY.2), but it is not considered disordered, it's just unusual. And it is less unusual in Scotland, where approximately 13% of the population has red hair ("DNA Project Aims," 2012). As you will learn, some disorders, although not exactly typical, are far from atypical, and the rates in which they appear in the population are surprisingly high.



(a) (b) (c)

Figure PY.2 Red hair is considered unusual, but not abnormal. (a) Isla Fischer, (b) Prince Harry, and (c) Marcia Cross are three natural redheads. (credit a: modification of work by Richard Goldschmidt; credit b: modification of work by Glyn Lowe; credit c: modification of work by Kirk Weaver)

If we can agree that merely being atypical is an insufficient criterion for a having a psychological disorder, is it reasonable to consider behaviour or inner experiences that differ from widely expected cultural values or expectations as disordered? Using this criterion, a person who walks around a subway platform wearing a heavy winter coat in July while screaming obscenities at strangers may be considered as

exhibiting symptoms of a psychological disorder. Their actions and clothes violate socially accepted rules governing appropriate dress and behaviour; these characteristics are atypical.

Cultural Expectations

Violating cultural expectations is not, in and of itself, a satisfactory means of identifying the presence of a psychological disorder. Since behaviour varies from one culture to another, what may be expected and considered appropriate in one culture may not be viewed as such in other cultures. For example, returning a stranger's smile is expected in the United States because a pervasive social norm dictates that we reciprocate friendly gestures. A person who refuses to acknowledge such gestures might be considered socially awkward—perhaps even disordered—for violating this expectation. However, such expectations are not universally shared. Cultural expectations in Japan involve showing reserve, restraint, and a concern for maintaining privacy around strangers. Japanese people are generally unresponsive to smiles from strangers (Patterson et al., 2007). Eye contact provides another example. In the United States and Europe, eye contact with others typically signifies honesty and attention. However, most Latin-American, Asian, and African cultures interpret direct eye contact as rude, confrontational, and aggressive (Pazain, 2010). Thus, someone who makes eye contact with you could be considered appropriate and respectful or brazen and offensive, depending on your culture (Figure PY.3).



Figure PY.3 Eye contact is one of many social gestures that vary from culture to culture. (credit: Joi Ito)

Hallucinations (seeing or hearing things that are not physically present) in Western societies is a violation of cultural expectations, and a person who reports such inner experiences is readily labeled as psychologically disordered. In other cultures, visions that, for example, pertain to future events may be regarded as normal experiences that are positively valued (Bourguignon, 1970). Finally, it is important to recognize that cultural norms change over time: what might be considered typical in a society at one time may no longer be viewed this way later, similar to how fashion trends from one era may elicit quizzical looks decades later—imagine how the lace collars, broad-brimmed hats, and slashed sleeves, high-fashion in the 1600's (PY.4), would go over on your campus today.



PY.4 Frans Hals "The Laughing Cavalier" (Public Domain)

Dig Deeper

The Myth of Mental Illness

In the 1950s and 1960s, the concept of mental illness was widely criticized. One of the major criticisms focused on the notion that mental illness was a "myth that justifies psychiatric intervention in socially disapproved behaviour" (Wakefield, 1992). Thomas Szasz (1960), a

noted psychiatrist, was perhaps the biggest proponent of this view. Szasz argued that the notion of mental illness was invented by society (and the mental health establishment) to stigmatize and subjugate people whose behaviour violates accepted social and legal norms. Indeed, Szasz suggested that what appear to be symptoms of mental illness are more appropriately characterized as "problems in living" (Szasz, 1960).

In his 1961 book, *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct*, Szasz expressed his disdain for the concept of mental illness and for the field of psychiatry in general (Oliver, 2006). The basis for Szasz's attack was his contention that detectable abnormalities in bodily structures and functions (e.g., infections and organ damage or dysfunction) represent the defining features of genuine illness or disease, and because symptoms of purported mental illness are not accompanied by such detectable abnormalities, so-called psychological disorders are not disorders at all. Szasz (1961/2010) proclaimed that "disease or illness can only affect the body; hence, there can be no mental illness" (p. 267).

Today, we recognize the extreme level of psychological suffering experienced by people with psychological disorders: the painful thoughts and feelings they experience, the disordered behaviour they demonstrate, and the levels of distress and impairment they exhibit. This makes it very difficult to deny the reality of mental illness.

However controversial Szasz's views and those of his supporters might have been, they have influenced the mental health community and society in several ways. First, lay people, politicians, and professionals now often refer to mental illness as mental health "problems," implicitly acknowledging the "problems in living" perspective Szasz described (Buchanan-Barker & Barker, 2009). Also influential was Szasz's view of homosexuality. Szasz was perhaps the first psychiatrist to openly challenge the idea that homosexuality represented a form of mental illness or disease (Szasz, 1965). By challenging the idea that homosexuality represented a form a mental illness, Szasz helped pave the way for the social and civil rights that gay and lesbian people now have (Barker, 2010). His work also inspired legal changes that protect the rights of people in psychiatric institutions and allow such individuals a greater degree of influence and responsibility over their lives (Buchanan-Barker & Barker, 2009).

Harmful Dysfunction

If none of the criterion discussed so far is adequate by itself to define the presence of a psychological disorder, how can a disorder be conceptualized? Many efforts have been made to identify the specific dimensions of psychological disorders, yet none is entirely satisfactory. No universal definition of psychological disorder exists that can apply to all situations in which a disorder is thought to be present (Zachar & Kendler, 2007). However, one of the more influential conceptualizations was proposed by Wakefield (1992), who defined psychological disorder as a harmful dysfunction. Wakefield argued that natural internal mechanisms—that is, psychological processes honed by evolution, such as cognition, perception, and learning—have important functions, such as enabling us to experience the world the way others do and to engage in rational thought, problem solving, and communication. For example, learning allows us to associate a fear with a potential danger in such a way that the intensity of fear is roughly equal to the degree of actual danger. Dysfunction occurs when an internal mechanism breaks down and can no longer perform its normal function. But, the presence of a dysfunction by itself does not determine a disorder. The dysfunction must be harmful in that it leads to negative consequences for the individual or for others, as judged by the standards of the individual's culture. The harm may include significant internal anguish (e.g., high levels of anxiety or depression) or problems in day-to-day living (e.g., in one's social or work life).

To illustrate, Danon has an extreme fear of spiders. Danon's fear might be considered a dysfunction in that it signals that the internal mechanism of learning is not working correctly (i.e., a faulty process prevents Danon from appropriately associating the magnitude of fear with the actual threat posed by spiders). Danon's fear of spiders has a significant negative influence on daily life: Danon avoids all situations in which they suspect spiders to be present (e.g., the basement or a friend's home), and they quit their job last month because they saw a spider in the restroom at work and is now unemployed. According to the harmful dysfunction model, Danon's condition would signify a disorder because (a) there is a dysfunction in an internal mechanism, and (b) the dysfunction has resulted in harmful consequences. Similar to how the symptoms of physical illness reflect dysfunctions in biological processes, the symptoms of psychological disorders presumably reflect dysfunctions in mental processes. The internal mechanism component of this model is especially appealing because it implies that disorders may occur through a breakdown of biological functions that govern various psychological processes, thus supporting contemporary neurobiological models of psychological disorders (Fabrega, 2007).

The American Psychiatric Association (APA) Definition

Many of the features of the harmful dysfunction model are incorporated in a formal definition of psychological disorder developed by the American Psychiatric Association (APA). According to the APA (2013), a psychological disorder is a condition that is said to consist of the following:

- **There are significant disturbances in thoughts, feelings, and behaviours**. A person must experience inner states (e.g., thoughts and/or feelings) and exhibit behaviours that are clearly disturbed—that is, unusual, but in a negative, self-defeating way. Often, such disturbances are troubling to those around the individual who experiences them. For example, an individual who is uncontrollably preoccupied by thoughts of germs spends hours each day bathing, has inner experiences, and displays behaviours that most would consider atypical and negative (disturbed) and that would likely be troubling to family members.
- **The disturbances reflect some kind of biological, psychological, or developmental dysfunction**. Disturbed patterns of inner experiences and behaviours should reflect some flaw (dysfunction) in the internal biological, psychological, and developmental mechanisms that lead to normal, healthy psychological functioning. For example, the hallucinations observed in schizophrenia could be a sign of brain abnormalities.
- **The disturbances lead to significant distress or disability in one's life**. A person's inner experiences and behaviours are considered to reflect a psychological disorder if they cause the person considerable distress, or greatly impair their ability to function as a normal individual (often referred to as functional impairment, or occupational and social impairment). As an illustration, a person's fear of social situations might be so distressing that it causes the person to avoid all social situations (e.g., preventing that person from being able to attend class or apply for a job).
- **The disturbances do not reflect expected or culturally approved responses to certain events**. Disturbances in thoughts, feelings, and behaviours must be socially unacceptable responses to certain events that often happen in life. For example, it is perfectly natural (and expected) that a person would experience great sadness and might wish to be left alone following the death of a close family member. Because such reactions are in some ways culturally expected, the individual would not be assumed to signify a mental disorder.

Some believe that there is no essential criterion or set of criteria that can definitively distinguish all cases of disorder from non-disorder (Lilienfeld & Marino, 1999). In truth, no single approach to defining a psychological disorder is adequate by itself, nor is there universal agreement on where the boundary is between disordered and not disordered. From time to time we all experience anxiety, unwanted thoughts, and moments of sadness; our behaviour at other times may not make much sense to ourselves or to others. These inner experiences and behaviours can vary in their intensity, but are only considered disordered when they are highly disturbing to us and/or others, suggest a dysfunction in normal mental functioning, and are associated with significant distress or disability in social or occupational activities.

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14.3: Diagnosing and Classifying Psychological Disorders

Diagnosing and Classifying Psychological Disorders

Learning Objectives

By the end of this section, you will be able to:

- Explain why classification systems are necessary in the study of psychopathology
- Describe the basic features of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)
- Discuss changes in the DSM over time, including criticisms of the current edition
- Identify which disorders are generally the most common

A first step in the study of psychological disorders is carefully and systematically discerning significant signs and symptoms. How do mental health professionals ascertain whether or not a person's inner states and behaviours truly represent a psychological disorder? Arriving at a proper diagnosis—that is, appropriately identifying and labeling a set of defined symptoms—is absolutely crucial. This process enables professionals to use a common language with others in the field and aids in communication about the disorder with the patient, colleagues and the public. A proper diagnosis is an essential element to guide proper and successful treatment. For these reasons, classification systems that organize psychological disorders systematically are necessary.

The Diagnostic and Statistical Manual of Mental Disorders (DSM)

Although a number of classification systems have been developed over time, the one that is used by most mental health professionals in the United States is the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5), published by the American Psychiatric Association (2013). (Note that the American Psychiatric Association differs from the American Psychological Association; both are abbreviated APA.) The first edition of the DSM, published in 1952, classified psychological disorders according to a format developed by the U.S. Army during World War II (Clegg, 2012). In the years since, the DSM has undergone numerous revisions and editions. The most recent edition, published in 2013, is the DSM-5 (APA, 2013). The DSM-5 includes many categories of disorders (e.g., anxiety disorders, depressive disorders, and dissociative disorders). Each disorder is described in detail, including an overview of the disorder (diagnostic features), specific symptoms required for diagnosis (diagnostic criteria), prevalence information (what percent of the population is thought to be afflicted with the disorder), and risk factors associated with the disorder. Figure PY.5 shows lifetime prevalence rates—the percentage of people in a population who develop a disorder in their lifetime—of various psychological disorders among U.S. adults. These data were based on a national sample of 9,282 U.S. residents (National Comorbidity Survey, 2007).

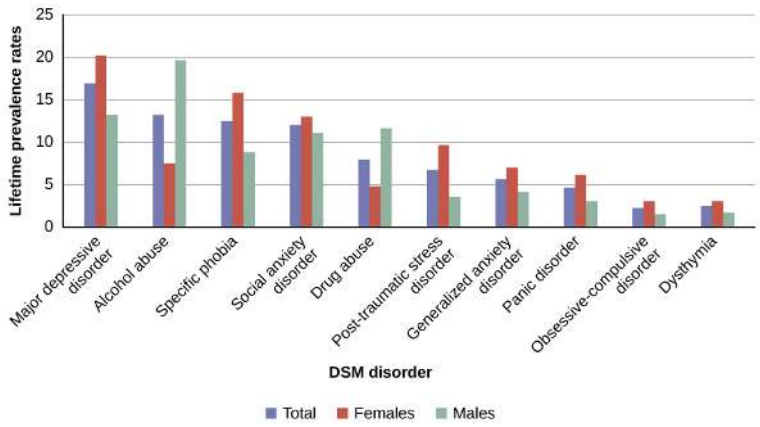


Figure PY.5 The graph shows the breakdown of psychological disorders, comparing the percentage prevalence among adult males and adult females in the United States. Because the data is from 2007, the categories shown here are from the DSM-IV, which has been supplanted by the DSM-5. Most categories remain the same; however, alcohol abuse now falls under a broader Alcohol Use Disorder category.

The DSM-5 also provides information about comorbidity; the co-occurrence of two disorders. For example, the DSM-5 mentions that 41% of people with obsessive-compulsive disorder (OCD) also meet the diagnostic criteria for major depressive disorder (Figure PY.6). Drug use is highly comorbid with other mental illnesses; 6 out of 10 people who have a substance use disorder also suffer from another form of mental illness (National Institute on Drug Abuse [NIDA], 2007).

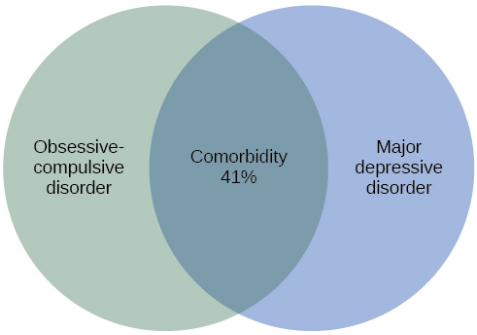


Figure PY.6 Obsessive-compulsive disorder and major depressive disorder frequently occur in the same person.

Everyday Connection

Comorbidity

As you've learned in the text, comorbidity refers to situations in which an individual suffers from more than one disorder, and often the symptoms of each can interact in negative ways. Co-occurrence and comorbidity of psychological disorders are quite common, and some of the most pervasive comorbidities involve substance use disorders that co-occur with psychological disorders. Indeed, some estimates suggest that around a quarter of people who suffer from the most severe cases of mental illness exhibit substance use disorder as well. Conversely, around 10 percent of individuals seeking treatment for substance use disorder have serious mental illnesses. Observations such as these have important implications for treatment options that are available. When people with a mental illness are also habitual drug users, their symptoms can be exacerbated and resistant to treatment. Furthermore, it is not always clear whether the symptoms are due to drug use, the mental illness, or a combination of the two. Therefore, it is recommended that behaviour is observed in situations in which the individual has ceased using drugs and is no longer experiencing withdrawal from the drug in order to make the most accurate diagnosis (NIDA, 2018).

Obviously, substance use disorders are not the only possible comorbidities. In fact, some of the most common psychological disorders tend to co-occur. For instance, more than half of individuals who have a primary diagnosis of depressive disorder are estimated to exhibit some sort of anxiety disorder. The reverse is also true for those diagnosed with a primary diagnosis of an anxiety disorder. Further, anxiety disorders and major depression have a high rate of comorbidity with several other psychological disorders (Al-Asadi, Klein, & Meyer, 2015).

The DSM has changed considerably in the half-century since it was originally published. The first two editions of the DSM, for example, listed homosexuality as a disorder; however, in 1973, the APA voted to remove it from the manual (Silverstein, 2009). While the DSM-III did not list homosexuality as a disorder, it introduced a new diagnosis, ego-dystonic homosexuality, which emphasized homosexual arousal that the patient viewed as interfering with desired heterosexual relationships and causing distress for the individual. This new diagnosis was considered by many as a compromise to appease those who viewed homosexuality as a mental illness. Other professionals questioned how appropriate it was to have a separate diagnosis that described the content of an individual's distress. In 1986, the diagnosis was removed from the DSM-III-R (Herek, 2012). Additionally, beginning with the DSM-III in 1980, mental disorders have been described in much greater detail, and the number of diagnosable conditions has grown steadily, as has the size of the manual itself. DSM-I included 106 diagnoses and was 130 total pages, whereas DSM-III included more than 2 times as many diagnoses (265) and was nearly seven times its size (886 total pages) (Mayes & Horowitz, 2005). Although DSM-5 is longer than DSM-IV, the volume includes only 237 disorders, a decrease from the 297 disorders that were listed in DSM-IV. The latest edition, DSM-5, includes revisions in the organization and naming of categories and in the diagnostic criteria for various disorders (Regier, Kuhl, & Kupfer, 2012), while emphasizing careful consideration of the importance of gender and cultural difference in the expression of various symptoms (Fisher, 2010).

Some believe that establishing new diagnoses might over-pathologize the human condition by turning common human problems into mental illnesses (The Associated Press, 2013). Indeed, the finding that nearly half of all Americans will meet the criteria for a DSM disorder at some point in their life (Kessler et al., 2005) likely fuels much of this skepticism. The DSM-5 is also criticized on the grounds that its diagnostic criteria have been loosened, thereby threatening to "turn our current diagnostic inflation into diagnostic hyperinflation" (Frances, 2012, para. 22). For example, DSM-IV specified that the symptoms of major depressive disorder must not be attributable to normal bereavement (loss of a loved one). The DSM-5, however, has removed this bereavement exclusion, essentially meaning that grief and sadness after a loved one's death can constitute major depressive disorder.

The International Classification of Diseases

A second classification system, the *International Classification of Diseases* (ICD), is also widely recognized. Published by the World Health Organization (WHO), the ICD was developed in Europe shortly after World War II and, like the DSM, has been revised several times. The categories of psychological disorders in both the DSM and ICD are similar, as are the criteria for specific disorders; however, some differences exist. Although the ICD is used for clinical purposes, this tool is also used to examine the general health of populations and to monitor the prevalence of diseases and other health problems internationally (WHO, 2013). The latest edition, ICD-11, was officially released in 2022 and includes significant revisions aimed at improving clinical utility and global applicability.

A study that compared the use of the two classification systems found that worldwide the ICD is more frequently used for clinical diagnosis, whereas the DSM is more valued for research (Mezzich, 2002). Most research findings concerning the etiology and treatment of psychological disorders are based on criteria set forth in the DSM (Oltmanns & Castonguay, 2013). The DSM also includes more explicit disorder criteria, along with an extensive and helpful explanatory text (Regier et al., 2012). The DSM is the classification system of choice among U.S. mental health professionals, and this chapter is based on the DSM paradigm.

The Compassionate View of Psychological Disorders

As these disorders are outlined, please bear two things in mind. First, remember that psychological disorders represent *extremes* of inner experience and behaviour. If, while reading about these disorders, you feel that these descriptions begin to personally characterize you, do not worry—this moment of enlightenment probably means nothing more than you are normal. Each of us experiences episodes of sadness, anxiety, and preoccupation with certain thoughts—times when we do not quite feel ourselves. These episodes should not be considered problematic unless the accompanying thoughts and behaviours become extreme and have a disruptive effect on one's life. Second, understand that people with psychological disorders are far more than just embodiments of their disorders. We do not use terms such as schizophrenics, depressives, or phobics because they are labels that objectify people who suffer from these conditions, thus promoting biased and disparaging assumptions about them. It is important to remember that a psychological disorder is not what a person *is*; it is something that a person *experiences* —through no fault of his or her own. As is the case with cancer or diabetes, those with psychological disorders suffer debilitating, often painful conditions that are not of their own choosing. These individuals deserve to be viewed and treated with compassion, understanding, and dignity.

TRICKY TOPIC: DIAGNOSING PSYCHOLOGICAL CONDITIONS





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14.4: Perspectives on Psychological Disorders

Perspectives on Psychological Disorders

Learning Objectives

By the end of this section, you will be able to:

- Discuss supernatural perspectives on the origin of psychological disorders, in their historical context
- Describe modern biological and psychological perspectives on the origin of psychological disorders
- Identify which disorders generally show the highest degree of heritability
- Describe the diathesis-stress model and its importance to the study of psychopathology

Scientists, mental health professionals, and cultural healers may adopt different perspectives in attempting to understand or explain the underlying mechanisms that contribute to the development of a psychological disorder. The specific perspective used in explaining a psychological disorder is extremely important. Each perspective explains psychological disorders, their causes or etiology, and effective treatments from a different viewpoint. Different perspectives provide alternate ways for how to think about the nature of psychopathology.

Supernatural Perspectives of Psychological Disorders

For centuries, psychological disorders were viewed from a supernatural perspective: attributed to a force beyond scientific understanding. Those afflicted were thought to be practitioners of black magic or possessed by spirits (Figure PY.7) (Maher & Maher, 1985). For example, convents throughout Europe in the 16th and 17th centuries reported hundreds of nuns falling into a state of frenzy in which the afflicted foamed at the mouth, screamed and convulsed, sexually propositioned priests, and confessed to having carnal relations with devils or Christ. Although, today, these cases would suggest serious mental illness; at the time, these events were routinely explained as possession by devilish forces (Waller, 2009a). Similarly, grievous fits by young girls are believed to have precipitated the witch panic in New England late in the 17th century (Demos, 1983). Such beliefs in supernatural causes of mental illness are still held in some societies today; for example, beliefs that supernatural forces cause mental illness are common in some cultures in modern-day Nigeria (Aghukwa, 2012).



Figure PY.7 In The Extraction of the Stone of Madness, a 15th century painting by Hieronymus Bosch, a practitioner is using a tool to extract an object (the supposed “stone of madness”) from the head of an afflicted person.

Dig Deeper

Dancing Mania

Between the 11th and 17th centuries, a curious epidemic swept across Western Europe. Groups of people would suddenly begin to dance with wild abandon. This compulsion to dance—referred to as dancing mania—sometimes gripped thousands of people at a time (Figure PY.8). Historical accounts indicate that those afflicted would sometimes dance with bruised and bloody feet for days or weeks, screaming of terrible visions and begging priests and monks to save their souls (Waller, 2009b). What caused dancing mania is not known, but several explanations have been proposed, including spider venom and ergot poisoning (“Dancing Mania,” 2011).



Figure PY.8 Although the cause of dancing mania, depicted in this painting, was unclear, the behaviour was attributed to supernatural forces.

Historian John Waller (2009a, 2009b) has provided a comprehensive and convincing explanation of dancing mania that suggests the phenomenon was attributable to a combination of three factors: psychological distress, social contagion, and belief in supernatural forces. Waller argued that various disasters of the time (such as famine, plagues, and floods) produced high levels of psychological distress that could increase the likelihood of succumbing to an involuntary trance state. Waller indicated that anthropological studies and accounts of possession rituals show that people are more likely to enter a trance state if they expect it to happen, and that entranced individuals behave in a ritualistic manner, their thoughts and behaviour shaped by the spiritual beliefs of their culture. Thus, during periods of extreme physical and mental distress, all it took were a few people—believing themselves to have been afflicted with a dancing curse—to slip into a spontaneous trance and then act out the part of one who is cursed by dancing for days on end.

Biological Perspectives of Psychological Disorders

The biological perspective views psychological disorders as linked to biological phenomena, such as genetic factors, chemical imbalances, and brain abnormalities; it has gained considerable attention and acceptance in recent decades (Wyatt & Midkiff, 2006). Evidence from many sources indicates that most psychological disorders have a genetic component; in fact, there is little dispute that some disorders are largely due to genetic factors. The graph in Figure PY.9 shows heritability estimates for schizophrenia.

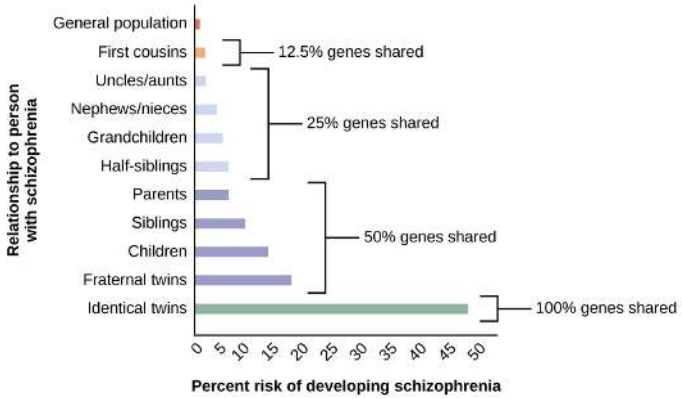


Figure PY.9 A person's risk of developing schizophrenia increases if a relative has schizophrenia. The closer the genetic relationship, the higher the risk.

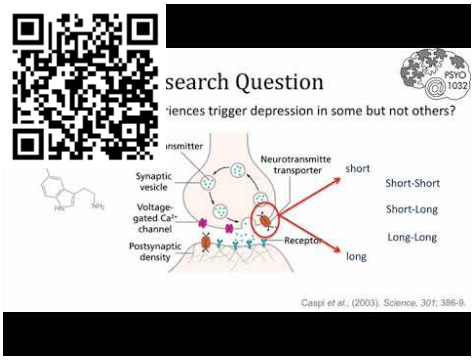
Findings such as these have led many of today's researchers to search for specific genes and genetic mutations that contribute to mental disorders. Also, sophisticated neural imaging technology in recent decades has revealed how abnormalities in brain structure and function might be directly involved in many disorders, and advances in our understanding of neurotransmitters and hormones have yielded insights into their possible connections. The biological perspective is currently thriving in the study of psychological disorders.

The Diathesis-Stress Model of Psychological Disorders

Despite advances in understanding the biological basis of psychological disorders, the psychosocial perspective is still very important. This perspective emphasizes the importance of learning, stress, faulty and self-defeating thinking patterns, and environmental factors. Perhaps the best way to think about psychological disorders, then, is to view them as originating from a combination of biological and psychological processes. Many develop not from a single cause, but from a delicate fusion between partly biological and partly psychosocial factors.

The diathesis-stress model (Zuckerman, 1999) integrates biological and psychosocial factors to predict the likelihood of a disorder. This diathesis-stress model suggests that people with an underlying predisposition for a disorder (i.e., a diathesis) are more likely than others to develop a disorder when faced with adverse environmental or psychological events (i.e., stress), such as childhood maltreatment, negative life events, trauma, and so on. A diathesis is not always a biological vulnerability to an illness; some diatheses may be psychological (e.g., a tendency to think about life events in a pessimistic, self-defeating way).

The key assumption of the diathesis-stress model is that both factors, diathesis and stress, are necessary in the development of a disorder. Different models explore the relationship between the two factors: the level of stress needed to produce the disorder is inversely proportional to the level of diathesis.



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14.5: Neurodiversity

Neurodiversity

Written by Max Dysart

Learning Objectives

By the end of this section, you will be able to:

- Describe traits currently used in the diagnosis of ADHD and autism, as well as other traits, strengths, and barriers common to people in these populations
- Identify possible causes and factors underlying behavioural and neurological differences associated with ADHD and autism
- Identify supports commonly used to help overcome barriers affecting those with ADHD and autism
- Compare and contrast sensory processing similarities and differences between autism and ADHD

In most introductory psychology texts, including the first edition of this one, this section is entitled 'Neurodevelopmental Disorders'. This terminology presents atypical brain organization and development as disordered. All brains differ to some degree, so neurodivergence is a normal variation in the structure and function of a nervous system, even if it's less common (Chappel & Worsley, 2021). Instead, this chapter will use the term **neurodiversity**, which was coined by autistic sociologist Judy Singer to acknowledge the diversity of **neurotypes** (different kinds of brain organization and function) that can appear in a population of healthy people. Your neurotype is present from birth to the end of your life, influencing development, cognition, sensory perception, emotional and behavioural regulation, and social behaviour, so it's a fundamental part of who you are, guiding and informing your experience of the world. In this view, people who fall within the average range of neurotypes are **neurotypical** (NT), and people who exist outside of it are **neurodivergent (**Baumer & Frueh, 2021**).** In fact, the term 'neurotypical' doesn't refer to a specific neurotype, since there's a lot of variation between the brains of neurotypical people as well. Differences in function that result from a person's neurotype can change over time, and some people may not be identified as neurodiverse until adulthood. This section will focus on **autism spectrum disorder (ASD)** and **attention deficit hyperactivity disorder (ADHD)**, but dyslexia, dyscalculia, Down syndrome, hyperlexia, dyspraxia, Meares-Irlen Syndrome and Tourette Syndrome are often also considered to be types of neurodivergence as well.

Dig Deeper

Discussing Disability and Neurodivergence

The shift from 'neurodevelopmental disorders' to 'neurodiversity' reflects a change in the way we understand disability and neurodivergence. Historically, **the medical model** was used to define disability as defects in disabled people that should be cured or prevented (Hogan, 2019). Following this logic, poor outcomes like low employment and educational attainment are a result of disabled people's limitations, and systemic factors that make these goals unattainable for them aren't addressed. This means that under the medical model, disabled people are expected to overcome barriers related to disability, even if those barriers could be eliminated by making changes at a social level so that a wider variety of needs are considered. This model values the prevention of disability over the rights and wellbeing of disabled people and has even been used to argue for the prevention or 'curing' of things like same-gender attraction, which are not disabilities. Even in Canada, some provinces continued to classify homosexuality as a medical disorder until 2010 (CBC News, 2010).

An alternative promoted by many disabled people is **the social model**, which argues that disability mostly happens when systemic social factors disadvantage people with certain types of bodies and brains (Hogan, 2019; World Health Organization, 2022). Consider a person with colour deficiency trying to read a map. If the map uses colours affected by their colour deficiency, they may not be able to see the borders between countries, making the map useless to them. This person isn't limited in their ability to understand maps, they are disadvantaged because their needs weren't considered when the map was made. The social model isn't meant to replace medical treatment when it's needed, its primary goal is to improve and protect the rights of disabled people, which includes making treatment and accommodations more accessible (Guevara, 2021).

A related change involves '**person first language**' (e.g., "a person with autism"), which is intended to reduce stigma by separating the condition from the person (Baumer & Frueh, 2021). This sometimes conflicts with language used by neurodivergent people; for example, many autistic people prefer **identity-first language** (e.g., "Autistic person"). This is meant to acknowledge that autism is a fundamental part of an autistic person, and that respecting personhood shouldn't require the separation of a person from their neurotype (Kenny, 2015; Brown, 2011). However, not all neurodiverse people prefer identity-first language and in this text, we wish to respect differences in language preferences within these communities, with the understanding that discussions are ongoing. In this section, a mix of identity first and person first language will be used in order to acknowledge the lack of consensus and to respect both positions that may be held by neurodiverse people.

Attention-Deficit/Hyperactivity Disorder

Consider the following scenarios:

Samar is writing a quiz in class. He studied for it, but he has trouble holding attention long enough to follow along with lectures, so he listened over the recording several times to review. He's proud of himself for keeping track of the quiz date and prepping in time, as he has trouble managing and remembering dates, and has missed important dates in the past. Samar speeds through it, feeling confident. Later he realizes he may have misread the instructions and missed a question. Despite studying and understanding the material, Samar doesn't get the mark he hoped for. He goes to office hours, but he misplaced his quiz and the professor gets frustrated with him for losing focus when she is speaking to him. Outside of class, Samar struggles to connect with others because he loses track of conversations and often feels out of the loop. Samar may have **primarily inattentive attention-deficit-hyperactivity-disorder (ADHD-PI)**.

Alaiya is writing a quiz in class. She can't help tapping her feet and pencil, and she nearly stands up to pace, but she knows she'll get in trouble for doing that. She tried to study, but she was jittery, and she couldn't focus. The feeling made her so anxious that she gave up and played video games to calm down, though she didn't mean to. She tried to join a study group, but she had trouble following the flow of conversation, blurting things out before others had finished talking. She left the group embarrassed and worried that they thought she was rude. Despite her effort, Aliya is discouraged when she gets her mark back. She goes to office hours, but there's a line and she only manages to wait in it for a few minutes before she feels stressed and under stimulated and has to leave. Alaiya may have **primarily hyperactive-impulsive ADHD (ADHD-HI)**.

As demonstrated above, ADHD presents in many ways. People like Samar mainly experience inattentive-type symptoms, having difficulty with sustained attention and tasks involving working memory. Others like Alaiya have more hyperactive-impulsive-type symptoms, meaning they're motivated to seek stimulation and struggle with self-control. Others present with a combination of inattentive and hyperactive-impulsive traits **(ADHD-C)**. Interestingly, the proportion of people with ADHD-PI increases with age, while the proportion with ADHD-HI decreases. For example, 23% of preschool age children with ADHD are primarily inattentive, but this percentage rises 75% in high school. In contrast, about 5% of preschool children are primarily hyperactive, and by high school only about 1.1% of people with ADHD are primarily inattentive. (de la Peña, 2020; Willcutt, 2012). This makes sense, since impulse control and sustained attention rely on brain systems that are still developing at this age, even for neurotypical children.

Symptoms and Traits

There are many ways that ADHD can present, so it's likely that it represents a number of neurotypes with similar features. Since ADHD is neurodevelopmental, these traits are present since early childhood and exist across different settings. It's also important to remember that some of the behavioural issues seen in people with ADHD are also seen in people experiencing trauma, sleep disorders, sensory processing disorders, and autism spectrum disorder. Some of these conditions can also coexist with ADHD. (Wolraich et al., 2019). The criteria currently used to diagnose ADHD come from the DSM-5, and involve inattentiveness, hyperactivity and impulsivity.

Inattention

Inattentive symptoms involve difficulty keeping attention, so people with these symptoms often struggle to complete tasks, follow instructions, and use organizational skills. They may also have trouble holding attention for play or leisure activities, and may feel easily distracted (APA, 2013). Like Samar with his professor, people with these kinds of symptoms may have trouble maintaining attention in conversation or during interaction and are sometimes misunderstood as being distracted or withdrawn by others. As a result of these difficulties, they may struggle with self-esteem and social interaction, and may be reluctant to do things that require sustained attention. Some of these symptoms appear to be related to differences in sensory processing and may mean that people with these symptoms need more time to register and respond to stimuli (de la Peña, 2020).

Hyperactivity and Impulsivity

People with hyperactive and impulsive symptoms may have trouble being still. For example, children with ADHD may have trouble remaining seated when it's expected for them to do so and may have a tendency to run or climb in inappropriate situations. For teens and adults with ADHD, this is commonly experienced as an intense discomfort and restlessness, even if they can suppress the urge to move. People with these symptoms may have trouble waiting their turn in conversation, and unintentionally interrupt others. As with inattentive symptoms, people with hyperactive-impulsive symptoms may have trouble engaging in play and leisure activities in the same way that neurotypical people do, and they may feel or appear to be constantly on the go (APA, 2013). Like Aliyah in her study group, people with these traits are sometimes misunderstood by others, and can experience social difficulties as a result.

Common Traits and Experiences

ADHD and Executive Function

Executive functions are skills that allow us to direct attention, focus, plan, control our behaviour, and regulate emotions (Diamond, 2012). Executive dysfunction occurs when those skills are impaired, resulting in difficulty with time management, impulse control, and emotional regulation. Many people with ADHD experience significant impairment relating to executive function (Silverstein et al., 2018). A specific executive function associated with ADHD is **working memory** (WM; sometimes used interchangeably with *short-term memory*). This is the

component of memory that allows us to hold information in mind so we can work with it in the moment. Many people with ADHD have a lower WM capacity and have more difficulty manipulating information in WM (Martinussen et al., 2005).

Given the range of skills involved in executive function, it's not surprising that executive dysfunction could contribute to many impairments that people with ADHD experience. It isn't yet known if executive dysfunction is a core feature of ADHD, but some studies found that executive function abilities in early childhood can predict ADHD symptoms later in life (Sjöwall et al., 2015; Brocki et al. 2009), and many people with ADHD score differently than neurotypical people on certain executive function skills (Fan & Wang, 2022). There is evidence that parts of the frontal and parietal lobes involved in executive function processes are less active in people with ADHD (Faraone et al., 2015), Further evidence can be found in people with ADHD who respond well to stimulant medication, since they're more likely than non-responders to show reduced activity in frontal lobe areas involved in executive functions (Ogrim & Kroptov, 2019). These differences in brain activity and response to stimulants help to explain the range of ways ADHD can present.

ADHD and Attention

The name itself implies that ADHD is a lack of attention, but this isn't totally accurate. Instead, the brains of people with ADHD have trouble directing attention the way neurotypical brains do, so they do more **local processing**, or processing of individual details that make up a big picture rather than processing the picture as a whole (Song & Hakoda, 2012), which is called **global processing** (Figure PY. 10). As a result, someone taking a test may focus on a single multiple-choice option without reading the question itself as a whole, as Samar did. Samar had trouble focusing his attention on the expected parts of the test, and he also had trouble shifting his attention to more relevant information.

Local and global processing skills can be tested using a Compound Digit Cancelation Test (Figure PY.10). In this test, Digits are arranged spatially to make up larger compound digits. Digits making up compound digits require local processing, since they can be processed as individual details. The compound digits require global processing, since the subject must combine local features to understand them. In this example, the subject was told to cross out twos and eights, whether they appeared at the local or global level. They correctly selected the two made of eights, the six made of twos, and the eight made of twos, but they missed the eight made of sevens, indicating that they may be better at local than global processing, since they more frequently identified twos and eights at the local level.

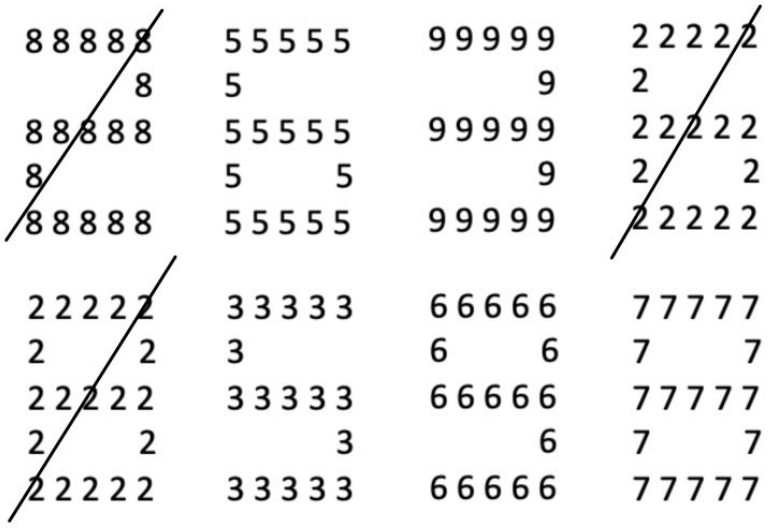


Figure PY.10 An example of a Compound Digit Cancellation Test (CDCT), used to assess global and local processing abilities. Digits are arranged spatially to make up larger compound digits. For example, a series of two's lined up in the shape of a six. (credit: original work, Max Dysart)

An interesting result of this difference in attention is **hyperfocus**, a state of increased attention and motivation directed towards a particular subject. Hyperfocus is also reported by neurotypical people, but it's more common in autistic people and those with ADHD (Groen et al., 2020). People experiencing hyperfocus often lose their sense of time and ignore other stimuli, including bodily needs, because they can't disengage. Hyperfocus can be a negative experience when focused on subjects that cause anxiety or which interfere with function, but it can also be enjoyable, resulting in increased productivity if focused on tasks that are beneficial to the individual (Hupfeld, 2018).

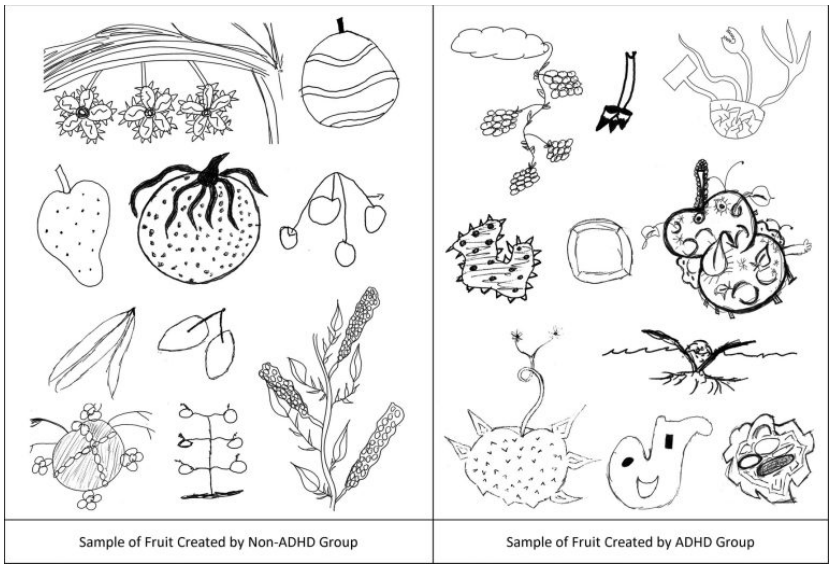


Figure PY. 11 When asked to design and describe ‘alien fruit’, participants with ADHD (on the right) designed fruit that were rated as more original and had more atypical features than participants without ADHD (on the left). (credit: White, 2018)

Strengths for People with ADHD

Like other kinds of neurodivergence, ADHD involves both impairments and special skills less common in neurotypical people. One strength for people with ADHD is creativity, a skill that is enhanced by the ability to combine information in new and unexpected ways. People with ADHD on average display more flexible thinking than neurotypical people on word association tasks (White & Shah, 2016), and are less restricted by existing knowledge during drawing tasks, resulting in more original creations (Figure PY.11; White, 2018). Traits like impulsivity and difficulty ignoring ‘irrelevant’ stimuli, both associated with ADHD, are also more common in people who display high levels of creativity (Zabelina et al., 2015, Zabelina et al., 2013), so there may be common features in the neurobiology of ADHD and creativity. Beyond creativity, ADHD adults identified higher levels of energy, courage, adventurousness, and non-conformity as positive factors they associate with their ADHD (Holthe & Langvik, 2017, Sedgwick et al., 2018). There is also a higher-than-average rate of ADHD in populations of athletes, suggesting that some aspects of this neurotype support athletic engagement, like quick decision making and high energy (Han, 2019). In fact, Olympic athletes Simone Biles, Michael Phelps, and Molly Seidel all have ADHD. Other Icons with ADHD include musicians Solange Knowles, Henry Lau and engineer Dean Kamen, who invented the Segway and iBOT (Figure PY.12).



Figure PY.12 (a) Solange Knowles performing at Coachella in 2014 (Adapted from work by Neon Tommy, licensed under CC BY 2.0) (b) Henry Lau at the 2020 Korea First Brand Awards ceremony (Adapted from work by NewsInstar, licensed under CC BY 3.0) (c) Dean Kamen speaking at the FIRST robotics world championship in 2012 (Adapted from work by Greg Heartsfield, licensed under CC BY 2.0) (d) Simone Biles with a gold medal at the 2016 olympics (Adapted from work by Agência Brasil Fotografias, licensed under CC BY 2.0)

Causes of ADHD

Given that ADHD can present in a variety of ways, it makes sense that there are a variety of contributing factors. It appears that ADHD is about 74% heritable, with many genes making small contributions, but environmental factors can also have an influence. For example, ADHD is more likely in those born premature, and those with early childhood infection. This may be because premature birth and infection cause inflammation, which alters neuron and synapse development. Many of the genes associated with ADHD are also involved in the growth and activity of neurons and synapses, especially those that use the neurotransmitters dopamine and norepinephrine. Indeed, the most common drug therapies for ADHD are stimulants like methylphenidate, which target dopamine and norepinephrine systems (Nùñez-Jaramillo et al., 2021).

Stimulants were first prescribed in the 1930's to treat headaches, but they were more effective for helping some people to concentrate. Later, researchers discovered that **stimulant medications** increased dopamine activity in certain areas, so they started studying dopamine systems in people with ADHD (Lange et al., 2010). Now we know that some people with ADHD have less dopamine activity in the basal ganglia, the frontal lobes, and the circuits that connect the two. Working together these areas are involved in motivation, guiding attention and impulse control using dopamine as a messenger, so this pattern is more associated with attentional and hyperactive traits (Chu et al., 2021) than with inattentive traits. Other people with ADHD have higher than average connectivity between the prefrontal cortex and a subcortical area called the basal ganglia. This area is involved in perceptions of reward, and heightened connectivity here is associated with more impulsivity (Nùñez-Jaramillo et al., 2021).

Treatment and Support

Because there are a variety of factors that can result in the development of ADHD, treatments must be personalized. As we learned earlier, people with ADHD who have less frontal lobe activity respond better to treatment with stimulants, with reduced hyperactivity, impulsivity, and inattention. Commonly prescribed stimulants are amphetamine and related drugs including methylphenidate, which blocks reuptake dopamine and norepinephrine to increase their levels in the synapse; and atomoxetine, which only blocks reuptake of norepinephrine. This increased

activity of dopamine supports increased activity in the frontal areas that are less active in some people with ADHD (Nùñez-Jaramillo et al., 2021). However, these drugs aren't effective for everyone, and people taking them usually need other kinds of support.

There are also effective non-pharmacological therapies for people with ADHD, which aim to teach families and people with ADHD to manage stress and emotions, communicate effectively, and implement strategies to help maintain and direct attention. Some examples of this are **Behavioural Parent Training**, which teaches parents of children with ADHD how to support their children, **Cognitive Behavioural Therapy (CBT)** which aims to alter maladaptive thought patterns, and **Mindfulness training**, which can help in the self-regulation of attention (Modest-Lowe et al., 2015).

Link to Learning

Regular exercise can increase the effectiveness of ADHD drugs, possibly by boosting activity in the prefrontal cortex (Choi et al., 2015). Exercise also improves symptoms of depression and anxiety, especially in combination with psychotherapy, and may also be effective in preventing future depressive symptoms (Hu et al. 2020; Martinsen, 2008). Read this article about exercise intervention for ADHD from the Children and Adults with Attention deficit/hyperactivity disorder (CHADD) organization, to learn more.

The Autism Spectrum

Min is sitting in class. The fluorescent lights buzz and flicker like strobe lights across their vision. It becomes harder to understand the professor's words in the cloud of static, and they begin to panic. They need to go somewhere darker and quieter, but lectures aren't recorded, and they have trouble interacting with strangers so they don't know anyone to get notes from. They want to rock in their seat so they can calm down and self-regulate, but they've been told it's disruptive. As Min leaves after class, someone speaks to them, but they're so overwhelmed that they can't understand, and it feels like there's something stopping the words in their brain from getting to their mouth. They put a practiced 'friendly' expression on their face, hoping it was appropriate for the social context. They get home just in time to start crying and rocking in the privacy of their room. They can't think or stop, and they're exhausted after. As the term goes on it gets harder to be in class and by the end, Min struggles to speak and leave the house. They have to ask for extensions on their final projects.

Symptoms and Traits

The term 'autism' describes a range of neurotypes that share underlying patterns of activity and connectivity. For this reason, it's referred to as autism spectrum disorder (ASD), acknowledging that autistic people can present in a variety of ways with many different needs. Some autistic people refer to themselves as having 'low-support needs', meaning the impairment they experience requires relatively less support. Others refer to themselves as having 'high support needs', meaning that they need relatively more support to go about daily life. Min's experience represents someone with lower support needs. Autistic people in these groups have the same kinds of traits, many of which can be categorized as differences in social communication and interaction with neurotypical people, or as restricted, repetitive behaviours. These two categories of traits come from the DSM-5, which is currently used in the diagnosis of ASD.

Social Communication and Interaction

There are 3 types of symptoms that may indicate differences in social communication and interaction (APA, 2013):

1. Differences in or absence of social and emotional back and forth, like turn taking in conversation or sharing interests and emotions
2. Differences in or absence of nonverbal communication behaviours such as eye contact, facial expression, gesture, and other body language
3. Difficulty understanding and performing according to neurotypical social expectations, and difficulty or a lack of interest in developing and maintaining relationships

Because of differences in social behaviour and processing, many autistic people have trouble identifying lies and non-literal language (Williams et al., 2018, Pexman et al., 2010), and benefit from direct communication about social expectations. Autistic non-verbal communication can manifest in different ways; some autistic people have trouble making contact, possibly because the subcortical areas that respond to eye contact are more active in autistic brains, in particular, the amygdala (Hadjikhani, 2017). However, other autistic people have a tendency to stare. Some in the autistic community argue that these traits should be seen as a difference rather than an impairment, as they do not experience the same mismatch in social skills when interacting with other autistic people (Crompton et al., 2020; Davis & Crompton, 2021).

Restrictive and Repetitive Patterns of Behaviour

There are four types of symptoms that may indicate restrictive and repetitive patterns of behaviour (APA, 2013):

1. Repetitive movements, speech or use of objects
2. Preference for sameness and anxiety in response to changes or unexpected events
3. Extremely focused or intense interests, including strong attachments to objects, preoccupation with specific subjects or activities
4. **Hyperreactivity**, an increased response to certain sensory stimuli, and/or **hyporeactivity**, a decreased reactivity to certain sensory stimuli

Because they process sensory stimuli differently, some sensations can be more painful or more pleasurable than they would be for neurotypical people. This can lead to an insistence on sameness, as a way to avoid stimuli that is overwhelming and difficult to deal with (MacLennan,

2020). When sensory differences make sensations more pleasurable, autistic people may be motivated to engage with them repeatedly both because they are enjoyable, and to reduce anxiety. Often, these kinds of repetitive behaviours are called '**stims**'' by autistic people, though non-autistic people also stim sometimes (e.g., tapping your foot or twirling your hair). Another common pattern of repeated behaviour for autistic people is the development of intense, long-lasting interests in particular subjects, often called special interests (Grove et al., 2018). Like people with ADHD, autistic people may be prone to hyperfocus, especially when engaging with a special interest.

Common Traits and Experiences

Shutdowns and Meltdowns

Shutdowns and meltdowns are a well-known but under-researched experience for many autistic people. **Meltdowns** are an externalization or release of stress that overwhelms an autistic person's coping mechanisms, often preceded by sensory overload (Phung et al., 2021, Schaber, 2014). Externalization may involve screaming, stomping, sometimes self-injurious stimming and other similar behaviours that allow the autistic person to reduce internal tension.

Shutdowns are the internalized version of meltdowns, also occurring when the individual can't deal with stress and sensory overload. Rather than releasing tension externally, the individual shuts down or dissociates to reduce their exposure to the sensory environment. Adults with autism report that this involves decreased sensation- for example, they may experience physical numbness and narrowing of vision. An autistic person experiencing shutdown may be unresponsive and exhausted (Phung et al., 2021, Schaber, 2014).

During meltdowns and shutdowns, autistic people report impaired cognitive and sensory processing, loss of communication skills, and less control over their body (Nason, 2019). Meltdowns and shutdowns are not intentional and generally can't be stopped once they start. People experiencing meltdown should never be held down, as this practice has the potential to injure and in the worst cases can be fatal (Bartlett & Ellis, 2020, Vogel, 2014). Rather, care must be taken to help them escape triggering environments and reduce the amount of stimulation and stress they're experiencing so they can recover (Myles & Southwick, 1999).

Dig Deeper

Autistic Masking and Burnout

Masking involves suppressing autistic traits and using a learned set of rules or scripts to blend in with neurotypical people. Not all autistic people can mask, and while masking may help some overcome certain social barriers, it's described as tiring and anxiety provoking (Hull et al., 2017), and is associated with autistic burnout. **Autistic burnout** involves long-term exhaustion, reduced cognitive function, loss of previously mastered skills, social withdrawal and an increase in autistic traits (Higgins et al., 2021, Raymaker et al., 2020). One might lose the ability to perform facial expressions or use verbal language, sensory processing issues intensify, and the individual may need to spend less time socializing, speaking, and masking (Phung et al, 2021). While unmasking may be beneficial for long term health, it may also put autistic people at increased risk of violence. Data from police reports indicates that 42% of people killed by police in Canada were in mental distress, and data from the US indicates that 33-50% of people killed by police were disabled (Nicholson & Marcoux, 2018; Perry & Carter-Long, 2016). In many of these cases, disabled people displaying non-violent distress or behaviour associated with their disability or neurotype were reported as acting suspicious and were unable to respond to law enforcement as expected, at which point, police proceeded to use violent force. This was the case for Elijah Mccain, who was reported because he 'looked sketchy'. In fact, Elijah was harmlessly stimming by waving his arms, and was wearing an open-faced ski mask to combat cold as a result of his chronic anemia. He had not committed any crime, but he was killed during the encounter because he was visibly distressed, and 'tensed up' when restrained (Thompkin, 2020). As in Elijah's case, this risk is increased for those particularly affected by anti-Black or Indigenous racism, who are already more likely to be victims of police violence (Lett et al., 2020; Diamond & Hogue, 2021). In order to make it safe for all autistic people to take care of themselves and unmask, systemic forms of oppression must also be addressed.

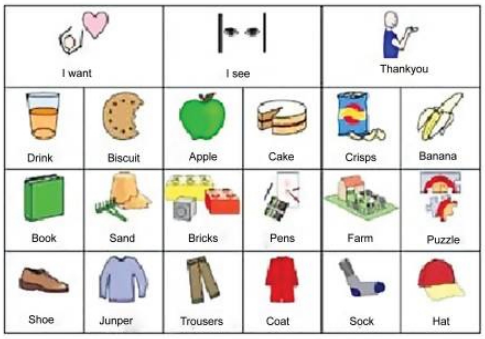


Figure PY.13 An example of a picture exchange communication system. Many AAC devices and apps combine image-based communication with text-to-speech so that users can communicate out loud. (Authors: Shashidhar Chandrashekhar and Jyothi S. Bommangoudar, licensed under CC BY-SA 3.0)

Non-Verbal Autism

Approximately 25-30% of autistic children don't develop verbal language. Some may develop verbal language skills as they age, while others won't. For years it was assumed that non-verbal autistic people couldn't communicate or advocate for themselves, and while some do have trouble understanding language, others have good comprehension even if they can't speak themselves (Rapin et al., 2009). In these cases, they may need access to alternate forms of communication like picture cards or text-to-speech apps (Figure PY.13). Autistic people given **Augmentative and Alternative Communication (AAC)** methods or technologies communicate significantly more and have better communication skills (Ganz et al., 2012). Forms of sign language are effective for many people on the spectrum and are helpful in improving outcomes autistic children (Goldstein, 2002), and autistic people with intellectual disabilities. Because verbal language is commonly lost during burnouts and meltdowns, AAC can also be helpful for those who are able to speak most of the time.

Link to Learning

Watch these videos on Augmentative and Alternative Communication (AAC), to learn more. This video from Fairfax County Schools, outlines Augmentative and Alternative Communication (AAC) devices and how they help give students a voice in their learning, and this video from Louisiana AEM showing how to create your own AAC board at home.

Autistic Strengths

Autistic people demonstrate several perceptual advantages, including above average pitch perception, spatial reasoning and recognition of visual patterns (Soulières et al., 2011, Stevenson & Gernsbacher, 2013). For example, some autistic people are **hyperlexic**, meaning that they can read at a higher level than expected for their age, possibly because they have an enhanced ability to recognize the visual characteristics of words (Mottron, 2006). This superior processing for lower-level sensory information also results in superior memory abilities for some autistic people like Stephen Wiltshire, whose exceptional visual memory allows him to accurately illustrate entire cityscapes after a single flight across the skyline. Many autistic people also demonstrate subtle differences in empathic processes and moral reasoning. For example, one study found that they were less likely than neurotypical people to compromise their moral beliefs for personal gain, even when they were unobserved (Hu et al., 2020), and another found that they were less likely than neurotypical people to show bias towards members of their own group (Uono et al., 2021). Other autistic icons include animal behaviour consultant Temple Grandin, climate activist Greta Thunberg, artist Stephen Wiltshire, and multidisciplinary filmmaker Jorge R. Gutiérrez, who co-wrote and directed *The Book of Life* (Figure PY.14).



Figure PY.14 (a) Stephen Wiltshire, working on cityscape drawing from memory (Adapted from work by Gobierno CDMX, licensed under CC0 1.0). (b) Greta Thunberg, speaking at a climate strike in front of the Reichstag, Berlin (adapted from work by Stefan Müller, licensed under CC BY 2.0). (c) Temple Grandin delivering a TED talk in 2010 (adapted from work by Red Maxwell, licensed under CC BY 2.0). (d) Jorge R. Gutiérrez speaking at a panel on The Book of Life at San Diego comic con in 2014 (adapted from work by Gage Skidmore, licensed under CC BY-SA 2.0).

Causes of Autism

The strongest evidence suggests that autism is mostly heritable. One study involving 2 million children across multiple countries found that genetics accounted for almost 80% of one's likelihood of being diagnosed with autism (Bai et al., 2019). Relatives of people with autism also have higher rates of related genetic syndromes and autistic-like traits (Chaste & Leboyer, 2022). Hundreds of genes have been identified as having some contribution, and many are involved in neural development, neurotransmitter function, synapse function (Hodges et al., 2020). One of these genes is SHANK3, which codes for synapses that use glutamate. Many autistic people have higher levels of glutamate in the primary motor and somatosensory cortices, and this difference is associated with atypical sensory processing.

Evidence also suggests that some of these genes affect the balance of certain neurotransmitters. For example, some autistic people have higher levels of excitatory neurotransmitters and lower levels of inhibitory neurotransmitters than neurotypical people, and this difference is associated with autistic social cognition and sensory processing (Al-Otaish et al., 2018; Cochran, 2015; He et al., 2021). Differences have also been found in the growth patterns of grey and white matter in certain areas of the cerebellum that are connected to the frontal and parietal lobes, and these differences are associated with autistic social traits and repetitive behaviour (D'Mello et al., 2015). As you might expect, people with autism also have more activity in primary sensory areas, which are associated with differences in sensory processing (Samson, 2011).

There is no support for the theory that vaccines or mercury contribute to the development of autism (DeStefano, 2007), and the paper that suggested this connection was found to have fabricated evidence (Godlee et al., 2011). Overall, evidence for environmental factors is weak and inconsistent.

Support for Autistic People and Caregivers

Historically, many techniques have aimed to suppress autistic traits, rather than helping autistic people to overcome disadvantages and meet their specific needs. For example, **applied behavioural analysis** (ABA) focuses on punishing autistic behaviours and coping mechanisms like stimming. ABA has been identified as an abusive therapy by the Autistic community (ASAN, 2021; Sandoval-Norton & Shkedy, 2019). Many adult autistics report that punishment for stimming negatively affects their self-confidence and sense of control over their bodies (Kapp et al., 2019, Gardiner, 2017). Stimming indicates that an autistic person may be coping with something overwhelming, so it's better to help them address that if they need assistance. This is especially important for autistic children and non-verbal people with autism, who experience barriers in communicating their needs (Sandoval-Norton & Shkedy, 2019). If someone stims when they are in rooms with yellow light, the light may be overwhelming and could be changed to make them more comfortable. Alternatively, if they can tolerate wearing glasses, coloured lenses might help. If you don't have these kinds of sensitivities, consider how it feels to try and walk with a rock in your shoe. If you can't take the rock out, it might become the only thing you can think about, making it increasingly difficult to engage with your environment. However, if you take the rock out, you can recover and re-engage. These simple strategies can greatly impact an autistic person's comfort and functioning.

Some autistic people find **Social Skills Training** (SST) helpful. Others argue that SST teaches neurodivergent people to mask and treat social interaction like math problems rather than engaging authentically and learning to identify and communicate their feelings (Roberts, 2022). It is argued that SST devalues neurodivergent social skills, and as we learned earlier autistic people don't experience the same social issues when interacting with each other (Roberts, 2021; Davis & Crompton, 2021). SST may enhance an autistic person's ability to mask and succeed in

some domains, but this may also come at a cost to their own wellbeing, and it is possible that it wouldn't be necessary if society were more socially accessible to them.

Given the diversity of people on the spectrum, appropriate supports and accommodations vary widely. Some have already been discussed. For example, AAC can be helpful for those struggling with verbal communication, and alterations to the environment can help with sensory issues. Autistic people may also benefit from **occupational therapy** to learn skills that can help them live more independently and meet their goals. For example, many autistic people have issues with coordination, and benefit from physical training to develop fine motor skills. Occupational therapists can also help identify autistic strengths and recommend modifications to activities and environments that allow autistic people to perform at their full capacity.

Autistic people and caregivers also experience higher rates of anxiety and depression than neurotypical people, in part because of social stigma and a lack of accessibility. There is evidence that CBT and mindfulness training are effective for treating anxiety and depression in autistic people and caregivers (Ridderinkhof et al., 2017), and that mindfulness training may also have a positive impact on emotional and sensory regulation (White et al., 2018).

Similarities and Differences: Diagnostic Bias

Classically, ADHD and autism are considered conditions that affect White, cisgender AMAB children (*assigned male at birth*). Some estimates suggest that there are four times as many AMAB children as AFAB (*assigned female at birth*) children diagnosed with these conditions (Ramtekkar, 2010). Recently however, adult diagnosis has become more common, and new data indicates that this gender difference shrinks with age (Rutherford et al., 2016). On average, AFAB people are more likely to be misdiagnosed or diagnosed later in life (Adamis, 2022; Dworzynski et al., 2012). This may result from lack of awareness about different presentations of autism and ADHD. For example, AFAB people with ADHD are more likely to have ADHD-PI symptoms, and AFAB autistic people have fewer social traits and more sensory traits (Lai et al., 2011; Adamis, 2022) than AMAB children. There is likely also a gender bias, as AMAB children are more likely to be referred for diagnosis than AFAB children with equivalent traits (Scuitto et al., 2004). On average AFAB autistic children with official diagnosis also have higher levels of autistic traits than AMAB children, suggesting that AFAB children need to experience more impairment to be diagnosed (Rutherford et al., 2016). Interestingly some data indicates that there are higher than average rates of transgender or gender-diverse identity in neurodiverse populations. For example, Warrier et al. (2020) found that 24% of gender-diverse people in their sample had autism, as compared to only 5% of cisgender people.

Evidence suggests there is also a diagnostic bias against people of color, particularly Black people, as Black autistic children are 2 more likely to be misdiagnosed with conduct disorder than White autistic children with the same traits (Mandell et al., 2006; Fombonne & Zuckerman, 2022). Similarly, Black children are 5.1 times more likely to be diagnosed with adjustment disorder and 2.4 times more likely to be diagnosed with conduct disorder, while White children with the same traits are more likely to be diagnosed with ADHD (Ballentine, 2019). No difference has been found in levels of ADHD or autism-related traits between these groups. If children of color and non-Hispanic White children display the same rates of ADHD and autism-like behaviours but are diagnosed differently, then it's likely that race-based bias is affecting the way they are being perceived by diagnosticians (Fadus et al., 2019).

Similarities and Differences: Sensory Processing

People with ADHD and/or autism have differences in sensory processing that affect the way they react to stimuli. For example, some are hypo-reactive to interoceptive stimuli, which are sensations that come from inside the body, like hunger pains or the feeling of a full bladder. If you have trouble with **interoception**, you may struggle to identify sensations like pain or hunger, which can cause distress as you may not know how to address unpleasant sensory experiences. Many autistic people also have **alexithymia**, meaning that they have trouble sensing and identifying their own emotions and the emotions of others. Others are hyper-reactive to certain stimuli, like sound, light, and physical sensation. These people may need to wear tinted lenses or ear plugs and may avoid certain kinds of material for clothing in order to avoid becoming overstimulated. It is also possible to be both under and over responsive to a kind of stimuli, and to switch between the two (Wigham, 2014), and some sensory differences can also result in positive experiences. For example, a heightened response to sound can enhance enjoyment of music, while differences in somatosensory processing might make it feel really good or soothing to rock back and forth. Everyone engages in this kind of sensory seeking behaviour sometimes, but autistic people may be motivated to do this more often, both for enjoyment and for self-care.

Sensory differences influence cognitive and behavioural differences as well. For example, someone with ADHD may have trouble maintaining attention because they are hyper-reactive to sound and are distracted by noises in the environment. This hyper-reactivity could result from a reduced ability to filter stimuli as evidenced by neuroimaging studies, which have found higher activity in lower-level sensory areas like the superior and inferior colliculi, which help the body direct itself toward visual and auditory stimuli (Panagiotidi et al., 2020). Alternatively, people with ADHD may appear inattentive because they have low sensitivity to sound and attempts to get their attention haven't registered (Shimizu et al., 2014). One theory suggests that some people with ADHD are under stimulated at baseline, resulting in hyper-activity and sensation-seeking behaviours to self-generate stimulation. There is evidence that increased environmental simulation can enhance performance for some people with ADHD. For example, Söderlund et al. (2007) found that subjects with ADHD did better on cognitive tasks with white

noise in the background. Remember also that stimulant medications prescribed to people with ADHD act by increasing neural stimulation in areas that are under-active (Ogrim et al., 2013).

In people with autism, sensory reactivity can predict stimming, insistence on sameness, and special interests (Kapp et al., 2019). Like people with ADHD, people with autism have trouble ignoring certain stimuli. This might be because Autistic people take longer to **habituate**, meaning that their nervous systems keep reacting to unchanging stimuli longer than neurotypical people's systems do. Autistic people also seem to filter and group stimuli less than neurotypical people, possibly resulting from differences in association areas, which combine information from different senses. Some evidence suggests that in autistic people, these differences result in better processing for individual stimuli than for groups (Proff et al., 2022; Quintin, 2019). This is a tendency toward local processing, like people with ADHD. For those with ADHD however, this might result from difficulty shifting attention from one detail to another (Gargaro et al., 2015; Cardillo et al., 2020).

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14.6: Schizophrenia

Schizophrenia

Learning Objectives

By the end of this section, you will be able to:

- Recognize the essential nature of schizophrenia, avoiding the misconception that it involves a split personality
- Categorize and describe the major symptoms of schizophrenia
- Understand the interplay between genetic, biological, and environmental factors that are associated with the development of schizophrenia
- Discuss the importance of research examining prodromal symptoms of schizophrenia

Schizophrenia is a devastating psychological disorder that is characterized by major disturbances in thought, perception, emotion, and behaviour. About 1% of the population experiences schizophrenia in their lifetime, and usually the disorder is first diagnosed during early adulthood (early to mid-20s). Most people with schizophrenia experience significant difficulties in many day-to-day activities, such as holding a job, paying bills, caring for oneself (grooming and hygiene), and maintaining relationships with others. Frequent hospitalizations are more often the rule rather than the exception with schizophrenia. Even when they receive the best treatments available, many with schizophrenia will continue to experience serious social and occupational impairment throughout their lives.

What is schizophrenia? First, schizophrenia is *not* a condition involving a split personality; that is, schizophrenia is not the same thing as dissociative identity disorder (better known as multiple personality disorder). These disorders are sometimes confused because the word *schizophrenia* first coined by the Swiss psychiatrist Eugen Bleuler in 1911, derives from Greek words that refer to a "splitting" (schizo) of psychic functions (phrene) (Green, 2001).

Schizophrenia is considered a psychotic disorder, or one in which the person's thoughts, perceptions, and behaviours are impaired to the point where she is not able to function normally in life. In informal terms, one who suffers from a psychotic disorder (that is, has a psychosis) is disconnected from the world in which most of us live.

Symptoms of Schizophrenia

The main symptoms of schizophrenia include hallucinations, delusions, disorganized thinking, disorganized or abnormal motor behaviour, and negative symptoms (APA, 2013). A hallucination is a perceptual experience that occurs in the absence of external stimulation. Auditory hallucinations (hearing voices) occur in roughly two-thirds of patients with schizophrenia and are by far the most common form of hallucination (Andreasen, 1987). The voices may be familiar or unfamiliar, they may have a conversation or argue, or the voices may provide a running commentary on the person's behaviour (Tsuang, Farone, & Green, 1999).

Less common are visual hallucinations (seeing things that are not there) and olfactory hallucinations (smelling odours that are not actually present).

Delusions are beliefs that are contrary to reality and are firmly held even in the face of contradictory evidence. Many of us hold beliefs that some would consider odd, but a delusion is easily identified because it is clearly absurd. A person with schizophrenia may believe that his mother is plotting with the FBI to poison his coffee, or that his neighbour is an enemy spy who wants to kill him. These kinds of delusions are known as paranoid delusions, which involve the (false) belief that other people or agencies are plotting to harm the person. People with schizophrenia also may hold grandiose delusions, beliefs that one holds special power, unique knowledge, or is extremely important. For example, the person who claims to be Jesus Christ, or who claims to have knowledge going back 5,000 years, or who claims to be a great philosopher is experiencing grandiose delusions. Other delusions include the belief that one's thoughts are being removed (thought withdrawal) or thoughts have been placed inside one's head (thought insertion). Another type of delusion is somatic delusion, which is the belief that something highly abnormal is happening to one's body (e.g., that one's kidneys are being eaten by cockroaches).

Disorganized thinking refers to disjointed and incoherent thought processes—usually detected by what a person says. The person might ramble, exhibit loose associations (jump from topic to topic), or talk in a way that is so disorganized and incomprehensible that it seems as though the person is randomly combining words. Disorganized thinking is also exhibited by blatantly illogical

remarks (e.g., “Fenway Park is in Boston. I live in Boston. Therefore, I live at Fenway Park.”) and by tangentiality: responding to others’ statements or questions by remarks that are either barely related or unrelated to what was said or asked. For example, if a person diagnosed with schizophrenia is asked if she is interested in receiving special job training, she might state that she once rode on a train somewhere. To a person with schizophrenia, the tangential (slightly related) connection between job *training* and riding a *train* are sufficient enough to cause such a response.

Disorganized or abnormal motor behaviour refers to unusual behaviours and movements: becoming unusually active, exhibiting silly child-like behaviours (giggling and self-absorbed smiling), engaging in repeated and purposeless movements, or displaying odd facial expressions and gestures. In some cases, the person will exhibit catatonic behaviours, which show decreased reactivity to the environment, such as posturing, in which the person maintains a rigid and bizarre posture for long periods of time, or catatonic stupor, a complete lack of movement and verbal behaviour.

Negative symptoms are those that reflect noticeable decreases and absences in certain behaviours, emotions, or drives (Green, 2001). A person who exhibits diminished emotional expression shows no emotion in his facial expressions, speech, or movements, even when such expressions are normal or expected. Avolition is characterized by a lack of motivation to engage in self-initiated and meaningful activity, including the most basic of tasks, such as bathing and grooming. Alogia refers to reduced speech output; in simple terms, patients do not say much. Another negative symptom is asociality, or social withdrawal and lack of interest in engaging in social interactions with others. A final negative symptom, anhedonia, refers to an inability to experience pleasure. One who exhibits anhedonia expresses little interest in what most people consider to be pleasurable activities, such as hobbies, recreation, or sexual activity.

Causes of Schizophrenia

There is considerable evidence suggesting that schizophrenia has a genetic basis. The risk of developing schizophrenia is nearly 6 times greater if one has a parent with schizophrenia than if one does not (Goldstein, Buka, Seidman, & Tsuang, 2010). Additionally, one’s risk of developing schizophrenia increases as genetic relatedness to family members diagnosed with schizophrenia increases (Gottesman, 2001).

Genes

When considering the role of genetics in schizophrenia, as in any disorder, conclusions based on family and twin studies are subject to criticism. This is because family members who are closely related (such as siblings) are more likely to share similar environments than are family members who are less closely related (such as cousins); further, identical twins may be more likely to be treated similarly by others than might fraternal twins. Thus, family and twin studies cannot completely rule out the possible effects of shared environments and experiences. Such problems can be corrected by using adoption studies, in which children are separated from their parents at an early age. One of the first adoption studies of schizophrenia conducted by Heston (1966) followed 97 adoptees, including 47 who were born to mothers with schizophrenia, over a 36-year period. Five of the 47 adoptees (11%) whose mothers had schizophrenia were later diagnosed with schizophrenia, compared to none of the 50 control adoptees. Other adoption studies have consistently reported that for adoptees who are later diagnosed with schizophrenia, their biological relatives have a higher risk of schizophrenia than do adoptive relatives (Shih, Belmonte, & Zandi, 2004).

Although adoption studies have supported the hypothesis that genetic factors contribute to schizophrenia, they have also demonstrated that the disorder most likely arises from a combination of genetic and environmental factors, rather than just genes themselves. For example, investigators in one study examined the rates of schizophrenia among 303 adoptees (Tienari et al., 2004). A total of 145 of the adoptees had biological mothers with schizophrenia; these adoptees constituted the high genetic risk group. The other 158 adoptees had mothers with no psychiatric history; these adoptees composed the low genetic risk group. The researchers managed to determine whether the adoptees’ families were either healthy or disturbed. For example, the adoptees were considered to be raised in a disturbed family environment if the family exhibited a lot of criticism, conflict, and a lack of problem-solving skills. The findings revealed that adoptees whose mothers had schizophrenia (high genetic risk) *and* who had been raised in a disturbed family environment were much more likely to develop schizophrenia or another psychotic disorder (36.8%) than were adoptees whose biological mothers had schizophrenia but who had been raised in a healthy environment (5.8%), or than adoptees with a low genetic risk who were raised in either a disturbed (5.3%) or healthy (4.8%) environment. Because the adoptees who were at high genetic risk were likely to develop schizophrenia *only* if they were raised in a disturbed home environment, this study

supports a diathesis-stress interpretation of schizophrenia—both genetic vulnerability and environmental stress are necessary for schizophrenia to develop, genes alone do not show the complete picture.

Neurotransmitters

If we accept that schizophrenia is at least partly genetic in origin, as it seems to be, it makes sense that the next step should be to identify biological abnormalities commonly found in people with the disorder. Perhaps not surprisingly, a number of neurobiological factors have indeed been found to be related to schizophrenia. One such factor that has received considerable attention for many years is the neurotransmitter dopamine. Interest in the role of dopamine in schizophrenia was stimulated by two sets of findings: drugs that increase dopamine levels can produce schizophrenia-like symptoms, and medications that block dopamine activity reduce the symptoms (Howes & Kapur, 2009). The dopamine hypothesis of schizophrenia proposed that an overabundance of dopamine or too many dopamine receptors are responsible for the onset and maintenance of schizophrenia (Snyder, 1976). More recent work in this area suggests that abnormalities in dopamine vary by brain region and thus contribute to symptoms in unique ways. In general, this research has suggested that an overabundance of dopamine in the limbic system may be responsible for some symptoms, such as hallucinations and delusions, whereas low levels of dopamine in the prefrontal cortex might be responsible primarily for the negative symptoms (avolition, alogia, asociality, and anhedonia) (Davis, Kahn, Ko, & Davidson, 1991). In recent years, serotonin has received attention, and newer antipsychotic medications used to treat the disorder work by blocking serotonin receptors (Baumeister & Hawkins, 2004).

Brain Anatomy

Brain imaging studies reveal that people with schizophrenia have enlarged ventricles, the cavities within the brain that contain cerebral spinal fluid (Green, 2001). This finding is important because larger than normal ventricles suggests that various brain regions are reduced in size, thus implying that schizophrenia is associated with a loss of brain tissue. In addition, many people with schizophrenia display a reduction in grey matter (cell bodies of neurons) in the frontal lobes (Lawrie & Abukmeil, 1998), and many show less frontal lobe activity when performing cognitive tasks (Buchsbaum et al., 1990). The frontal lobes are important in a variety of complex cognitive functions, such as planning and executing behaviour, attention, speech, movement, and problem solving. Hence, abnormalities in this region provide merit in explaining why people with schizophrenia experience deficits in these of areas.

Events During Pregnancy

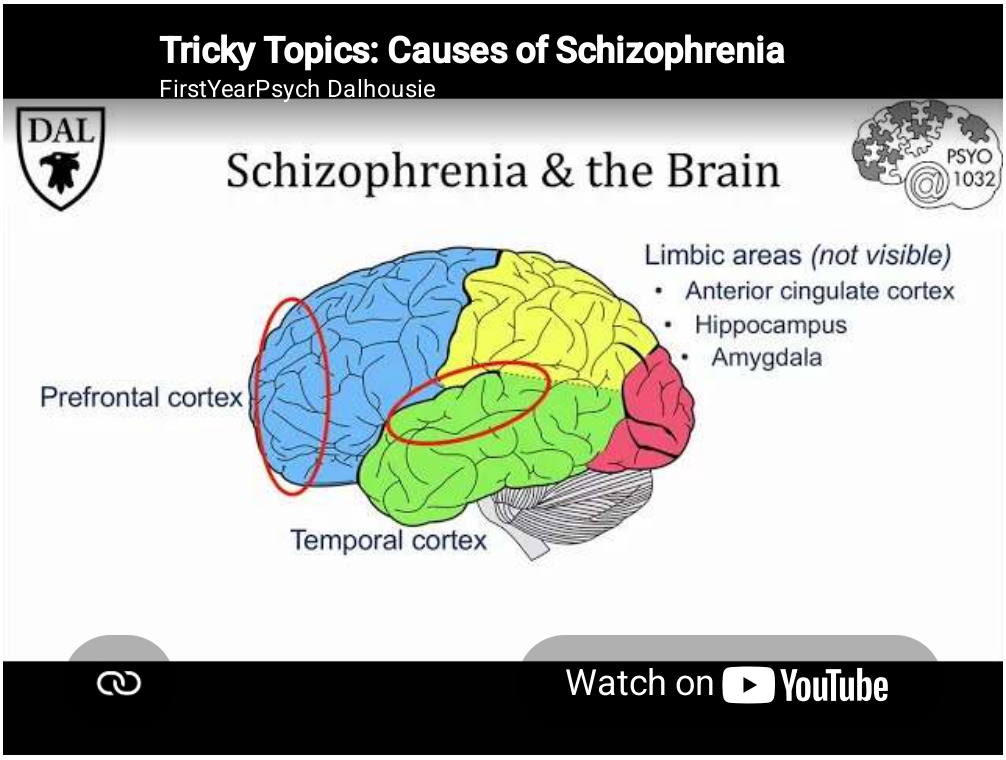
Why do people with schizophrenia have these brain abnormalities? A number of environmental factors that could impact normal brain development might be at fault. High rates of obstetric complications in the births of children who later developed schizophrenia have been reported (Cannon, Jones, & Murray, 2002). In addition, people are at an increased risk for developing schizophrenia if the pregnant parent was exposed to influenza during the first trimester of pregnancy (Brown et al., 2004). Research has also suggested that a pregnant parent’s emotional stress during pregnancy may increase the risk of schizophrenia in offspring. One study reported that the risk of schizophrenia is elevated substantially in offspring whose pregnant parent experienced the death of a relative during the first trimester of pregnancy (Khashan et al., 2008).

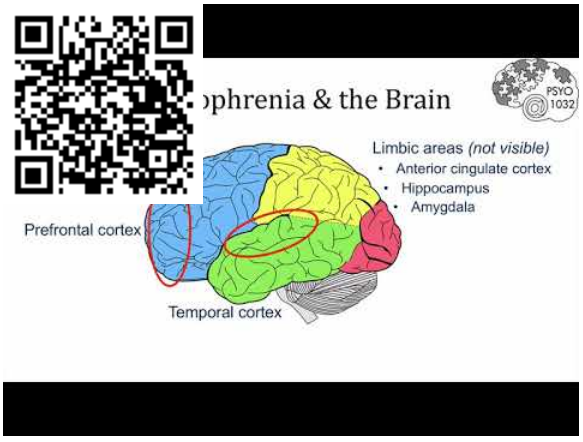
Marijuana

Another variable that is linked to schizophrenia is marijuana use. Although a number of reports have shown that individuals with schizophrenia are more likely to use marijuana than are individuals without schizophrenia (Thornicroft, 1990), such investigations cannot determine if marijuana use leads to schizophrenia, or vice versa. However, a number of longitudinal studies have suggested that marijuana use is, in fact, a risk factor for schizophrenia. A classic investigation of over 45,000 Swedish conscripts who were followed up after 15 years found that those individuals who had reported using marijuana at least once by the time of conscription were more than 2 times as likely to develop schizophrenia during the ensuing 15 years than were those who reported never using marijuana; those who had indicated using marijuana 50 or more times were 6 times as likely to develop schizophrenia (Andréasson, Allbeck, Engström, & Rydberg, 1987). More recently, a review of 35 longitudinal studies found a substantially increased risk of schizophrenia and other psychotic disorders in people who had used marijuana, with the greatest risk in the most frequent users (Moore et al., 2007). Other work has found that marijuana use is associated with an onset of psychotic disorders at an earlier age (Large, Sharma, Compton, Slade, & Nielssen, 2011). Overall, the available evidence seems to indicate that marijuana use plays a causal role in the development of schizophrenia, although it is important to point out that marijuana use is not an essential or

sufficient risk factor as not all people with schizophrenia have used marijuana and the majority of marijuana users do not develop schizophrenia (Casadio, Fernandes, Murray, & Di Forti, 2011). One plausible interpretation of the data is that early marijuana use may disrupt normal brain development during important early maturation periods in adolescence (Trezza, Cuomo, & Vanderschuren, 2008). Thus, early marijuana use may set the stage for the development of schizophrenia and other psychotic disorders, especially among individuals with an established vulnerability (Casadio et al., 2011).

TRICKY TOPIC: CAUSES OF SCHIZOPHRENIA





If the video above does not load, click here: https://youtu.be/MO2xyB3T7WQ

For a full transcript of this video, click here

Schizophrenia: Early Warning Signs

Early detection and treatment of conditions such as heart disease and cancer have improved survival rates and quality of life for people who suffer from these conditions. A new approach involves identifying people who show minor symptoms of psychosis, such as unusual thought content, paranoia, odd communication, delusions, problems at school or work, and a decline in social functioning—which are coined prodromal symptoms—and following these individuals over time to determine which of them develop a psychotic disorder and which factors best predict such a disorder. A number of factors have been identified that predict a

greater likelihood that prodromal individuals will develop a psychotic disorder: genetic risk (a family history of psychosis), recent deterioration in functioning, high levels of unusual thought content, high levels of suspicion or paranoia, poor social functioning, and a history of substance abuse (Fusar-Poli et al., 2013). Further research will enable a more accurate prediction of those at greatest risk for developing schizophrenia, and thus to whom early intervention efforts should be directed.

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14.7: Mood Disorders

Mood Disorders

Learning Objectives

By the end of this section, you will be able to:

- Distinguish normal states of sadness and euphoria from states of depression and mania
- Describe the symptoms of major depressive disorder and bipolar disorder
- Understand the differences between major depressive disorder and persistent depressive disorder, and identify two subtypes of depression
- Define the criteria for a manic episode
- Understand genetic, biological, and psychological explanations of major depressive disorder

Blake cries all day and feels worthless and that life is hopeless; he cannot get out of bed. Crystal stays up all night, talks very rapidly, and went on a shopping spree in which she spent $3,000 on furniture, although she cannot afford it. Jordan recently had a baby, and feels overwhelmed, teary, anxious, and panicked practically every day since the baby was born. Jordan also believes they are a terrible parent. All these individuals demonstrate symptoms of a potential mood disorder.

Mood disorders (Figure PY.14) are characterized by severe disturbances in mood and emotions—most often depression, but also mania and elation (Rothschild, 1999). All of us experience fluctuations in our moods and emotional states, and often these fluctuations are caused by events in our lives. We become elated if our favourite team wins the World Series and dejected if a romantic relationship ends or if we lose our job. At times, we feel fantastic or miserable for no clear reason. People with mood disorders also experience mood fluctuations, but their fluctuations are extreme, distort their outlook on life, and impair their ability to function.



Figure PY.14 Mood disorders are characterized by massive disruptions in mood. Symptoms can range from the extreme sadness and hopelessness of depression to the extreme elation and irritability of mania. (credit: Kiran Foster)

The DSM-5 lists two general categories of mood disorders. Depressive disorders are a group of disorders in which depression is the main feature. Depression is a vague term that, in everyday language, refers to an intense and persistent sadness. Depression is a heterogeneous mood state—it consists of a broad spectrum of symptoms that range in severity. Depressed people feel sad, discouraged, and hopeless. These individuals lose interest in activities once enjoyed, often experience a decrease in drives such as hunger and sex, and frequently doubt personal worth. Depressive disorders vary by degree, but this chapter highlights the most well-known: major depressive disorder (sometimes called unipolar depression).

Bipolar and related disorders are a group of disorders in which mania is the defining feature. Mania is a state of extreme elation and agitation. When people experience mania, they may become extremely talkative, behave recklessly, or attempt to take on many tasks simultaneously. The most recognized of these disorders is bipolar disorder.

Major Depressive Disorder

According to the DSM-5, the defining symptoms of major depressive disorder include “depressed mood most of the day, nearly every day” (feeling sad, empty, hopeless, or appearing tearful to others), and loss of interest and pleasure in usual activities (APA, 2013). In addition to feeling overwhelmingly sad most of each day, people with depression will no longer show interest or enjoyment in activities that previously were gratifying, such as hobbies, sports, sex, social events, time spent with family, and so on. Friends and family members may notice that the person has completely abandoned previously enjoyed hobbies; for example, an avid tennis player who develops major depressive disorder no longer plays tennis (Rothschild, 1999).

To receive a diagnosis of major depressive disorder, one must experience a total of five symptoms for at least a two-week period; these symptoms must cause significant distress or impair normal functioning, and they must not be caused by substances or a medical condition. At least one of the two symptoms mentioned above must be present, plus any combination of the following symptoms (APA, 2013):

- significant weight loss (when not dieting) or weight gain and/or significant decrease or increase in appetite;
- difficulty falling asleep or sleeping too much;

- psychomotor agitation (the person is noticeably fidgety and jittery, demonstrated by behaviours like the inability to sit, pacing, hand-wringing, pulling or rubbing of the skin, clothing, or other objects) or psychomotor retardation (the person talks and moves slowly, for example, talking softly, very little, or in a monotone);
- fatigue or loss of energy;
- feelings of worthlessness or guilt;
- difficulty concentrating and indecisiveness; and
- suicidal ideation: thoughts of death (not just fear of dying), thinking about or planning suicide, or making an actual suicide attempt.

Major depressive disorder is considered episodic: its symptoms are typically present at their full magnitude for a certain period of time and then gradually abate. Approximately 50%–60% of people who experience an episode of major depressive disorder will have a second episode at some point in the future; those who have had two episodes have a 70% chance of having a third episode, and those who have had three episodes have a 90% chance of having a fourth episode (Rothschild, 1999). Although the episodes can last for months, a majority a people diagnosed with this condition (around 70%) recover within a year. However, a substantial number do not recover; around 12% show serious signs of impairment associated with major depressive disorder after 5 years (Boland & Keller, 2009). In the long-term, many who do recover will still show minor symptoms that fluctuate in their severity (Judd, 2012).

Results of Major Depressive Disorder

Major depressive disorder is a serious and incapacitating condition that can have a devastating effect on the quality of one's life. The person suffering from this disorder lives a profoundly miserable existence that often results in unavailability for work or education, abandonment of promising careers, and lost wages; occasionally, the condition requires hospitalization. The majority of those with major depressive disorder report having faced some kind of discrimination, and many report that having received such treatment has stopped them from initiating close relationships, applying for jobs for which they are qualified, and applying for education or training (Lasalvia et al., 2013). Major depressive disorder also takes a toll on health. Depression is a risk factor for the development of heart disease in healthy patients, as well as adverse cardiovascular outcomes in patients with preexisting heart disease (Whooley, 2006).

Risk Factors for Major Depressive Disorder

Major depressive disorder is often referred to as the common cold of psychiatric disorders. Around 6.6% of the U.S. population experiences major depressive disorder each year; 16.9% will experience the disorder during their lifetime (Kessler & Wang, 2009). It is more common among women than among men, affecting approximately 20% of women and 13% of men at some point in their life (National Comorbidity Survey, 2007). The greater risk among women is not accounted for by a tendency to report symptoms or to seek help more readily, suggesting that gender differences in the rates of major depressive disorder may reflect biological and gender-related environmental experiences (Kessler, 2003).

Lifetime rates of major depressive disorder tend to be highest in North and South America, Europe, and Australia; they are considerably lower in Asian countries (Hasin, Fenton, & Weissman, 2011). The rates of major depressive disorder are higher among younger age cohorts than among older cohorts, perhaps because people in younger age cohorts are more willing to admit depression (Kessler & Wang, 2009).

A number of risk factors are associated with major depressive disorder: unemployment (including homemakers); earning less than $20,000 per year; living in urban areas; or being separated, divorced, or widowed (Hasin et al., 2011). Comorbid disorders include anxiety disorders and substance abuse disorders (Kessler & Wang, 2009).

Subtypes of Depression

The DSM-5 lists several different subtypes of depression. These subtypes—what the DSM-5 refer to as specifiers—are not specific disorders; rather, they are labels used to indicate specific patterns of symptoms or to specify certain periods of time in which the symptoms may be present. One subtype, seasonal pattern, applies to situations in which a person experiences the symptoms of major depressive disorder only during a particular time of year (e.g., fall or winter). In everyday language, people often refer to this subtype as the winter blues.

Another subtype, peripartum onset (commonly referred to as postpartum depression), applies to people who experience major depression during pregnancy or in the four weeks following the birth of their child (APA, 2013). These people often feel very anxious and may even have panic attacks. They may feel guilty, agitated, and be weepy. They may not want to hold or care for their newborn, even in cases in which the pregnancy was desired and intended. In extreme cases, the parent may have feelings of wanting to harm the child or themselves. In a horrific illustration, a woman named Andrea Yates, who suffered from extreme peripartum-onset depression (as well as other mental illnesses), drowned her five children in a bathtub (Roche, 2002). Most women with peripartum-onset depression do not physically harm their children, but most do have difficulty being adequate caregivers (Fields, 2010). A surprisingly high number of women experience symptoms of peripartum-onset depression. A study of 10,000 women who had recently given birth found that 14% screened positive for peripartum-onset depression, and that nearly 20% reported having thoughts of wanting to harm themselves (Wisner et al., 2013).

People with persistent depressive disorder (previously known as dysthymia) experience depressed moods most of the day nearly every day for at least two years, as well as at least two of the other symptoms of major depressive disorder. People with persistent depressive disorder are chronically sad and melancholy, but do not meet all the criteria for major depression. However, episodes of full-blown major depressive disorder can occur during persistent depressive disorder (APA, 2013).

Bipolar Disorder

A person with bipolar disorder (commonly known as manic depression) often experiences mood states that vacillate between depression and mania; that is, the person's mood is said to alternate from one emotional extreme to the other (in contrast to unipolar, which indicates a persistently sad mood).

To be diagnosed with bipolar disorder, a person must have experienced a manic episode at least once in their life; although major depressive episodes are common in bipolar disorder, they are not required for a diagnosis (APA, 2013). According to the DSM-5, a manic episode is characterized as a "distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased activity or energy lasting at least one week," that lasts most of the time each day (APA, 2013, p. 124). During a manic episode, some experience a mood that is almost euphoric and become excessively talkative, sometimes spontaneously starting conversations with strangers; others become excessively irritable and complain or make hostile comments. The person may talk loudly and

rapidly, exhibiting flight of ideas, abruptly switching from one topic to another. These individuals are easily distracted, which can make a conversation very difficult. They may exhibit grandiosity, in which they experience inflated but unjustified self-esteem and self-confidence. For example, they might quit a job in order to "strike it rich" in the stock market, despite lacking the knowledge, experience, and capital for such an endeavour. They may take on several tasks at the same time (e.g., several time-consuming projects at work) and yet show little, if any, need for sleep; some may go for days without sleep. Patients may also recklessly engage in pleasurable activities that could have harmful consequences, including spending sprees, reckless driving, making foolish investments, excessive gambling, or engaging in sexual encounters with strangers (APA, 2013).

During a manic episode, individuals usually feel as though they are not ill and do not need treatment. However, the reckless behaviours that often accompany these episodes—which can be antisocial, illegal, or physically threatening to others—may require involuntary hospitalization (APA, 2013). Some patients with bipolar disorder will experience a rapid-cycling subtype, which is characterized by at least four manic episodes (or some combination of at least four manic and major depressive episodes) within one year.

Link to Learning

Watch 'The Other Side of Me', in which Julie Kraft describes her lived experience with biopolar disorder.

Risk Factors for Bipolar Disorder

Bipolar disorder is considerably less frequent than major depressive disorder. In the United States, 1 out of every 167 people meets the criteria for bipolar disorder each year, and 1 out of 100 meet the criteria within their lifetime (Merikangas et al., 2011). The rates are higher in men than in women, and about half of those with this disorder report onset before the age of 25 (Merikangas et al., 2011). Around 90% of those with bipolar disorder have a comorbid disorder, most often an anxiety disorder or a substance abuse problem. Unfortunately, close to half of the people suffering from bipolar disorder do not receive treatment (Merikangas & Tohen, 2011). Suicide rates are extremely high among those with bipolar disorder: around 36% of individuals with this disorder attempt suicide at least once in their lifetime (Novick, Swartz, & Frank, 2010), and between 15%–19% complete suicide (Newman, 2004).

The Biological Basis of Mood Disorders

Mood disorders have been shown to have a strong genetic and biological basis. Relatives of those with major depressive disorder have double the risk of developing major depressive disorder, whereas relatives of patients with bipolar disorder have over nine times the risk (Merikangas et al., 2011). The rate of concordance for major depressive disorder is higher among identical twins than fraternal twins (50% vs. 38%, respectively), as is that of bipolar disorder (67% vs. 16%, respectively), suggesting that genetic factors play a stronger role in bipolar disorder than in major depressive disorder (Merikangas et al. 2011).

People with mood disorders often have imbalances in certain neurotransmitters, particularly norepinephrine and serotonin (Thase, 2009). These neurotransmitters are important regulators of the bodily functions that are disrupted in mood disorders, including appetite, sex drive, sleep, arousal, and mood. Medications that are used to treat major depressive disorder typically boost serotonin and norepinephrine activity, whereas lithium—used in the treatment of bipolar disorder—blocks norepinephrine activity at the synapses (Figure PY.15).

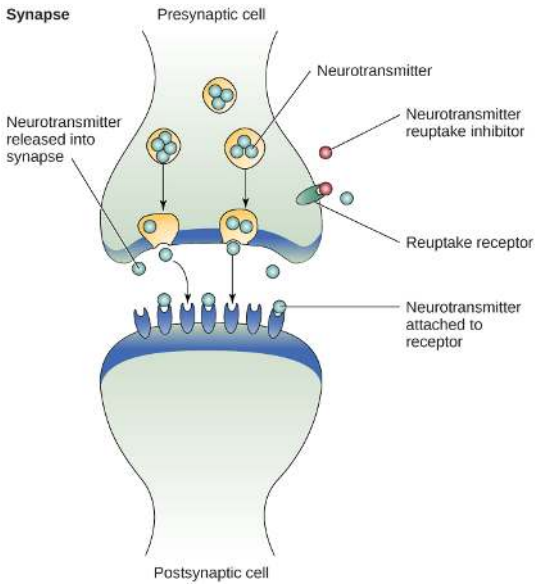


Figure PY.15 Many medications designed to treat mood disorders work by altering neurotransmitter activity in the neural synapse.

Depression is linked to abnormal activity in several regions of the brain (Fitzgerald, Laird, Maller, & Daskalakis, 2008) including those important in assessing the emotional significance of stimuli and experiencing emotions (amygdala), and in regulating and controlling emotions (like the prefrontal cortex, or PFC) (LeMoult, Castonguay, Joormann, & McAleavey, 2013). Depressed individuals show elevated amygdala activity (Drevets, Bogers, & Raichle, 2002), especially when presented with negative emotional stimuli, such as photos of sad faces (Figure PY.16) (Surguladze et al., 2005). Interestingly, heightened amygdala activation to negative emotional stimuli among depressed persons occurs even when stimuli are presented outside of conscious awareness (Victor, Furey, Fromm, Öhman, & Drevets, 2010), and it persists even after the negative emotional stimuli are no longer present (Siegle, Thompson, Carter, Steinhauer, & Thase, 2007). Additionally,

depressed individuals exhibit less activation in the prefrontal, particularly on the left side (Davidson, Pizzagalli, & Nitschke, 2009). Because the PFC can dampen amygdala activation, thereby enabling one to suppress negative emotions (Phan et al., 2005), decreased activation in certain regions of the PFC may inhibit its ability to override negative emotions that might then lead to more negative mood states (Davidson et al., 2009). These findings suggest that depressed persons are more prone to react to emotionally negative stimuli, yet have greater difficulty controlling these reactions.



Figure PY.16 Depressed individuals react to negative emotional stimuli, such as sad faces, with greater amygdala activation than do non-depressed individuals. (credit: Ian Munroe)

Since the 1950s, researchers have noted that depressed individuals have abnormal levels of cortisol, a stress hormone released into the blood by the neuroendocrine system during times of stress (Mackin & Young, 2004). When cortisol is released, the body initiates a fight-or-flight response in reaction to a threat or danger. Many people with depression show elevated cortisol levels (Holsboer & Ising, 2010), especially those reporting a history of early life trauma such as the loss of a parent or abuse during childhood (Baes, Tofoli, Martins, & Juruena, 2012). Such findings raise the question of whether high cortisol levels are a cause or a consequence of depression. High levels of cortisol are a risk factor for future depression (Halligan, Herbert, Goodyer, & Murray, 2007), and cortisol activates activity in the amygdala while deactivating activity in the PFC (McEwen, 2005)—both brain disturbances are connected to depression. Thus, high cortisol levels may have a causal effect on depression, as well as on its brain function abnormalities (van Praag, 2005). Also, because stress results in increased cortisol release (Michaud, Matheson, Kelly, Anisman, 2008), it is equally reasonable to assume that stress may precipitate depression.

A Diathesis-Stress Model and Major Depressive Disorders

Indeed, it has long been believed that stressful life events can trigger depression, and research has consistently supported this conclusion (Mazure, 1998). Stressful life events include significant losses, such as death of a loved one, divorce or separation, and serious health and money problems; life events such as these often precede the onset of depressive episodes (Brown & Harris, 1989). In particular, exit events—instances in which an important person departs (e.g., a death, divorce or separation, or a family member leaving home)—often occur prior to an episode (Paykel, 2003). Exit events are especially likely to trigger depression if these happenings occur in a way that humiliates or devalues the individual. For example, people who experience the breakup of a relationship initiated by the other person develop major depressive disorder at a rate more than 2 times that of people who experience the death of a loved one (Kendler, Hettema, Butera, Gardner, & Prescott, 2003).

Likewise, individuals who are exposed to traumatic stress during childhood—such as separation from a parent, family turmoil, and maltreatment (physical or sexual abuse)—are at a heightened risk of developing depression at any point in their lives (Kessler, 1997). A recent review of 16 studies involving over 23,000 subjects concluded that those who experience childhood maltreatment are more than 2 times as likely to develop recurring and persistent depression (Nanni, Uher, & Danese, 2012).

Of course, not everyone who experiences stressful life events or childhood adversities succumbs to depression—indeed, most do not. Clearly, a diathesis-stress interpretation of major depressive disorder, in which certain predispositions or vulnerability factors influence one's reaction to stress, would seem logical. If so, what might such predispositions be? A study by Caspi and others (2003) suggests that an alteration in a specific gene that regulates serotonin (the 5-HTTLPR gene) might be one culprit. These investigators found that people who experienced several stressful life events were significantly more likely to experience episodes of major depression if they carried one or two short versions of this gene than if they carried two long versions. Those who carried one or two short versions of the 5-HTTLPR gene were unlikely to experience an episode, however, if they had experienced few or no stressful life events. Numerous studies have replicated these findings, including studies of people who experienced maltreatment during childhood (Goodman & Brand, 2009). In a recent investigation conducted in the United Kingdom (Brown & Harris, 2013), researchers found that childhood maltreatment before age 9 elevated the risk of chronic adult depression (a depression episode lasting for at least 12 months) among those individuals having one (LS) or two (SS) short versions of the 5-HTTLPR gene (Figure PY.17). Childhood maltreatment did not increase the risk for chronic depression for those have two long (LL) versions of this gene. Thus, genetic vulnerability may be one mechanism through which stress potentially leads to depression.

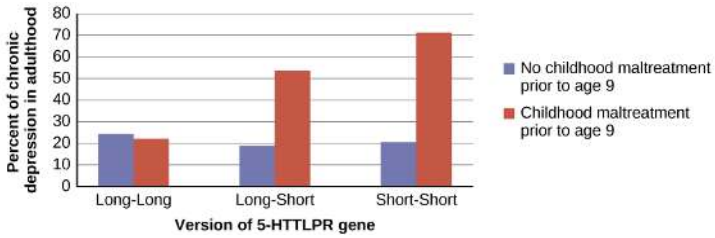


Figure PY.17 A study on gene-environment interaction in people experiencing chronic depression in adulthood suggests a much higher incidence in individuals with a short version of the gene in combination with childhood maltreatment (Brown & Harris, 2013).

Cognitive theories of depression take the view that depression is triggered by negative thoughts, interpretations, self-evaluations, and expectations (Joormann, 2009). These diathesis-stress models propose that depression is triggered by a "cognitive vulnerability" (negative and maladaptive thinking) and by precipitating stressful life events (Gotlib & Joormann, 2010). Perhaps the most well-known cognitive theory of depression was developed in the 1960s by psychiatrist Aaron Beck, based on clinical observations and supported by research (Beck, 2008). Beck theorized that depression-prone people possess depressive schemas, or mental predispositions to think about most things in a negative way (Beck, 1976). Depressive schemas contain themes of loss, failure, rejection, worthlessness, and inadequacy, and may develop early in childhood in response to adverse experiences, then remain dormant until they are activated by stressful or negative life events. Depressive schemas prompt dysfunctional and pessimistic thoughts about the self, the world, and the future. Beck believed that this dysfunctional style of thinking is maintained by cognitive biases, or errors in how we process information about ourselves, which lead us to focus on negative aspects of experiences, interpret things negatively, and block positive memories (Beck, 2008). A person whose depressive schema consists of a theme of rejection might be overly attentive to social cues of rejection (more likely to notice another's frown), and he might interpret this cue as a sign of rejection and automatically remember past incidents of rejection. Longitudinal studies have supported Beck's theory, in showing that a preexisting tendency to engage in this negative, self-defeating style of thinking—when combined with life stress—over time predicts the onset of depression (Dozois & Beck, 2008). Cognitive therapies for depression, aimed at changing a depressed person's negative thinking, were developed as an expansion of this theory (Beck, 1976).

Another cognitive theory of depression, hopelessness theory, postulates that a particular style of negative thinking leads to a sense of hopelessness, which then leads to depression (Abramson, Metalsky, & Alloy, 1989). According to this theory, hopelessness is an expectation that unpleasant outcomes will occur or that desired outcomes will not occur, and there is nothing one can do to prevent such outcomes. A key assumption of this theory is that hopelessness stems from a tendency to perceive negative life events as having stable ("It's never going to change") and global ("It's going to affect my whole life") causes, in contrast to unstable ("It's fixable") and specific ("It applies only to this particular situation") causes, especially if these negative life events occur in important life realms, such as relationships, academic achievement, and the like. Suppose a student who wishes to go to law school does poorly on an admissions test. If the student infers negative life events as having stable and global causes, she may believe that her poor performance has a stable and global cause ("I lack intelligence, and it's going to prevent me from ever finding a meaningful career"), as opposed to an unstable and specific cause ("I was sick the day of the exam, so my low score was a fluke"). Hopelessness theory predicts that people who exhibit this cognitive style in response to undesirable life events will view such events as having negative implications for their future and self-worth, thereby increasing the likelihood of hopelessness—the primary cause of depression (Abramson et al., 1989). One study testing hopelessness theory measured the tendency to make negative inferences for bad life effects in participants who were experiencing uncontrollable stressors. Over the ensuing six months, those with scores reflecting high cognitive vulnerability were 7 times more likely to develop depression compared to those with lower scores (Kleim, Gonzalo, & Ehlers, 2011).

A third cognitive theory of depression focuses on how people's thoughts about their distressed moods—depressed symptoms in particular—can increase the risk and duration of depression. This theory, which focuses on rumination in the development of depression, was first described in the late 1980s to explain the higher rates of depression in women than in men (Nolen-Hoeksema, 1987). Rumination is the repetitive and passive focus on the fact that one is depressed and dwelling on depressed symptoms, rather that distracting one's self from the symptoms or attempting to address them in an active, problem-solving manner (Nolen-Hoeksema, 1991). When people ruminate, they have thoughts such as "Why am I so unmotivated? I just can't get going. I'm never going to get my work done feeling this way" (Nolen-Hoeksema & Hilt, 2009, p. 393). Women are more likely than men to ruminate when they are sad or depressed (Butler & Nolen-Hoeksema, 1994), and the tendency to ruminate is associated with increases in depression symptoms (Nolen-Hoeksema, Larson, & Grayson, 1999), heightened risk of major depressive episodes (Abela & Hankin, 2011), and chronicity of such episodes (Robinson & Alloy, 2003).

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14.8: Anxiety Disorders

Anxiety Disorders

Learning Objectives

By the end of this section, you will be able to:

- Distinguish normal anxiety from pathological anxiety
- List and describe the major anxiety disorders, including their main features and prevalence
- Describe basic psychological and biological factors that are suspected to be important in the aetiology of anxiety disorder

Everybody experiences anxiety from time to time. Although anxiety is closely related to fear, the two states possess important differences. Fear involves an instantaneous reaction to an imminent threat, whereas anxiety involves apprehension, avoidance, and cautiousness regarding a potential threat, danger, or other negative event (Craske, 1999). While anxiety is unpleasant to most people, it is important to our health, safety, and well-being. Anxiety motivates us to take actions—such as preparing for exams, watching our weight, showing up to work on time—that enable us to avert potential future problems. Anxiety also motivates us to avoid certain things—such as running up debts and engaging in illegal activities—that could lead to future trouble. Most individuals' level and duration of anxiety approximates the magnitude of the potential threat they face. Some people experience anxiety that is excessive, persistent, and greatly out of proportion to the actual threat; if one's anxiety has a disruptive influence on one's life, this is a strong indicator that the individual is experiencing an anxiety disorder.

Anxiety disorders are characterized by excessive and persistent fear and anxiety, and by related disturbances in behaviour (APA, 2013). Although anxiety is universally experienced, anxiety disorders cause considerable distress. As a group, anxiety disorders are common: approximately 25%–30% of the U.S. population meets the criteria for at least one anxiety disorder during their lifetime (Kessler et al., 2005). Also, these disorders appear to be much more common in women than they are in men; within a 12-month period, around 23% of women and 14% of men will experience at least one anxiety disorder (National Comorbidity Survey, 2007). Anxiety disorders are the most frequently occurring class of mental disorders and are often comorbid with each other and with other mental disorders (Kessler, Ruscio, Shear, & Wittchen, 2009).

Specific Phobia

Phobia is a Greek word that means fear. A person diagnosed with a specific phobia (formerly known as simple phobia) experiences excessive, distressing, and persistent fear or anxiety about a specific object or situation (such as animals, enclosed spaces, elevators, or flying) (APA, 2013). Even though people realize their level of fear and anxiety in relation to the phobic stimulus is irrational, some people with a specific phobia may go to great lengths to avoid the phobic stimulus (the object or situation that triggers the fear and anxiety). Typically, the fear and anxiety a phobic stimulus elicits is disruptive to the person's life. For example, a man with a phobia of flying might refuse to accept a job that requires frequent air travel, thus negatively affecting his career. Clinicians who have worked with people who have specific phobias have encountered many kinds of phobias, some of which are shown in Table PY.1.

Table PY.1 Specific Phobias	
Phobia	Feared Object or Situation
Acrophobia	heights
Aerophobia	flying
Arachnophobia	spiders
Claustrophobia	enclosed spaces
Cynophobia	dogs
Hematophobia	blood
Ophidiophobia	snakes
Taphophobia	being buried alive
Trypanophobia	injections

Specific phobias are common; in the United States, around 12.5% of the population will meet the criteria for a specific phobia at some point in their lifetime (Kessler et al., 2005). One type of phobia, agoraphobia, is listed in the DSM-5 as a separate anxiety disorder. Agoraphobia, which literally means “fear of the marketplace,” is characterized by intense fear, anxiety, and avoidance of situations in which it might be difficult to escape or receive help if one experiences symptoms of a panic attack (a state of extreme anxiety that we will discuss shortly). These situations include public transportation, open spaces (parking lots), enclosed spaces (stores), crowds, or being outside the home alone (APA, 2013). About 1.4% of Americans experience agoraphobia during their lifetime (Kessler et al., 2005).

Acquisition of Phobias Through Learning

Many theories suggest that phobias develop through learning. Rachman (1977) proposed that phobias can be acquired through three major learning pathways. The first pathway is through classical conditioning. As you may recall, classical conditioning is a form of learning in which a previously neutral stimulus is paired with an unconditioned stimulus (UCS) that reflexively elicits an unconditioned response (UCR), eliciting the same response through its association with the unconditioned stimulus. The response is called a conditioned response (CR). For example, a child who has been bitten by a dog may come to fear dogs because of a past association with pain. In this case, the dog bite is the UCS and the fear it elicits is the UCR. Because a dog was associated with the bite, any dog may come to serve as a conditioned stimulus, thereby eliciting fear; the fear the child experiences around dogs, then, becomes a CR.

The second pathway of phobia acquisition is through vicarious learning, such as modelling. For example, a child who observes his cousin react fearfully to spiders may later express the same fears, even though spiders have never presented any danger to him. This phenomenon has been observed in both humans and nonhuman primates (Olsson & Phelps, 2007). A study of laboratory-reared monkeys readily acquired a fear of snakes after observing wild-reared monkeys react fearfully to snakes (Mineka & Cook, 1993).

The third pathway is through verbal transmission or information. For example, a child whose parents, siblings, friends, and classmates constantly tell her how disgusting and dangerous snakes are may come to acquire a fear of snakes.

Interestingly, people are more likely to develop phobias of things that do not represent much actual danger to themselves, such as animals and heights, and are less likely to develop phobias toward things that present legitimate danger in contemporary society, such as motorcycles and weapons (Öhman & Mineka, 2001). Why might this be so? One theory suggests that the human brain is evolutionarily predisposed to more readily associate certain objects or situations with fear (Seligman, 1971). This theory argues that throughout our evolutionary history, our ancestors associated certain stimuli (e.g., snakes, spiders, heights, and thunder) with potential danger. As time progressed, the mind has become adapted to more readily develop fears of these things than of others.

Experimental evidence has consistently demonstrated that conditioned fears develop more readily to fear-relevant stimuli (images of snakes and spiders) than to fear-irrelevant stimuli (images of flowers and berries) (Öhman & Mineka, 2001). Such prepared learning has also been shown to occur in monkeys. In one study (Cook & Mineka, 1989), monkeys watched videotapes of model monkeys reacting fearfully to either fear-relevant stimuli (toy snakes or a toy crocodile) or fear-irrelevant stimuli (flowers or a toy rabbit). The observer monkeys developed fears of the fear-relevant stimuli but not the fear-irrelevant stimuli.

Social Anxiety Disorder

Social anxiety disorder (formerly called social phobia) is characterized by extreme and persistent fear or anxiety and avoidance of social situations in which the person could potentially be evaluated negatively by others (APA, 2013). As with specific phobias, social anxiety disorder is common in the United States; a little over 12% of all Americans experience social anxiety disorder during their lifetime (Kessler et al., 2005).

The heart of the fear and anxiety in social anxiety disorder is the person's concern that he may act in a humiliating or embarrassing way, such as appearing foolish, showing symptoms of anxiety (blushing), or doing or saying something that might lead to rejection (such as offending others). The kinds of social situations in which individuals with social anxiety disorder usually have problems include public speaking, having a conversation, meeting strangers, eating in restaurants, and, in some cases, using public restrooms. Although many people become anxious in social situations like public speaking, the fear, anxiety, and avoidance experienced in social anxiety disorder are highly distressing and lead to serious impairments in life. Adults with this disorder are more likely to experience lower educational attainment and lower earnings (Katzelnick et al., 2001), perform more poorly at work and are more likely to be unemployed (Moitra, Beard, Weisberg, & Keller, 2011), and report greater dissatisfaction with their family lives, friends, leisure activities, and income (Stein & Kean, 2000).

When people with social anxiety disorder are unable to avoid situations that provoke anxiety, they typically perform safety behaviours: mental or behavioural acts that reduce anxiety in social situations by reducing the chance of negative social outcomes. Safety behaviours include avoiding eye contact, rehearsing sentences before speaking, talking only briefly, and not talking about oneself (Alden & Bieling, 1998). Other examples of safety behaviours include the following (Marker, 2013):

- assuming roles in social situations that minimize interaction with others (e.g., taking pictures, setting up equipment, or helping prepare food)
- asking people many questions to keep the focus off of oneself
- selecting a position to avoid scrutiny or contact with others (sitting in the back of the room)
- wearing bland, neutral clothes to avoid drawing attention to oneself
- avoiding substances or activities that might cause anxiety symptoms (such as caffeine, warm clothing, and physical exercise)

Although these behaviours are intended to prevent the person with social anxiety disorder from doing something awkward that might draw criticism, these actions usually exacerbate the problem because they do not allow the individual to disconfirm his negative beliefs, often eliciting rejection and other negative reactions from others (Alden & Bieling, 1998).

People with social anxiety disorder may resort to self-medication, such as drinking alcohol, as a means to avert the anxiety symptoms they experience in social situations (Battista & Kocovski, 2010). The use of alcohol when faced with such situations may become negatively reinforcing: encouraging individuals with social anxiety disorder to turn to the substance whenever they experience anxiety symptoms. The tendency to use alcohol as a coping mechanism for social anxiety, however, can come with a hefty price tag: a number of large scale studies have reported a high rate of comorbidity between social anxiety disorder and alcohol use disorder (Morris, Stewart, & Ham, 2005).

As with specific phobias, it is highly probable that the fears inherent to social anxiety disorder can develop through conditioning experiences. For example, a child who is subjected to early unpleasant social experiences (e.g., bullying at school) may develop negative social images of herself that become activated later in anxiety-provoking situations (Hackmann, Clark, & McManus, 2000). Indeed, one study reported that 92% of a sample of adults with social anxiety disorder reported a history of severe teasing in childhood, compared to only 35% of a sample of adults with panic disorder (McCabe, Antony, Summerfeldt, Liss, & Swinson, 2003).

One of the most well-established risk factors for developing social anxiety disorder is behavioural inhibition (Clauss & Blackford, 2012). Behavioural inhibition is thought to be an inherited trait, and it is characterized by a consistent tendency to show fear and

restraint when presented with unfamiliar people or situations (Kagan, Reznick, & Snidman, 1988). Behavioural inhibition is displayed very early in life; behaviourally inhibited toddlers and children respond with great caution and restraint in unfamiliar situations, and they are often timid, fearful, and shy around unfamiliar people (Fox, Henderson, Marshall, Nichols, & Ghera, 2005). A recent statistical review of studies demonstrated that behavioural inhibition was associated with more than a sevenfold increase in the risk of development of social anxiety disorder, demonstrating that behavioural inhibition is a major risk factor for the disorder (Clauss & Blackford, 2012).

Panic Disorder

Imagine that you are at the mall one day with your friends and—suddenly and inexplicably—you begin sweating and trembling, your heart starts pounding, you have trouble breathing, and you start to feel dizzy and nauseous. This episode lasts for 10 minutes and is terrifying because you start to think that you are going to die. When you visit your doctor the following morning and describe what happened, the doctor tells you that you have experienced a panic attack (Figure PY.18). If you experience another one of these episodes two weeks later and worry for a month or more that similar episodes will occur in the future, it is likely that you have developed panic disorder.

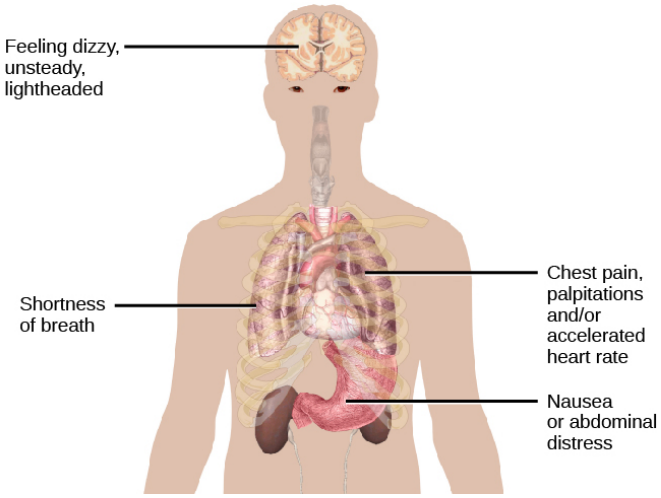


Figure PY.18 Some of the physical manifestations of a panic attack are shown. People may also experience sweating, trembling, feelings of faintness, or a fear of losing control, among other symptoms.

People with panic disorder experience recurrent (more than one) and unexpected panic attacks, along with at least one month of persistent concern about additional panic attacks, worry over the consequences of the attacks, or self-defeating changes in behaviour related to the attacks (e.g., avoidance of exercise or unfamiliar situations) (APA, 2013). As is the case with other anxiety disorders, the panic attacks cannot result from the physiological effects of drugs and other substances, a medical condition, or another mental disorder. A panic attack is defined as a period of extreme fear or discomfort that develops abruptly and reaches a peak within 10 minutes. Its symptoms include accelerated heart rate, sweating, trembling, choking sensations, hot flashes or chills, dizziness or lightheadedness, fears of losing control or going crazy, and fears of dying (APA, 2013). Sometimes panic attacks are expected, occurring in response to specific environmental triggers (such as being in a tunnel); other times, these episodes are unexpected and emerge randomly (such as when relaxing). According to the DSM-5, the person must experience unexpected panic attacks to qualify for a diagnosis of panic disorder.

Experiencing a panic attack is often terrifying. Rather than recognizing the symptoms of a panic attack merely as signs of intense anxiety, individuals with panic disorder often misinterpret them as a sign that something is intensely wrong internally (thinking, for example, that the pounding heart represents an impending heart attack). Panic attacks can occasionally precipitate trips to the emergency room because several symptoms of panic attacks are, in fact, similar to those associated with heart problems (e.g., palpitations, racing pulse, and a pounding sensation in the chest) (Root, 2000). Unsurprisingly, those with panic disorder fear future attacks and may become preoccupied with modifying their behaviour in an effort to avoid future panic attacks. For this reason, panic disorder is often characterized as fear of fear (Goldstein & Chambless, 1978).

Panic attacks themselves are not mental disorders. Indeed, around 23% of Americans experience isolated panic attacks in their lives without meeting the criteria for panic disorder (Kessler et al., 2006), indicating that panic attacks are fairly common. Panic disorder is, of course, much less common, afflicting 4.7% of Americans during their lifetime (Kessler et al., 2005). Many people with panic

disorder develop agoraphobia, which is marked by fear and avoidance of situations in which escape might be difficult or help might not be available if one were to develop symptoms of a panic attack. People with panic disorder often experience a comorbid disorder, such as other anxiety disorders or major depressive disorder (APA, 2013).

Researchers are not entirely sure what causes panic disorder. Children are at a higher risk of developing panic disorder if their parents have the disorder (Biederman et al., 2001), and family and twins studies indicate that the heritability of panic disorder is around 43% (Hettema, Neale, & Kendler, 2001). The exact genes and gene functions involved in this disorder, however, are not well-understood (APA, 2013). Neurobiological theories of panic disorder suggest that a region of the brain called the locus coeruleus may play a role in this disorder. Located in the brainstem, the locus coeruleus is the brain's major source of norepinephrine, a neurotransmitter that triggers the body's fight-or-flight response. Activation of the locus coeruleus is associated with anxiety and fear, and research with nonhuman primates has shown that stimulating the locus coeruleus either electrically or through drugs produces panic-like symptoms (Charney et al., 1990). Such findings have led to the theory that panic disorder may be caused by abnormal norepinephrine activity in the locus coeruleus (Bremner, Krystal, Southwick, & Charney, 1996).

Conditioning theories of panic disorder propose that panic attacks are classical conditioning responses to subtle bodily sensations resembling those normally occurring when one is anxious or frightened (Bouton, Mineka, & Barlow, 2001). For example, consider a child who has asthma. An acute asthma attack produces sensations, such as shortness of breath, coughing, and chest tightness, that typically elicit fear and anxiety. Later, when the child experiences subtle symptoms that resemble the frightening symptoms of earlier asthma attacks (such as shortness of breath after climbing stairs), he may become anxious, fearful, and then experience a panic attack. In this situation, the subtle symptoms would represent a conditioned stimulus, and the panic attack would be a conditioned response. The finding that panic disorder is nearly three times as frequent among people with asthma as it is among people without asthma (Weiser, 2007) supports the possibility that panic disorder has the potential to develop through classical conditioning.

Cognitive factors may play an integral part in panic disorder. Generally, cognitive theories (Clark, 1996) argue that those with panic disorder are prone to interpret ordinary bodily sensations catastrophically, and these fearful interpretations set the stage for panic attacks. For example, a person might detect bodily changes that are routinely triggered by innocuous events such getting up from a seated position (dizziness), exercising (increased heart rate, shortness of breath), or drinking a large cup of coffee (increased heart rate, trembling). The individual interprets these subtle bodily changes catastrophically ("Maybe I'm having a heart attack!"). Such interpretations create fear and anxiety, which trigger additional physical symptoms; subsequently, the person experiences a panic attack. Support of this contention rests with findings that people with more severe catastrophic thoughts about sensations have more frequent and severe panic attacks, and among those with panic disorder, reducing catastrophic cognitions about their sensations is as effective as medication in reducing panic attacks (Good & Hinton, 2009).

Generalized Anxiety Disorder

Alex has always worried about many things. They worry that their children would drown when they played at the beach. Each time Alex leaves the house, they worry that an electrical short circuit would start a fire in their home. They worried that their life-partner Reese would lose their job at the prestigious law firm. They worried that their child's minor staph infection could turn into a massive life-threatening condition. These and other worries constantly weighed heavily on Alex's mind, so much so that they made it difficult for Alex to make decisions and often left them feeling tense, irritable, and worn out. One night, Reese was to drive their child home from a soccer game. However, Reese stayed after the game and talked with some of the other parents, resulting in Reese arriving home 45 minutes late. Alex had tried to call Reese's cell phone three or four times, but they could not get through because the soccer field did not have a signal. Extremely worried, Alex eventually called the police, convinced that Reese and their child had not arrived home because they had been in a terrible car accident.

Alex suffers from generalized anxiety disorder: a relatively continuous state of excessive, uncontrollable, and pointless worry and apprehension. People with generalized anxiety disorder often worry about routine, everyday things, even though their concerns are unjustified (Figure PY.19). For example, an individual may worry about her health and finances, the health of family members, the safety of her children, or minor matters (e.g., being late for an appointment) without having any legitimate reason for doing so (APA, 2013). A diagnosis of generalized anxiety disorder requires that the diffuse worrying and apprehension characteristic of this disorder—what Sigmund Freud referred to as free-floating anxiety—is not part of another disorder, occurs more days than not for

at least six months, and is accompanied by any three of the following symptoms: restlessness, difficulty concentrating, being easily fatigued, muscle tension, irritability, and sleep difficulties.



Figure PY.19 Worry is a defining feature of generalized anxiety disorder. (credit: Freddie Peña)

About 5.7% of the U.S. population will develop symptoms of generalized anxiety disorder during their lifetime (Kessler et al., 2005), and females are 2 times as likely as males to experience the disorder (APA, 2013). Generalized anxiety disorder is highly comorbid with mood disorders and other anxiety disorders (Noyes, 2001), and it tends to be chronic. Also, generalized anxiety disorder appears to increase the risk for heart attacks and strokes, especially in people with preexisting heart conditions (Martens et al., 2010).

Although there have been few investigations aimed at determining the heritability of generalized anxiety disorder, a summary of available family and twin studies suggests that genetic factors play a modest role in the disorder (Hettema et al., 2001). Cognitive theories of generalized anxiety disorder suggest that worry represents a mental strategy to avoid more powerful negative emotions (Aikins & Craske, 2001), perhaps stemming from earlier unpleasant or traumatic experiences. Indeed, one longitudinal study found that childhood maltreatment was strongly related to the development of this disorder during adulthood (Moffitt et al., 2007); worrying might distract people from remembering painful childhood experiences.

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14.9: Obsessive-Compulsive Related Disorders

Obsessive-Compulsive Related Disorders

Learning Objectives

By the end of this section, you will be able to:

- Describe the main features and prevalence of obsessive-compulsive disorder, body dysmorphic disorder, and hoarding disorder
- Understand some of the factors in the development of obsessive-compulsive disorder

Obsessive-compulsive and related disorders are a group of overlapping disorders that generally involve intrusive, unpleasant thoughts and repetitive behaviours. Many of us experience unwanted thoughts from time to time (e.g., craving double cheeseburgers when dieting), and many of us engage in repetitive behaviours on occasion (e.g., pacing when nervous). However, obsessive-compulsive and related disorders elevate the unwanted thoughts and repetitive behaviours to a status so intense that these cognitions and activities disrupt daily life. Included in this category are obsessive-compulsive disorder (OCD), body dysmorphic disorder, and hoarding disorder.

Obsessive-Compulsive Disorder

People with obsessive-compulsive disorder (OCD) experience thoughts and urges that are intrusive and unwanted (obsessions) and/or the need to engage in repetitive behaviours or mental acts (compulsions). A person with this disorder might, for example, spend hours each day washing his hands or constantly checking and rechecking to make sure that a stove, faucet, or light has been turned off.

Obsessions are more than just unwanted thoughts that seem to randomly jump into our head from time to time, such as recalling an insensitive remark a coworker made recently, and they are more significant than day-to-day worries we might have, such as justifiable concerns about being laid off from a job. Rather, obsessions are characterized as persistent, unintentional, and unwanted thoughts and urges that are highly intrusive, unpleasant, and distressing (APA, 2013). Common obsessions include concerns about germs and contamination, doubts ("Did I turn the water off?"), order and symmetry ("I need all the spoons in the tray to be arranged a certain way"), and urges that are aggressive or lustful. Usually, the person knows that such thoughts and urges are irrational and thus tries to suppress or ignore them, but has an extremely difficult time doing so. These obsessive symptoms sometimes overlap, such that someone might have both contamination and aggressive obsessions (Abramowitz & Siqueland, 2013).

Compulsions are repetitive and ritualistic acts that are typically carried out primarily as a means to minimize the distress that obsessions trigger or to reduce the likelihood of a feared event (APA, 2013). Compulsions often include such behaviours as repeated and extensive hand washing, cleaning, checking (e.g., that a door is locked), and ordering (e.g., lining up all the pencils in a particular way), and they also include such mental acts as counting, praying, or reciting something to oneself (Figure PY.20). Compulsions characteristic of OCD are not performed out of pleasure, nor are they connected in a realistic way to the source of the distress or feared event. Approximately 2.3% of the U.S. population will experience OCD in their lifetime (Ruscio, Stein, Chiu, & Kessler, 2010) and, if left untreated, OCD tends to be a chronic condition creating lifelong interpersonal and psychological problems (Norberg, Calamari, Cohen, & Riemann, 2008).



PY.20 Whereas behaviours like checking (e.g. that a door is locked) are more common, needing to wear the same lucky pair of socks, or avoiding cracks in the sidewalk are all exam lsions among those with obsessive-compulsive disorder. (credit: modification of work by Bradley Gordon; Shuttershock)

Body Dysmorphic Disorder

An individual with body dysmorphic disorder is preoccupied with a perceived flaw in physical appearance that is either nonexistent or barely noticeable to other people (APA, 2013). These perceived physical defects cause people to think they are unattractive, ugly, hideous, or deformed. These preoccupations can focus on any bodily area, but they typically involve the skin, face, or hair. The preoccupation with imagined physical flaws drives the person to engage in repetitive and ritualistic behavioural and mental acts, such as constantly looking in the mirror, trying to hide the offending body part, comparisons with others, and, in some extreme cases, cosmetic surgery (Phillips, 2005). An estimated 2.4% of the adults in the United States meet the criteria for body dysmorphic disorder, with slightly higher rates in women than in men (APA, 2013).

Hoarding Disorder

Although hoarding was traditionally considered to be a symptom of OCD, considerable evidence suggests that hoarding represents an entirely different disorder (Mataix-Cols et al., 2010). People with hoarding disorder cannot bear to part with personal possessions, regardless of how valueless or useless these possessions are. As a result, these individuals accumulate excessive amounts of usually worthless items that clutter their living areas (Figure PY.21). Often, the quantity of cluttered items is so excessive that the person is unable use their kitchen, or sleep in their bed. People who suffer from this disorder have great difficulty parting with items because they believe the items might be of some later use, or because they form a sentimental attachment to the items (APA, 2013). Importantly, a diagnosis of hoarding disorder is made only if the hoarding is not caused by another medical condition and if the hoarding is not a symptom of another disorder (e.g., schizophrenia) (APA, 2013).



Figure PY.21 Those who suffer from hoarding disorder have great difficulty in discarding possessions, usually resulting in an accumulation of items that clutter living or work areas. (credit: “puuikibeach”/Flickr)

Causes of OCD

The results of family and twin studies suggest that OCD has a moderate genetic component. The disorder is five times more frequent in the first-degree relatives of people with OCD than in people without the disorder (Nestadt et al., 2000). Additionally, the concordance rate of OCD among identical twins is around 57%; however, the concordance rate for fraternal twins is 22% (Bolton, Rijsdijk, O’Connor, Perrin, & Eley, 2007). Studies have implicated about two dozen potential genes that may be involved in OCD; these genes regulate the function of three neurotransmitters: serotonin, dopamine, and glutamate (Pauls, 2010). Many of these studies included small sample sizes and have yet to be replicated. Thus, additional research needs to be done in this area.

A brain region that is believed to play a critical role in OCD is the orbitofrontal cortex (Kopell & Greenberg, 2008), an area of the frontal lobe involved in learning and decision-making (Rushworth, Noonan, Boorman, Walton, & Behrens, 2011) (Figure PY.22). In people with OCD, the orbitofrontal cortex becomes especially hyperactive when they are provoked with tasks in which, for example, they are asked to look at a photo of a toilet or of pictures hanging crookedly on a wall (Simon, Kaufmann, Müsch, Kischkel, & Kathmann, 2010). The orbitofrontal cortex is part of a series of brain regions that, collectively, is called the OCD circuit; this circuit consists of several interconnected regions that influence the perceived emotional value of stimuli and the selection of both behavioural and cognitive responses (Graybiel & Rauch, 2000). As with the orbitofrontal cortex, other regions of the OCD circuit show heightened activity during symptom provocation (Rotge et al., 2008), which suggests that abnormalities in these regions may produce the symptoms of OCD (Saxena, Bota, & Brody, 2001). Consistent with this explanation, people with OCD show a substantially higher degree of connectivity of the orbitofrontal cortex and other regions of the OCD circuit than do those without OCD (Beucke et al., 2013).

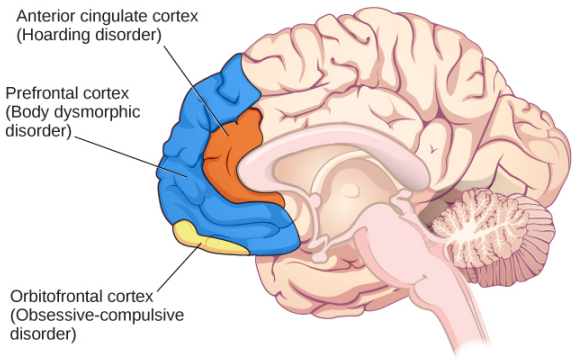


Figure PY.22 Different regions of the brain may be associated with different psychological disorders.

The findings discussed above were based on imaging studies, and they highlight the potential importance of brain dysfunction in OCD. However, one important limitation of these findings is the inability to explain differences in obsessions and compulsions. Another limitation is that the correlational relationship between neurological abnormalities and OCD symptoms cannot imply causation (Abramowitz & Siqueland, 2013).

What do you think?

Conditioning and OCD

The symptoms of OCD have been theorized to be learned responses, acquired and sustained as the result of a combination of two forms of learning: classical conditioning and operant conditioning (Mowrer, 1960; Steinmetz, Tracy, & Green, 2001). Specifically, the acquisition of OCD may occur first as the result of classical conditioning, whereby a neutral stimulus becomes associated with an unconditioned stimulus that provokes anxiety or distress. When an individual has acquired this association, subsequent encounters with the neutral stimulus trigger anxiety, including obsessive thoughts; the anxiety and obsessive thoughts (which are now a conditioned response) may persist until they identify some strategy to relieve it. Relief may take the form of a ritualistic behaviour or mental activity that, when enacted repeatedly, reduces the anxiety. Such efforts to relieve anxiety constitute an example of negative reinforcement (a form of operant conditioning). Recall from the chapter on learning that negative reinforcement involves the strengthening of behaviour through its ability to remove something unpleasant or aversive. Hence, compulsive acts observed in OCD may be sustained because they are negatively reinforcing, in the sense that they reduce anxiety triggered by a conditioned stimulus.

Suppose an individual with OCD experiences obsessive thoughts about germs, contamination, and disease whenever she encounters a doorknob. What might have constituted a viable unconditioned stimulus? Also, what would constitute the conditioned stimulus, unconditioned response, and conditioned response? What kinds of compulsive behaviours might we expect, and how do they reinforce themselves? What is decreased? Additionally, and from the standpoint of learning theory, how might the symptoms of OCD be treated successfully?

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14.10: Post-Traumatic Stress Disorder

Post-Traumatic Stress Disorder

Written and adapted by Max Dysart

Learning Objectives

By the end of this section, you will be able to:

- Describe the nature and symptoms of PTSD
- Identify the risk factors and protective factors linked to PTSD
- Identify and describe current treatment options for PTSD

In the following section, we will discuss **Post-Traumatic Stress Disorder (PTSD)**, a term used to describe a set of fear and arousal-related symptoms tied to a specific traumatic event or events. In approaching this content, we acknowledge that some readers may have personal experience with these kinds of trauma, and may be negatively affected by this material.

If you, or someone you know, is dealing with PTSD, supports are available through Wellness Canada that may be helpful.

Originally, PTSD was identified in the military after combat exposure and was referred to as *shell shock* or *combat neurosis*, and was mainly diagnosed in male combat veterans. In *Waiting for First Light*, Canadian General Romeo Dallaire shares his continuing struggles with PTSD after witnessing atrocities during the genocide in Rwanda in 1993-94. As head of the United Nations peacekeeping force, his experience left a lasting impact on his mental health and led to his medical dismissal from the military several years later. He has devoted his life to mental health advocacy for veterans and fighting exploitation of child soldiers through the Dallaire Institute for Children, Peace, and Security at Dalhousie University. Although long recognized as a significant mental health concern, there is stigma surrounding PTSD in this population and effective treatments still remain inaccessible to many that need them.

The kinds of traumas that cause these symptoms vary widely and have the ability to affect anyone. It wasn't until the late 1970's that the broader medical community acknowledged that the same set of symptoms could be seen in people who experienced sexual assault, so the more general term *post-traumatic stress disorder* was developed to include other kinds of psychological trauma (Herman, 1997).

A Broader Definition of PTSD

According to the DSM-5, PTSD is diagnosed when an individual who has had a traumatic experience develops a set of fear and arousal related symptoms that last at least a month. The individual may have been present for the traumatic event as a victim or a witness, or they may have second hand exposure to the event from someone who was present.

The symptoms of PTSD fall into four categories: Intrusion, Avoidance, Negative alterations in cognition and mood, and Alterations in arousal and reactivity. **Intrusion** symptoms occur when the traumatic event is re-experienced through memories, nightmares, flashbacks, and emotional or physical reactivity after exposure to stimuli associated with the trauma. Flashbacks occur when the individual relives the event, as if it is currently happening and can last from a few seconds to several days (APA, 2013a). **Avoidance** occurs when the individual avoids stimuli or thoughts and feelings associated with the trauma. **Alterations in cognitions and mood** involve pervasive negative mood, feelings of isolation, extreme negative beliefs about the self or the world, and problems with memory, often specific to trauma related memories. **Alterations in arousal and reactivity** include irritability or aggression, increased risk-taking, hyper-vigilance, jumpiness, and difficulty with concentration or sleep (APA, 2013a).

Complex PTSD (C-PTSD) is a variant of PTSD included in the 11th revision of the International Classification of Diseases (ICD-11) but it has yet to be included in the DSM. Complex PTSD generally results from prolonged or repeated instances of trauma from which escape is difficult or impossible, like childhood neglect or domestic abuse. Diagnosis of C-PTSD requires the presence of intrusions, avoidance, and alterations in arousal and hyperactivity (three core features of PTSD), as well as extreme emotional dysregulation, persistent interpersonal difficulties, and negative self-concept (ICD-11, 2019). As a result of these differences, people with C-PTSD may often be misdiagnosed as having **Borderline Personality Disorder (BPD)**. There is a high rate of

comorbidity between C-PTSD and BPD, however, research has supported the validity of C-PTSD as a distinct construct and different treatment courses are indicated (Cloitre et al, 2014).

Roughly 8% of adults in Canada meet the clinical criteria for PTSD, and of those close to 4 in 5 report barriers in accessing care. Among those who meet the criteria for PTSD, sexual assault is the most commonly reported cause (14%), followed by life threatening illness or injury (10%), situations involving sudden accidental death (6%), and physical assault (6%) (Statistics Canada, 2022). As mentioned above, some people may be at higher risk of experiencing trauma as a result of their occupation but there are also identity factors that are associated with increased risk. People in these groups aren't less resilient, but they're more likely to experience traumatic events as a result of prejudice. Because of systemic factors, these groups may also be more likely to encounter barriers when seeking assistance (Asnaani & Clark-Hall, 2017).

Risk Factors For PTSD

Of course, not everyone who experiences a traumatic event will go on to develop PTSD. Trauma is complex, and a variety of factors have been identified as increasing one's risk of developing PTSD. Some of the risk factors for PTSD can be considered individual risk factors, involving the coping strategies and resources an individual has to deal with trauma. For example, people who experience trauma Individual factors like genetics and coping strategies are important in assessing risk for PTSD, but they also interact with environmental factors, which affect everyone in a shared environment. By considering how individual risk factors interact with environmental risk factors, we can investigate what allows some people to recover more quickly from trauma while others go on to develop PTSD. To understand risk factors in context, we will examine the impact of the Covid-19 pandemic on frontline healthcare workers (HCW's).

Even before the pandemic, HCW's were at a higher risk of exposure to traumatic events than the general population. During the pandemic frontline workers were exposed to even higher rates of patient death and suffering, while hospital understaffing and an increased need for beds meant working long hours without rest. On top of this, many hospitals lacked sufficient supplies and as a result HCW's had to put themselves at risk with inadequate personal protective equipment during a time when the virus was not well understood. In some cases, HCW's had to improvise, using garbage bags to wear over scrubs, or reusing masks that were meant to be disposed after use (CIDRAP, 2020). One study estimates that the prevalence of PTSD among HCW's in China increased from 10.37% to 20.84% between June 2020 and June 2021, and combined data from 65 studies conducted across 21 countries during the pandemic reported that of 21.5% of HCW's involved met criteria for PTSD (Ouyang et al., 2022; Li et al., 2021).

So what factors predicted the development of PTSD in these populations? Risk factors that preceded traumatic experience were younger age and a lack of experience or training- younger, HCW's have had less time to develop and practice job-specific coping mechanisms than those who have been in the field for years. Risk factors that were present after trauma included heavy workload, an unsafe work environment, passive coping, and burnout. Passive coping strategies involve disengaging or distracting oneself from the source of stress, and burnout is a form of mental exhaustion from prolonged emotional, physical, and mental stress, and is often work-related. Low social support was identified as a risk factor both before and after traumatic experience. In this context, an HCW who uses passive coping is more at risk of developing PTSD than coworkers with more effective coping strategies, even though they share the environmental risk factors like a heavy workload and an unsafe working environment. Many of these risk factors are also associated with poorer patient care. Since the pandemic, many suggestions have been made to prevent or reduce these poor outcomes, often including a ban on prolonged working hours, and better availability of counselling services (d'Ettorre et al., 2021).



Figure PY.23 Frontline medical workers experienced high rates of trauma during the Covid-19 pandemic, and have subsequently been at a heightened risk of developing symptoms of PTSD. In this image, Dr. Annalisa Silvestri sits on the floor in a hallway of San Salvatore Hospital in Italy, wearing full personal protective equipment. This image was taken at the end of a 12 hour day for Dr. Silvestri during which she was unable to take a break. This was a common experience for medical professionals globally throughout the pandemic. Image credits: Alberto Giuliani, wikimedia commons 2020.

Support For Sufferers of PTSD

Research has shown that social support following a traumatic event can reduce the likelihood of PTSD (Ozer, Best, Lipsey, & Weiss, 2003). Social support is often defined as the comfort, advice, and assistance received from relatives, friends, and neighbors. Social support can help individuals cope during difficult times by allowing them to discuss feelings and experiences and providing a sense of being loved and appreciated. One study conducted with HCW's in Northern Italy during the height of the pandemic found that high social support was significantly correlated with recovery, even for people with higher than average levels of PTSD symptoms (Fino et al., 2001).

There are also a number of promising clinical treatments/psychotherapeutic strategies for PTSD, including **Exposure Therapy**, **Cognitive Behavioural Therapy (CBT)**, **Eye Movement Desensitization and Reprocessing (EMDR)**, and **Psychedelic Therapies**. These therapies all focus on the individual's experience of the traumatic memory and use different techniques to weaken the links between traumatic stimuli and extreme emotional and physiological reactions. Both exposure therapy and CBT can be understood by considering the **Learning and Cognitive Processing Model of PTSD**, which suggests that some symptoms are developed and maintained through classical conditioning. The traumatic event may act as an unconditioned stimulus that produces an unconditioned response of extreme fear and anxiety. Cognitive, emotional, physiological, and environmental cues related to the event are conditioned stimuli and so also become linked with the trauma. These traumatic reminders evoke conditioned fear and anxiety, similar to those caused by the event itself (Nader, 2001).

Exposure therapy works to retrain the autonomic nervous system, the branch of the nervous system that activates the fight or flight response. Through this, exposure therapy aims to teach the traumatized individual how to remain calm in the face of trauma-related stimuli, weakening the conditioned response. Similarly, CBT aims to identify and alter thoughts, beliefs and behaviours triggered by trauma related stimuli, and it is sometimes combined with exposure therapy (Kar, 2011). For example, if one associates a certain song with an instance of trauma, exposure therapy might have the individual listen to snippets of the song while working to relax the nervous system. CBT could involve identifying negative thoughts that come up when the song is heard, so that those thoughts can be refuted and replaced with more positive ones.

EMDR and Psychedelic therapies are not as well established, but meta-analyses have indicated that EMDR can significantly reduce PTSD symptoms (Wilson et al., 2018), and early results in studies of psychedelic therapies are promising. These therapies can be understood through the **Adaptive Information Processing model of PTSD**, which suggests that past trauma can continue to cause emotional distress if the memory of that trauma is not fully processed (Solomon & Shapiro, 2008). If memories of traumatic events are fragmented and lacking in detail, the individual may be unable to remember the event in a way that gives it context and meaning. As a result, the fragmented memory stands out, resulting in intrusive thoughts. In this view, EMDR involves reprocessing the memory by talking through it with a therapist while experiencing bilateral stimulation. This usually involves visually following

a dot of light moving back and forth with the eyes, and has been correlated with a reduction of vividness and emotion associated with the memory (Maxfield et al., 2008). A number of clinical trials have found EMDR to be significantly more effective than placebo in reducing symptoms of PTSD, and in many cases this was comparable to, or greater than drug treatments or other forms of therapy (Wilson et al., 2018).

Psychedelic therapy involves reprocessing traumatic memories under the influence of hallucinogenic drugs with the guidance of therapeutic supervision. The mechanism of action depends on which drug is being used, but the idea is that these compounds alter certain neural networks so that memories can more easily be reprocessed. For example, MDMA has been shown to reduce the activity of the amygdala, a brain structure involved in the encoding of fearful memories. It also increases the activity of the prefrontal cortex, an area of the brain that has been shown to be less active in people with PTSD (Carhart-Harris et al., 2015). Classical psychedelic drugs, like LSD and psilocybin, have been shown to help weaken learned fear responses in animals and promote neural plasticity (Catlow et al., 2013; Ly et al., 2018), which theoretically allows the sufferer to alter the neural connections that underlie their traumatic memories . These psychedelic therapies are promising avenues for the future treatment of PTSD with the possibility of significant reductions in symptoms after only a few sessions. Importantly, positive outcomes with these drugs are associated with guidance from professionals trained in psychedelic therapies. Psychedelic treatment without trained guidance can lead to negative outcomes, so it's important to ensure this treatment is conducted by specialists in the field (Krediet et al., 2020).

PTSD and trauma can have a massive effect on an individual's well- being and daily functioning. Moving forward it is important to continue refining treatments and working to make them accessible to everyone who needs them.

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14.11: Dissociative Disorders

Dissociative Disorders

Learning Objectives

By the end of this section, you will be able to:

- Describe the essential nature of dissociative disorders
- Identify and differentiate the symptoms of psychogenic/dissociative amnesia, depersonalization/derealization disorder, and dissociative identity disorder
- Discuss the potential role of both social and psychological factors in dissociative identity disorder

Dissociative disorders are characterized by an individual becoming split off, or dissociated, from her core sense of self. Memory and identity become disturbed; these disturbances have a psychological rather than physical cause. Dissociative disorders listed in the DSM-5 include dissociative amnesia, depersonalization/derealization disorder, and dissociative identity disorder.

Psychogenic/Dissociative Amnesia

Amnesia refers to the partial or total forgetting of some experience or event. An individual with dissociative amnesia is unable to recall important personal information, usually following an extremely stressful or traumatic experience such as combat, natural disasters, or being the victim of violence. The memory impairments are not caused by ordinary forgetting. Some individuals with dissociative amnesia will also experience dissociative fugue (from the word “to flee” in French), whereby they suddenly wander away from their home, experience confusion about their identity, and sometimes even adopt a new identity (Cardeña & Gleaves, 2006). Most fugue episodes last only a few hours or days, but some can last longer. One study of residents in communities in upstate New York reported that about 1.8% experienced dissociative amnesia in the previous year (Johnson, Cohen, Kasen, & Brook, 2006).

Some have questioned the validity of dissociative amnesia (Pope, Hudson, Bodkin, & Oliva, 1998); it has even been characterized as a “piece of psychiatric folklore devoid of convincing empirical support” (McNally, 2003, p. 275). Notably, scientific publications regarding dissociative amnesia rose during the 1980s and reached a peak in the mid-1990s, followed by an equally sharp decline by 2003; in fact, only 13 cases of individuals with dissociative amnesia worldwide could be found in the literature that same year (Pope, Barry, Bodkin, & Hudson, 2006). Further, no description of individuals showing dissociative amnesia following a trauma exists in any fictional or nonfictional work prior to 1800 (Pope, Poliakoff, Parker, Boynes, & Hudson, 2006). However, a study of 82 individuals who enrolled for treatment at a psychiatric outpatient hospital found that nearly 10% met the criteria for dissociative amnesia, perhaps suggesting that the condition is underdiagnosed, especially in psychiatric populations (Foote, Smolin, Kaplan, Legatt, & Lipschitz, 2006).

Depersonalization/Derealization Disorder

Depersonalization/derealization disorder is characterized by recurring episodes of depersonalization, derealization, or both. Depersonalization is defined as feelings of “unreality or detachment from, or unfamiliarity with, one’s whole self or from aspects of the self” (APA, 2013, p. 302). Individuals who experience depersonalization might believe their thoughts and feelings are not their own; they may feel robotic as though they lack control over their movements and speech; they may experience a distorted sense of time and, in extreme cases, they may sense an “out-of-body” experience in which they see themselves from the vantage point of another person. Derealization is conceptualized as a sense of “unreality or detachment from, or unfamiliarity with, the world, be it individuals, inanimate objects, or all surroundings” (APA, 2013, p. 303). A person who experiences derealization might feel as though he is in a fog or a dream, or that the surrounding world is somehow artificial and unreal. Individuals with depersonalization/derealization disorder often have difficulty describing their symptoms and may think they are going crazy (APA, 2013).

Dissociative Identity Disorder

By far, the most well-known dissociative disorder is dissociative identity disorder (formerly called multiple personality disorder). People with dissociative identity disorder exhibit two or more separate personalities or identities, each well-defined and distinct from one another. They also experience memory gaps for the time during which another identity is in charge (e.g., one might find

unfamiliar items in her shopping bags or among her possessions), and in some cases may report hearing voices, such as a child's voice or the sound of somebody crying (APA, 2013). The study of upstate New York residents mentioned above (Johnson et al., 2006) reported that 1.5% of their sample experienced symptoms consistent with dissociative identity disorder in the previous year.

Dissociative identity disorder (DID) is highly controversial. Some believe that people fake symptoms to avoid the consequences of illegal actions (e.g., "I am not responsible for shoplifting because it was my other personality"). In fact, it has been demonstrated that people are generally skilled at adopting the role of a person with different personalities when they believe it might be advantageous to do so. As an example, Kenneth Bianchi was an infamous serial killer who, along with his cousin, murdered over a dozen women around Los Angeles in the late 1970s. Eventually, he and his cousin were apprehended. At Bianchi's trial, he pled not guilty by reason of insanity, presenting himself as though he had DID and claiming that a different personality ("Steve Walker") committed the murders. When these claims were scrutinized, he admitted faking the symptoms and was found guilty (Schwartz, 1981).

A second reason DID is controversial is because rates of the disorder suddenly skyrocketed in the 1980s. More cases of DID were identified during the five years prior to 1986 than in the preceding two centuries (Putnam, Guroff, Silberman, Barban, & Post, 1986). Although this increase may be due to the development of more sophisticated diagnostic techniques, it is also possible that the popularization of DID—helped in part by *Sybil*, a popular 1970s book (and later film) about a woman with 16 different personalities—may have prompted clinicians to overdiagnose the disorder (Piper & Merskey, 2004). Casting further scrutiny on the existence of multiple personalities or identities is the recent suggestion that the story of Sybil was largely fabricated, and the idea for the book might have been exaggerated (Nathan, 2011).

Despite its controversial nature, DID is clearly a legitimate and serious disorder, and although some people may fake symptoms, others suffer their entire lives with it. People with this disorder tend to report a history of childhood trauma, some cases having been corroborated through medical or legal records (Cardeña & Gleaves, 2006). Research by Ross et al. (1990) suggests that in one study about 95% of people with DID were physically and/or sexually abused as children. Of course, not all reports of childhood abuse can be expected to be valid or accurate. However, there is strong evidence that traumatic experiences can cause people to experience states of dissociation, suggesting that dissociative states—including the adoption of multiple personalities—may serve as a psychologically important coping mechanism for threat and danger (Dalenberg et al., 2012).

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14.12: Personality Disorders

Personality Disorders

Learning Objectives

By the end of this section, you will be able to:

- Describe the nature of personality disorders and how they differ from other disorders
- List and distinguish between the three clusters of personality disorders
- Identify the basic features of borderline personality disorder and antisocial personality disorder, and the factors that are important in the aetiology of both

The term *personality* refers loosely to one's stable, consistent, and distinctive way of thinking about, feeling, acting, and relating to the world. People with personality disorders exhibit a personality style that differs markedly from the expectations of their culture, is pervasive and inflexible, begins in adolescence or early adulthood, and causes distress or impairment (APA, 2013). Generally, individuals with these disorders exhibit enduring personality styles that are extremely troubling and often create problems for them and those with whom they come into contact. Their maladaptive personality styles frequently bring them into conflict with others, disrupt their ability to develop and maintain social relationships, and prevent them from accomplishing realistic life goals.

The DSM-5 recognizes 10 personality disorders, organized into 3 different clusters. Cluster A disorders include paranoid personality disorder, schizoid personality disorder, and schizotypal personality disorder. People with these disorders display a personality style that is odd or eccentric. Cluster B disorders include antisocial personality disorder, histrionic personality disorder, narcissistic personality disorder, and borderline personality disorder. People with these disorders usually are impulsive, overly dramatic, highly emotional, and erratic. Cluster C disorders include avoidant personality disorder, dependent personality disorder, and obsessive-compulsive personality disorder (which is not the same thing as obsessive-compulsive disorder). People with these disorders often appear to be nervous and fearful. Table PD.2 provides a description of each of the DSM-5 personality disorders:

Table PY.2 DSM-5 Personality Disorders		
DSM-5 Personality Disorder	Description	Cluster
Paranoid	harbours a pervasive and unjustifiable suspiciousness and mistrust of others; reluctant to confide in or become close to others; reads hidden demeaning or threatening meaning into benign remarks or events; takes offence easily and bears grudges; not due to schizophrenia or other psychotic disorders	A
Schizoid	lacks interest and desire to form relationships with others; aloof and shows emotional coldness and detachment; indifferent to approval or criticism of others; lacks close friends or confidants; not due to schizophrenia or other psychotic disorders, not an autism spectrum disorder	A
Schizotypal	exhibits eccentricities in thought, perception, emotion, speech, and behaviour; shows suspiciousness or paranoia; has unusual perceptual experiences; speech is often idiosyncratic; displays inappropriate emotions; lacks friends or confidants; not due to schizophrenia or other psychotic disorder, or to autism spectrum disorder	A
Antisocial	continuously violates the rights of others; history of antisocial tendencies prior to age 15; often lies, fights, and has problems with the law; impulsive and fails to think ahead; can be deceitful and manipulative in order to gain profit or pleasure; irresponsible and often fails to hold down a job or pay financial debts; lacks feelings for others and remorse over misdeeds	B
Histrionic	excessively overdramatic, emotional, and theatrical; feels uncomfortable when not the centre of others' attention; behaviour is often inappropriately seductive or provocative; speech is highly emotional but often vague and diffuse; emotions are shallow and often shift rapidly; may alienate friends with demands for constant attention	B
Narcissistic	overinflated and unjustified sense of self-importance and preoccupied with fantasies of success; believes he is entitled to special treatment from others; shows arrogant attitudes and behaviours; takes advantage of others; lacks empathy	B
Borderline	unstable in self-image, mood, and behaviour; cannot tolerate being alone and experiences chronic feelings of emptiness; unstable and intense relationships with others; behaviour is impulsive, unpredictable, and sometimes self-damaging; shows inappropriate and intense anger; makes suicidal gestures	B
Avoidant	socially inhibited and oversensitive to negative evaluation; avoids occupations that involve interpersonal contact because of fears of criticism or rejection; avoids relationships with others unless guaranteed to be accepted unconditionally; feels inadequate and views self as socially inept and unappealing; unwilling to take risks or engage in new activities if they may prove embarrassing	C
Dependent	allows others to take over and run her life; is submissive, clingy, and fears separation; cannot make decisions without advice and reassurance from others; lacks self-confidence; cannot do things on her own; feels uncomfortable or helpless when alone	C
Obsessive-Compulsive	pervasive need for perfectionism that interferes with the ability to complete tasks; preoccupied with details, rules, order, and schedules; excessively devoted to work at the expense of leisure and friendships; rigid, inflexible, and stubborn; insists things be done his way; miserly with money	C

Slightly over 9% of the U.S. population suffers from a personality disorder, with avoidant and schizoid personality disorders the most frequent (Lezenweger, Lane, Loranger, & Kessler, 2007). Two of these personality disorders, borderline personality disorder and antisocial personality disorder, are regarded by many as especially problematic.

Borderline Personality Disorder

The "borderline" in borderline personality disorder was originally coined in the late 1930s in an effort to describe patients who appeared anxious, but were prone to brief psychotic experiences—that is, patients who were thought to be literally on the borderline between anxiety and psychosis (Freeman, Stone, Martin, & Reinecke, 2005). Today, borderline personality disorder has

a completely different meaning. Borderline personality disorder is characterized chiefly by instability in interpersonal relationships, self-image, and mood, as well as marked impulsivity (APA, 2013). People with borderline personality disorder cannot tolerate the thought of being alone and will make frantic efforts (including making suicidal gestures and engaging in self-mutilation) to avoid abandonment or separation (whether real or imagined). Their relationships are intense and unstable; for example, a lover may be idealized early in a relationship, but then later vilified at the slightest sign she appears to no longer show interest. These individuals have an unstable view of self and, thus, might suddenly display a shift in personal attitudes, interests, career plans, and choice of friends. For example, a law school student may, despite having invested tens of thousands of dollars toward earning a law degree and despite having performed well in the program, consider dropping out and pursuing a career in another field. People with borderline personality disorder may be highly impulsive and may engage in reckless and self-destructive behaviours such as excessive gambling, spending money irresponsibly, substance abuse, engaging in unsafe sex, and reckless driving. They sometimes show intense and inappropriate anger that they have difficulty controlling, and they can be moody, sarcastic, bitter, and verbally abusive.

The prevalence of borderline personality disorder in the U.S. population is estimated to be around 1.4% (Lezenweger et al., 2007), but the rates are higher among those who use mental health services; approximately 10% of mental health outpatients and 20% of psychiatric inpatients meet the criteria for diagnosis (APA, 2013). Additionally, borderline personality disorder is comorbid with anxiety, mood, and substance use disorders (Lezenweger et al., 2007).

Biological Basis for Borderline Personality Disorder

Genetic factors appear to be important in the development of borderline personality disorder. For example, core personality traits that characterize this disorder, such as impulsivity and emotional instability, show a high degree of heritability (Livesley, 2008). Also, the rates of borderline personality disorder among relatives of people with this disorder have been found to be as high as 24.9% (White, Gunderson, Zanarani, & Hudson, 2003). Individuals with borderline personality disorder report experiencing childhood physical, sexual, and/or emotional abuse at rates far greater than those observed in the general population (Afifi et al., 2010), indicating that environmental factors are also crucial. These findings would suggest that borderline personality disorder may be determined by an interaction between genetic factors and adverse environmental experiences. Consistent with this hypothesis, one study found that the highest rates of borderline personality disorder were among individuals with a borderline temperament (characterized by high novelty seeking and high harm-avoidance) and those who experienced childhood abuse and/or neglect (Joyce et al., 2003).

Antisocial Personality Disorder

Most human beings live in accordance with a moral compass, a sense of right and wrong. Most individuals learn at a very young age that there are certain things that should not be done. We learn that we should not lie or cheat. We are taught that it is wrong to take things that do not belong to us, and that it is wrong to exploit others for personal gain. We also learn the importance of living up to our responsibilities, of doing what we say we will do. People with antisocial personality disorder, however, do not seem to have a moral compass. These individuals act as though they neither have a sense of nor care about right or wrong. Not surprisingly, these people represent a serious problem for others and for society in general.

According to the DSM-5, the individual with antisocial personality disorder shows no regard at all for other people's rights or feelings. This lack of regard is exhibited a number of ways and can include repeatedly performing illegal acts, lying to or conning others, impulsivity and recklessness, irritability and aggressiveness toward others, and failure to act in a responsible way (e.g., leaving debts unpaid) (APA, 2013). The worst part about antisocial personality disorder, however, is that people with this disorder have no remorse over their misdeeds; these people will hurt, manipulate, exploit, and abuse others and not feel any guilt. Signs of this disorder can emerge early in life; however, a person must be at least 18 years old to be diagnosed with antisocial personality disorder.

People with antisocial personality disorder seem to view the world as self-serving and unkind. They seem to think that they should use whatever means necessary to get by in life. They tend to view others not as living, thinking, feeling beings, but rather as pawns to be used or abused for a specific purpose. They often have an over-inflated sense of themselves and can appear extremely arrogant. They frequently display superficial charm; for example, without really meaning it they might say exactly what they think another person wants to hear. They lack empathy: they are incapable of understanding the emotional point-of-view of others. People with this disorder may become involved in illegal enterprises, show cruelty toward others, leave their jobs with no plans to

obtain another job, have multiple sexual partners, repeatedly get into fights with others, and show reckless disregard for themselves and others (e.g., repeated arrests for driving while intoxicated) (APA, 2013).

The DSM-5 has included an alternative model for conceptualizing personality disorders based on the traits identified in the Five Factor Model of personality. This model addresses the level of personality functioning such as impairments in self (identity or self-direction) and interpersonal (empathy or intimacy) functioning. In the case of antisocial personality disorder, the DSM-5 identifies the predominant traits of antagonism (such as disregard for others' needs, manipulative or deceitful behaviour) and disinhibition (characterized by impulsivity, irresponsibility, and risk-taking) (Harwood, Schade, Krueger, Wright, & Markon, 2012). A psychopathology specifier is also included that emphasizes traits such as attention seeking and low anxiousness (lack of concern about negative consequences for risky or harmful behaviour) (Crego & Widiger, 2014).

Risk Factors for Antisocial Personality Disorder

Antisocial personality disorder is observed in about 3.6% of the population; the disorder is much more common among males, with a 3 to 1 ratio of men to women, and it is more likely to occur in men who are younger, widowed, separated, divorced, of lower socioeconomic status, who live in urban areas, and who live in the western United States (Compton, Conway, Stinson, Colliver, & Grant, 2005). Compared to men with antisocial personality disorder, women with the disorder are more likely to have experienced emotional neglect and sexual abuse during childhood, and they are more likely to have had parents who abused substances and who engaged in antisocial behaviours themselves (Alegria et al., 2013).

Table PY.3 shows some of the differences in the specific types of antisocial behaviours that men and women with antisocial personality disorder exhibit (Alegria et al., 2013).

Table PY.3 Gender Differences in Antisocial Personality Disorder

Men with antisocial personality disorder are more likely than women with antisocial personality disorder to	**Women with antisocial personality disorder are more likely than men with antisocial personality to**
• do things that could easily hurt themselves or others • receive three or more traffic tickets for reckless driving • have their driver's license suspended • destroy others' property • start a fire on purpose • make money illegally • do anything that could lead to arrest • hit someone hard enough to injure them • hurt an animal on purpose	• run away from home overnight • frequently miss school or work • lie frequently • forge someone's signature • get into a fight that comes to blows with an intimate partner • live with others besides the family for at least one month • harass, threaten, or blackmail someone

Family, twin, and adoption studies suggest that both genetic and environmental factors influence the development of antisocial personality disorder, as well as general antisocial behaviour (criminality, violence, aggressiveness) (Baker, Bezdjian, & Raine, 2006). Personality and temperament dimensions that are related to this disorder, including fearlessness, impulsive antisociality, and callousness, have a substantial genetic influence (Livesley & Jang, 2008). Adoption studies clearly demonstrate that the development of antisocial behaviour is determined by the interaction of genetic factors and adverse environmental circumstances (Rhee & Waldman, 2002). For example, one investigation found that adoptees of biological parents with antisocial personality disorder were more likely to exhibit adolescent and adult antisocial behaviours if they were raised in adverse adoptive family environments (e.g., adoptive parents had marital problems, were divorced, used drugs, and had legal problems) than if they were raised in a more normal adoptive environment (Cadoret, Yates, Ed, Woodworth, & Stewart, 1995).

Researchers who are interested in the importance of environment in the development of antisocial personality disorder have directed their attention to such factors as the community, the structure and functioning of the family, and peer groups. Each of these factors influences the likelihood of antisocial behaviour. One longitudinal investigation of more than 800 Seattle-area youth measured risk factors for violence at 10, 14, 16, and 18 years of age (Herrenkohl et al., 2000). The risk factors examined included those involving the family, peers, and community. A portion of the findings from this study are provided in Figure PY.24.

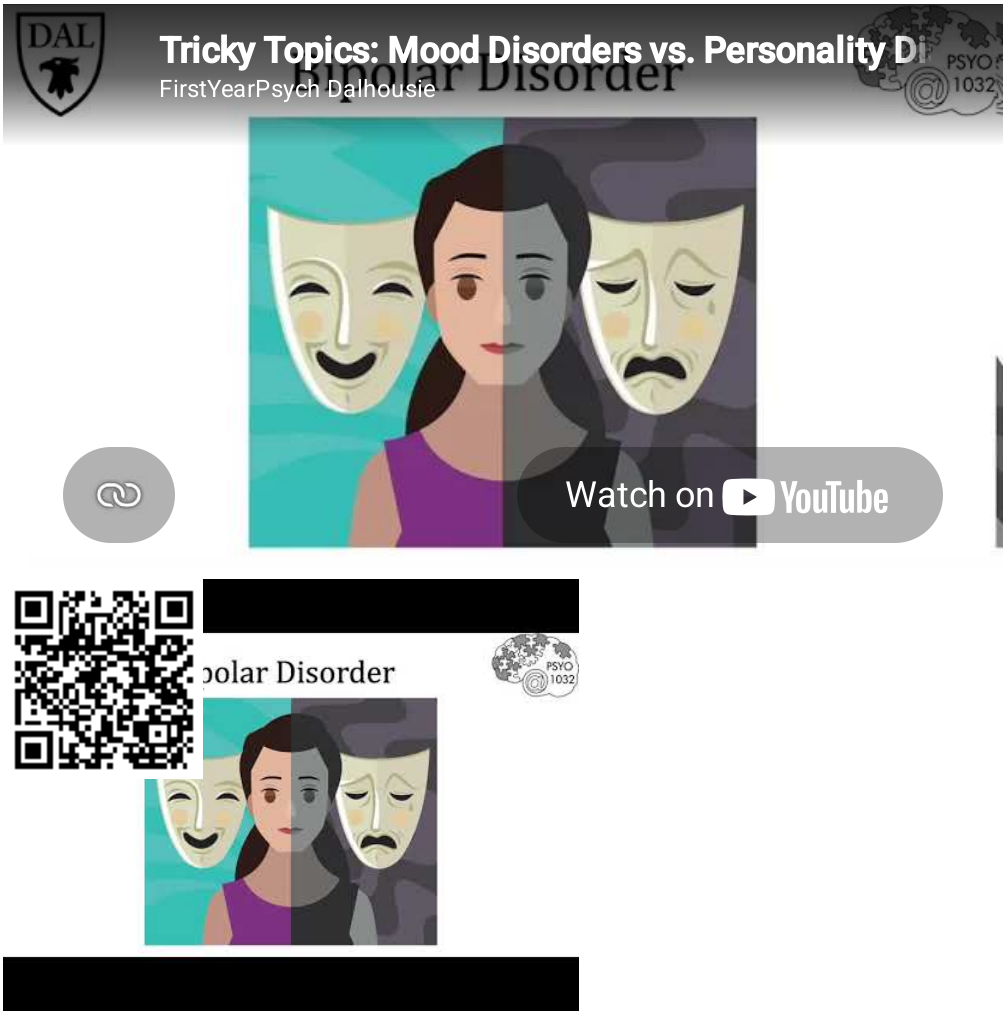
Risk Factors During Adolescence That Predict Later Violence			
Risk factor	**Age 10 predictor (elementary school)**	**Age 14 predictor (middle school)**	**Age 16 predictor (high school)**
Family			
Parental violence		✕	
Parental criminality		✕	✕
Poor family management		✕	✕
Family conflict		✕	✕
Parental attitudes favorable to violence	✕		
Frequent moves			✕
Peer			
Peer delinquency	✕	✕	✕
Gang membership		✕	✕
Community			
Economic deprivation	✕		✕
Community disorganization		✕	✕
Availability of drugs	✕	✕	✕
Neighborhood adults involved in crime		✕	✕

Figure PY.24 Longitudinal studies have helped to identify risk factors for predicting violent behaviour.

Those with antisocial tendencies do not seem to experience emotions the way most other people do. These individuals fail to show fear in response to environment cues that signal punishment, pain, or noxious stimulation. For instance, they show less skin conductance (sweatiness on hands) in anticipation of electric shock than do people without antisocial tendencies (Hare, 1965). Skin conductance is controlled by the sympathetic nervous system and is used to assess autonomic nervous system functioning. When the sympathetic nervous system is active, people become aroused and anxious, and sweat gland activity increases. Thus, increased sweat gland activity, as assessed through skin conductance, is taken as a sign of arousal or anxiety. For those with antisocial personality disorder, a lack of skin conductance may indicate the presence of characteristics such as emotional deficits and impulsivity that underlie the propensity for antisocial behaviour and negative social relationships (Fung et al., 2005).

Another example showing that those with antisocial personality disorder fail to respond to environmental cues comes from a recent study by Stuppy-Sullivan and Baskin-Sommers (2019). The researchers studied cognitive and reward factors associated with antisocial personality disorder dysfunction in 119 incarcerated males. Each subject was administered three tasks targeting different aspects of cognition and reward. High-magnitude rewards tended to impair perception in those with antisocial personality disorder, worsened executive function when they were consciously aware of the high rewards, and worsened inhibition when the tasks placed high demand on working memory.

TRICKY TOPIC: MOOD DISORDERS VS. PERSONALITY DISORDERS



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14.13: Neurodegenerative Diseases

Neurodegenerative Diseases

written by Justin Field, Dalhousie University

Learning Objectives

By the end of this section, you will be able to:

- Define neurodegenerative disease
- Describe some of the techniques used to diagnose neurodegenerative diseases
- Define Alzheimer's disease and describe the clinical features
- Compare and contrast the brains of those with Alzheimer's disease to those without

What is a Neurodegenerative Disease?

Neurodegenerative diseases vary in their causes, pathology, clinical symptoms, and treatment, which leads us to ask: What is considered a neurodegenerative disease? They are commonly characterized by gradual neuronal loss that can result in cognitive and motor impairments (Gao & Hong, 2008). Neurodegenerative diseases most often affect older individuals, and with an aging population these diseases will likely become more common (Brookmeyer et al., 2007). This section will describe the causes, clinical symptoms, and treatments of common neurodegenerative diseases including Alzheimer's, Parkinson's, Huntington's, multiple sclerosis (MS), and amyotrophic lateral sclerosis (ALS). But what specific evidence do we have that these neurodegenerative diseases even exist in the first place?

Evidence for Neurodegenerative Diseases

Early Evidence

Before the age of neuroimaging, physicians and researchers studied neurodegenerative diseases with a more 'manual' approach: post-mortem brain examinations. The basic idea was that if an individual showed pathological behaviour while they were living, observed abnormalities in their brain structure after they died could reveal Constantin Tretiakoff (PY.24) was a young researcher working in France who made an important contribution to the understanding of Parkinson's disease using this strategy. Tretiakoff compared the brains of individuals with Parkinson's to healthy age-matched individuals, focussing on an area called the substantia nigra. Tretiakoff found that those with Parkinson's showed a loss of neurons in this area which he suspected to contribute to the observable symptoms of the disease (Parent & Parent, 2010). This finding paved the way for further research in Parkinson's by drawing a connection between observable symptoms and a specific region of the brain.



Figure PY.24 Russian neuropathologist Constantin Tretiakoff (credit: Creative Commons)

Modern Techniques

While post-mortem examinations are valuable in in studying neurodegenerative diseases, neuroimaging techniques such as functional magnetic resonance imaging (fMRI) and positron emission tomography (PET) are less invasive alternatives that can be performed on living people. Like post-mortem examinations, neuroimaging allows us to examine specific brain areas, but also

allows for measurement of behaviour from living and conscious participants. A major benefit of neuroimaging techniques is that they can be used to monitor brain physiology throughout the course of a neurodegenerative disease to better understand how it progresses. For example, researchers used MRI to scan the brains of patients with multiple sclerosis (MS) to examine the potential relationship between the amount of grey matter in the cerebellum and scores on cognitive and motor tests. They found that low levels of grey matter in specific areas of the cerebellum were linked impairments in cognitive and motor test scores (Grothe et al., 2017). This study shows how neuroimaging can be used to establish a connection between observable symptoms and specific brain areas, making it a valuable tool to understanding neurodegenerative diseases.

Alzheimer's Disease

Clinical Symptoms

Alzheimer's disease is associated with many symptoms that can appear at different stages for different individuals, but ultimately all become more severe as the disease progresses (Sheppard & Coleman, 2020). Memory impairment is the primary cognitive symptom of Alzheimer's, with some forms, like semantic memory, more severely affected than others, like procedural memory. Other symptoms include deficits in attention and language, loss of posture and facial expression control, and often a variety of sleep issues (Scarmeas et al., 2004; Sprecher et al., 2017). Sleep issues and memory deficits are some of the first signs of the disease, with symptoms becoming more prominent over time (Sprecher et al., 2017, Gold & Budson, 2008). Alzheimer's disease is diagnosed most frequently after the age of 60, potentially affecting up to 50% of people over the age of 85 (Schachter & Davis, 2000).

The clinical symptoms of Alzheimer's have strong financial implications, since many diagnosed with the disease require intensive assisted living at some stage (Brookmeyer et al., 2007). The Alzheimer Society of Canada projects national spending on Alzheimer's-related costs to surpass $20 billion in the next ten years (Alzheimer Society of Canada, 2018). In addition to financial strain, Alzheimer's disease can be stressful for caregivers. These people are often spouses or children who must watch their loved ones gradually lose cognitive function as the disease progresses (Schachter & Davis, 2000). Primary caregivers for individuals with Alzheimer's are highly susceptible to depression, with women being disproportionately affected compared to men (Alqahtani et al., 2018; Chen et al., 2020).

Causes

A defining feature of Alzheimer's disease is the presence of extracellular **amyloid plaques** found between neurons and intracellular **tau tangles** found within neurons (Bloom, 2014). These are also found in the brains of people without cognitive symptoms, but at much lower levels and in anatomically distinct areas of the brain (Price et al., 1997; Nelson et al., 2007). So how do plaques and tangles cause problems in some individuals and not others?

When neurons express high levels of amyloid proteins, they clump together to form plaques between neurons in the medial temporal lobe (Sheppard & Coleman, 2020), while tau protein builds up to form tangles inside of the neurons. The build-up of these proteins (PY.25) affects primarily cholinergic neurons (neurons that transmit acetylcholine), causing synaptic dysfunction and neuronal death (Ferreira-Vieira et al., 2016). The neurotransmitter acetylcholine is important for cognitive functions such as memory and damage to the neurons that produce it is linked to cognitive impairment in Alzheimer's patients (Ferreira-Vieira et al., 2016).

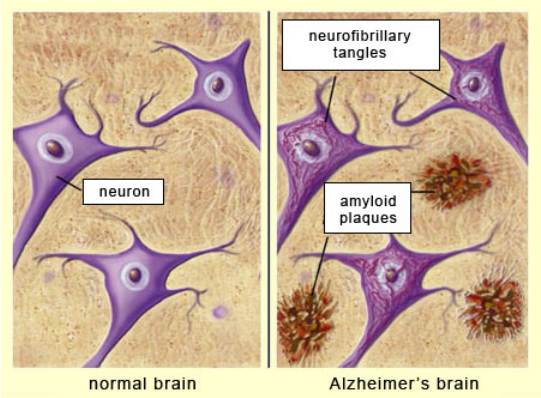


Figure PY.25 “Normal” brain shown on left with Alzheimer’s patient on right. Alzheimer’s brain shows intercellular tangles and extracellular plaques.

There are several genetic risk factors associated with developing Alzheimer’s disease, especially the early onset type which tends to run in families (Shastry & Giblin, 1999). Having one or more copies of the APOE-e4 allele of the APOE gene makes a person more susceptible to developing the disease (National Institute on Aging, 2017). Some populations are more likely to possess copies of the APOE-e4 allele and show different vulnerabilities to developing symptoms. For example, people of African heritage who possess the APOE-e4 allele are less likely to be affected by it than those of European heritage (Serrano-Pozo et al., 2021). Although genes like APOE-e4 appear to be involved in symptoms of early onset Alzheimer’s disease, this accounts for less than 5% of cases (Shastry & Giblin, 1999). The majority of Alzheimer’s cases are later onset and not as tightly linked to family history, so the role of inherited genes in these cases is less clear.

Some of the strongest predictors of Alzheimer’s risk are related to environment and lifestyle, such as cognitive activity and verbal ability. One of the most surprising findings comes from the Nun Study on aging and Alzheimer’s disease (Snowdon, 2001). Participants in this longitudinal study were Catholic nuns from the School Sisters of Notre Dame who completed annual physical and cognitive tests to monitor possible symptoms of dementia. They also generously agreed to donate their brains when they died for detection of Alzheimer’s neuropathology, like plaques and tangles. Linguistic analysis of their writing as young adults when they entered the sisterhood, showed that “idea density”, the average number of ideas expressed per ten words, predicted both cognitive impairment and neuropathology *50 years later* (Riley et al., 2005)! Although this research does not provide a direct causal link between cognitive activity as a protective factor, other research points to benefits of a busy brain. Another large-scale study showed that engaging in regular cognitive activity, like reading the newspaper, and doing crossword puzzles, was associated with a significantly reduced risk of Alzheimer’s-type memory symptoms five years later (Wilson et al., 2022).

Dig Deeper

Earlier Detection of Alzheimer’s Disease Using Biomarkers

Dr. Sultan Darvesh (PY.26) and his research group are developing ways to detect Alzheimer’s disease in the early stages, by looking for on **biomarkers,** molecules produced during pathological processes. Plaques and tangles are present in most people’s brains, but they only are linked to dysfunction in those who develop Alzheimer’s disease (Freer et al., 2016). Identifying differences in proteins associated with known neuropathology is a promising strategy (National Cancer Institute). For years researchers have tried to find a reliable biomarker of Alzheimer’s; recently, Darvesh and his team discovered that butylcholinesterase-associated plaques appear in the brains of individuals with Alzheimer’s disease, but not in the brains of patients diagnosed with other neurodegenerative diseases. Butylcholinesterase is an enzyme responsible for breaking down acetylcholine (which we know is negatively impacted in individuals with Alzheimer’s disease). This may be the first step towards earlier diagnosis and treatments for those living with Alzheimer’s.



Figure PY.26 Alzheimer's researcher, Dr. Sultan Darvesh from Dalhousie University (credit: Dalhousie University)

In recent years, Darvesh's group examined brains with and without plaques, and brains from individuals with and without Alzheimer's. Researchers found butylcholinesterase plaques were present almost exclusively in the brains of individuals who had Alzheimer's, while amyloid plaques were found in the brains of those with and without Alzheimer's disease. Furthermore, butylcholinesterase plaques were not associated with any other neurodegenerative diseases, making them ideal biomarkers unique to Alzheimer's (MacDonald et al., 2017).

Many neuroimaging techniques (e.g., PET scans) use radioactive molecules to identify biomarkers in the brain. These radioactive molecules need to be able to bond to the biomarker of interest so that researchers and clinicians can visualize where these biomarkers might be in the brain. Darvesh and his team are currently working to develop this type of molecule to allow for a high-resolution visualization of plaques in the brains of Alzheimer's patients. The biomarker may allow for earlier detection and potentially become a reliable tool for diagnosis.

Link to Learning

Watch this interview with Dr. Sultan Darvesh, discussing his work on Alzheimer's disease, to learn more.

Treatment

A cure for Alzheimer's does not exist, meaning that those diagnosed will have the disease until death. However, there are drug-based and non-drug-based treatment options that can reduce some of the symptoms of the disease and aim to increase quality of life for Alzheimer's patients. are somewhat effective at reducing symptoms (e.g., memory loss, language difficulty).

Cholinesterase inhibitors are a popular drug-based treatment that aims to prevent the breakdown of acetylcholine, a neurotransmitter crucial to many cognitive processes including memory. The inhibitors allow acetylcholine to remain in the synapse for longer, enhancing its effects (Larik et al., 2018). Another drug-based option is the use of NMDA antagonists which regulate the release of glutamate in the brain. In Alzheimer's patients, excessive amounts of glutamate can cause neuronal cell death which contributes to the symptoms of the disease (Liu et al., 2019). NMDA antagonists and cholinesterase inhibitors both work to reduce cognitive symptoms of Alzheimer's disease but in different ways; as such, patients are often prescribed a combination of both of these types of drugs.

Besides prescribed drugs, Alzheimer's disease can be managed through strong social support. Specifically, clinical psychologists recommend a psychosocial approach on its own, or in addition drug-based treatment. **Psychosocial interventions** can include cognitive training, group exercise, and art or music therapy (PY.28). Duan et al. (2018) conducted a meta-analysis on the effectiveness of several psychosocial interventions such as a walking program and group exercise. They looked at the effectiveness of these interventions on their own and when paired with cholinesterase inhibitors. A walking program, home-based exercise, and group exercise, among others, were found to improve the mental state of participants compared to those in the control condition. However, a combination of cholinesterase inhibitor and psychosocial intervention was found to be the most effective, more so either treatment on their own (Duan et al., 2018).



Figure PY. 28 Music therapy can improve the moods, autobiographical recall, and cognitive skills in individuals with Alzheimer's diease (Matziorinis & Koelsch, 2022; credit: Alzheimer's Society of Canada)

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14.14: Key Terms for Psychopathology

Key Terms for Psychopathology

Adaptive information processing model of PTSD

suggests that past trauma can continue to cause emotional distress if the memory of that trauma is not fully processed

ADHD-C

Attention deficit/hyperactivity disorder with a mix of symptoms in both inattentive and hyperactive/impulsive categories.

ADHD-HI

Attention deficit/hyperactivity disorder with symptoms that primarily fall into the hyperactivity and Impulsivity category. People with ADHD-HI have trouble with impulse control, may display a high level of activity and energy in inappropriate situations, and have relatively fewer symptoms in the inattentive category.

ADHD-PI

Attention deficit/hyperactivity disorder with symptoms that primarily fall into the inattentive category. People with ADHD-PI have trouble maintaining attention, and have relatively fewer symptoms in the hyperactivity and impulsivity category.

agoraphobia

anxiety disorder characterized by intense fear, anxiety, and avoidance of situations in which it might be difficult to escape if one experiences symptoms of a panic attack

alexithymia

a condition that involves a reduced ability to identify and sense one's own emotions and the emotions of others

alterations in arousal and reactivity

one of the four categories of PTSD symptoms; include irritability or aggression, increased risk-taking, hyper-vigilance, jumpiness, and difficulty with concentration or sleep

amyloid-beta plaque

an extracellular accumulation of amyloid; thought to be the potential cause or by-product of Alzheimer's disease

antisocial personality disorder

characterized by a lack of regard for others' rights, impulsivity, deceitfulness, irresponsibility, and lack of remorse over misdeeds

anxiety disorder

characterized by excessive and persistent fear and anxiety, and by related disturbances in behaviour

applied behavioural analysis

a behavioural modification strategy that involves punishing autistic traits and behaviours that are deemed maladaptive, while rewarding behaviours that are deemed appropriate; this therapy is not accepted by the broader autistic community

attention deficit/hyperactivity disorder

a neurotype characterized by differences and difficulties in attention and emotional and behavioural regulation. This neurotype is often also associated with differences in sensory processing and executive function.

atypical

describes behaviours or feelings that deviate from the norm

augmentative and alternative communication (AAC)

techniques and technologies meant to supplement or allow for communication when expressive speech or language is difficult or impossible. AAC includes but isn't limited to sign languages, text-to-speech devices, and image-based systems like picture cards and communication boards.

autistic burnout

a state resulting from prolonged stress and a mismatch of expectations and abilities without enough accommodation or support. This state is associated with long term fatigue, reduced function, loss of previously acquired skills, and an increase in sensory issues.

autistic meltdown

a response similar to fight or flight that autistic people experience when they are experiencing a level of stress and overstimulation that they aren't able to manage. Meltdowns involve bursts of uncontrolled behaviour that may serve to externalize stress and reduce the level of internal tension the autistic person is experiencing.

autistic shutdown

a response to overwhelming stress and overstimulation in which an autistic person experiences dissociation or withdrawal from the current sensory environment. Shutdowns involve reduced responsiveness, loss of function, and fatigue, and may serve to reduce tension by decreasing the amount of stimulation the individual experiences

autism spectrum disorder

a neurotype characterized by difficulty in neurotypical social interaction and communication, and by restricted or repetitive patterns of thought and behaviour. This neurotype is also generally associated with differences in sensory processing.

avoidance symptoms

one of the four categories of PTSD; occur when the individual avoids stimuli or thoughts and feelings associated with the trauma

behavioural parent training

a kind of therapy designed to teach parents of people with ADHD how to manage emotions and communicate effectively so that they can support their children in forming habits and learning skills that suit their needs and neurotype.

biomarker

unique molecules produced during pathological processes that can be used to detect the presence of a disease

bipolar and related disorders

group of mood disorders in which mania is the defining feature

bipolar disorder

mood disorder characterized by mood states that vacillate between depression and mania

body dysmorphic disorder

involves excessive preoccupation with an imagined defect in physical appearance

borderline personality disorder

instability in interpersonal relationships, self-image, and mood, as well as impulsivity; key features include intolerance of being alone and fear of abandonment, unstable relationships, unpredictable behaviour and moods, and intense and inappropriate anger

catatonic behaviour

decreased reactivity to the environment; includes posturing and catatonic stupor

cognitive behavioural therapy (CBT)

a kind of therapy that aims to systematically identify maladaptive patterns of thought and behaviour so that they can be addressed and replaced with more effective strategies

comorbidity

co-occurrence of two disorders in the same individual

complex PTSD (C-PTSD)

a variant of PTSD included in the 11th revision of the International Classification of Diseases (ICD-11) but it has yet to be included in the DSM

delusion

belief that is contrary to reality and is firmly held, despite contradictory evidence

depersonalization/derealization disorder

dissociative disorder in which people feel detached from the self (depersonalization), and the world feels artificial and unreal (derealization)

depressive disorder

one of a group of mood disorders in which depression is the defining feature

diagnosis

determination of which disorder a set of symptoms represents

Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)

authoritative index of mental disorders and the criteria for their diagnosis; published by the American Psychiatric Association (APA)

diathesis-stress model

suggests that people with a predisposition for a disorder (a diathesis) are more likely to develop the disorder when faced with stress; model of psychopathology

disorganized thinking

disjointed and incoherent thought processes, usually detected by what a person says

disorganized/abnormal motor behaviour

highly unusual behaviours and movements (such as child-like behaviours), repeated and purposeless movements, and displaying odd facial expressions and gestures

dissociative amnesia

dissociative disorder characterized by an inability to recall important personal information, usually following an extremely stressful or traumatic experience

dissociative disorders

group of DSM-5 disorders in which the primary feature is that a person becomes dissociated, or split off, from his or her core sense of self, resulting in disturbances in identity and memory

dissociative fugue

symptom of dissociative amnesia in which a person suddenly wanders away from one’s home and experiences confusion about his or her identity

dissociative identity disorder

dissociative disorder (formerly known as multiple personality disorder) in which a person exhibits two or more distinct, well-defined personalities or identities and experiences memory gaps for the time during which another identity emerged

dopamine hypothesis

theory of schizophrenia that proposes that an overabundance of dopamine or dopamine receptors is responsible for the onset and maintenance of schizophrenia

etiology

cause or causes of a psychological disorder

executive functions

a set of cognitive skills that involve self-control, self-monitoring, planning and organization, and working memory

flashback

psychological state lasting from a few seconds to several days, during which one relives a traumatic event and behaves as though the event were occurring at that moment

flight of ideas

symptom of mania that involves an abruptly switching in conversation from one topic to another

generalized anxiety disorder

characterized by a continuous state of excessive, uncontrollable, and pointless worry and apprehension

global processing

processing the sum of parts, or the end product of a number of local details as they are combined; for example, processing the way a song sounds as a whole, rather than focusing on individual notes or instruments

grandiose delusion

characterized by beliefs that one holds special power, unique knowledge, or is extremely important

habituation

a reduction in the response of the nervous system to stimuli that is unchanging or consistently present

hallucination

perceptual experience that occurs in the absence of external stimulation, such as the auditory hallucinations (hearing voices) common to schizophrenia

harmful dysfunction

model of psychological disorders resulting from the inability of an internal mechanism to perform its natural function

hoarding disorder

characterized by persistent difficulty in parting with possessions, regardless of their actual value or usefulness

hopelessness theory

cognitive theory of depression proposing that a style of thinking that perceives negative life events as having stable and global causes leads to a sense of hopelessness and then to depression

hyperfocus

an intense state of attention towards a particular subject, during which the individual may seem to ignore all other stimuli and may lose their sense of time; generally this occurs during tasks that are enjoyable

hyperlexia

the ability to read significantly above the expected level for one’s age

hyperreactivity

a larger than average reaction to certain sensory stimuli

hyporeactivity

a smaller than average reaction to certain sensory stimuli or a lack of reaction to certain sensory stimuli

identity first language

a way to refer to people that uses their condition or neurotype as a noun. This is meant to acknowledge that the neurotype or condition is actually a part of the person's identity which cannot be separated from them. For example, referring to someone as an autistic person is a use of identity first language.

interoception

one's perception of sensations that come from inside the body, including heart beat, respiration, pain, sensations involved in digestion, and nervous system activity related to emotions

intrusion symptoms

one of the four categories of PTSD symptoms; occur when the traumatic event is re-experienced through memories, nightmares, flashbacks, and emotional or physical reactivity after exposure to stimuli associated with the trauma

International Classification of Diseases (ICD)

authoritative index of mental and physical diseases, including infectious diseases, and the criteria for their diagnosis; published by the World Health Organization (WHO)

Learning and Cognitive Processing Model of PTSD

suggests that some symptoms are developed and maintained through classical conditioning

local processing

processing local details, the individual details that make up a bigger picture; for example, processing the colours that are used in a painting rather than processing the painting as a whole

locus coeruleus

area of the brainstem that contains norepinephrine, a neurotransmitter that triggers the body's fight-or-flight response; has been implicated in panic disorder

major depressive disorder

commonly referred to as "depression" or "major depression," characterized by sadness or loss of pleasure in usual activities, as well other symptoms

mania

state of extreme elation and agitation

manic episode

period in which an individual experiences mania, characterized by extremely cheerful and euphoric mood, excessive talkativeness, irritability, increased activity levels, and other symptoms

masking

a strategy that involves learning and performing neurotypical behaviours, while suppressing and resisting autistic behaviours with the intent to blend in for safety, to avoid stigma, and to succeed in a neurotypical social context

medical model of disability

a model that identifies disability as a defect rather than a difference of needs. This model positions the disabled person as a victim of their disability and places responsibility on the individual. This model aims to prevent and eliminate disability.

mindfulness techniques and training

a kind of attention training therapy or technique that aims teach participants to remain cognitively present and avoid internal distractions, like stressful thoughts or worries about the future, as well as external distractions, like ambient noise.

mood disorder

one of a group of disorders characterized by severe disturbances in mood and emotions; the categories of mood disorders listed in the DSM-5 are bipolar and related disorders and depressive disorders

negative alterations in cognitions and mood

one of the four categories of PTSD symptoms; involve pervasive negative mood, feelings of isolation, extreme negative beliefs about the self or the world, and problems with memory, often specific to trauma related memories

negative symptom

characterized by decreases and absences in certain normal behaviours, emotions, or drives, such as an expressionless face, lack of motivation to engage in activities, reduced speech, lack of social engagement, and inability to experience pleasure

neurodegenerative disease

a brain disorder characterized by the dysfunction and subsequent death of neurons

neurodevelopmental disorder

one of the disorders that are first diagnosed in childhood and involve developmental problems in academic, intellectual, social functioning

neurodiversity

the spectrum of brain organization and function that can occur in a population of healthy humans

neurotype

the kind of brain organization and function a person has, influencing the way they perceive, interpret, and respond to the world

neurotypical

a person who has a neurotype that functions similarly to the majority of people of the same age in their culture

neurodivergent

a person who has a neurotype that functions differently from the majority of people of the same age in their culture

obsessive-compulsive and related disorders

group of overlapping disorders listed in the DSM-5 that involves intrusive, unpleasant thoughts and/or repetitive behaviours

obsessive-compulsive disorder

characterized by the tendency to experience intrusive and unwanted thoughts and urges (obsession) and/or the need to engage in repetitive behaviours or mental acts (compulsions) in response to the unwanted thoughts and urges

occupational therapy

a form of therapy that aims to help individuals improve function in daily life, often by identifying barriers, developing strategies to address those barriers, and identifying relevant supports. For example, someone who has lost function in their hands may need an occupational therapist to identify exercises that will help them regain function, and to help them find accommodations so that they can condition to engage in daily activities while they are recovering.

orbitofrontal cortex

area of the frontal lobe involved in learning and decision-making

panic attack

period of extreme fear or discomfort that develops abruptly; symptoms of panic attacks are both physiological and psychological

panic disorder

anxiety disorder characterized by unexpected panic attacks, along with at least one month of worry about panic attacks or self-defeating behaviour related to the attacks

paranoid delusion

characterized by beliefs that others are out to harm them

peripartum onset

subtype of depression that applies to those who experience an episode of major depression either during pregnancy or in the four weeks following childbirth

persistent depressive disorder

depressive disorder characterized by a chronically sad and melancholy mood

person-first language

a way to refer to people that uses their condition or neurotype as an adjective, with the intent to separate the person from the condition. This kind of language is meant to present the condition or neurotype as separable from the person. For example, referring to someone as a person with ADHD is a use of person first language.

personality disorder

group of DSM-5 disorders characterized by an inflexible and pervasive personality style that differs markedly from the expectations of one's culture and causes distress and impairment; people with these disorders have a personality style that frequently brings them into conflict with others and disrupts their ability to develop and maintain social relationships

posttraumatic stress disorder (PTSD)

experiencing a profoundly traumatic event leads to a constellation of symptoms that include intrusive and distressing memories of the event, avoidance of stimuli connected to the event, negative emotional states, feelings of detachment from others, irritability, proneness toward outbursts, hypervigilance, and a tendency to startle easily; these symptoms must occur for at least one month

prodromal symptom

in schizophrenia, one of the early minor symptoms of psychosis

psychological disorder

condition characterized by abnormal thoughts, feelings, and behaviours

psychopathology

study of psychological disorders, including their symptoms, causes, and treatment; manifestation of a psychological disorder

rumination

in depression, tendency to repetitively and passively dwell on one's depressed symptoms, their meanings, and their consequences

safety behaviour

mental and behaviour acts designed to reduce anxiety in social situations by reducing the chance of negative social outcomes; common in social anxiety disorder

schizophrenia

severe disorder characterized by major disturbances in thought, perception, emotion, and behaviour with symptoms that include hallucinations, delusions, disorganized thinking and behaviour, and negative symptoms

seasonal pattern

subtype of depression in which a person experiences the symptoms of major depressive disorder only during a particular time of year

social anxiety disorder

characterized by extreme and persistent fear or anxiety and avoidance of social situations in which one could potentially be evaluated negatively by others

social model of disability

a model that positions disability as a problem that results from barriers in society that disadvantage people who have different needs. This model aims to improve rights and accessibility for disabled people.

social skills training

a therapy designed to teach autistic people to communicate and interact in more neurotypical-like ways; this therapy is controversial in the autistic community, as it is argued to devalue autistic social skills.

somatic delusion

belief that something highly unusual is happening to one's body or internal organs

specific phobia

anxiety disorder characterized by excessive, distressing, and persistent fear or anxiety about a specific object or situation

stimulant medication

drugs that increase the activity of certain parts of the nervous system. Certain stimulants are regularly prescribed for people with ADHD, as they can help promote activity in parts of the brain that are found to be under active, particularly the frontal lobe.

stims/stimming

repetitive body movements/behaviours or noises, which can help to regulate one's level of stimulation. During overstimulation, stimming can help to block out undesirable environmental stimuli. During under-stimulation, stimming can help to generate increased internal stimulation.

suicidal ideation

thoughts of death by suicide, thinking about or planning suicide, or making a suicide attempt

suicide

death caused by intentional, self-directed injurious behaviour

supernatural

describes a force beyond scientific understanding

tau fibrillary tangles

intracellular, string-like proteins thought to be the cause or by-product of Alzheimer's disease

ventricle

one of the fluid-filled cavities within the brain

working memory

a component of short-term memory responsible for holding and processing units of information that are in immediate use

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14.15: Summary for Psychological Disorders

Summary for Psychological Disorders

15.1What Are Psychological Disorders?

Psychological disorders are conditions characterized by abnormal thoughts, feelings, and behaviours. Although challenging, it is essential for psychologists and mental health professionals to agree on what kinds of inner experiences and behaviours constitute the presence of a psychological disorder. Inner experiences and behaviours that are atypical or violate social norms could signify the presence of a disorder; however, each of these criteria alone is inadequate. Harmful dysfunction describes the view that psychological disorders result from the inability of an internal mechanism to perform its natural function. Many of the features of harmful dysfunction conceptualization have been incorporated in the APA's formal definition of psychological disorders. According to this definition, the presence of a psychological disorder is signalled by significant disturbances in thoughts, feelings, and behaviours; these disturbances must reflect some kind of dysfunction (biological, psychological, or developmental), must cause significant impairment in one's life, and must not reflect culturally expected reactions to certain life events.

15.2 Diagnosing and Classifying Psychological Disorders

The diagnosis and classification of psychological disorders is essential in studying and treating psychopathology. The classification system used by most U.S. professionals is the DSM-5. The first edition of the DSM was published in 1952, and has undergone numerous revisions. The 5th and most recent edition, the DSM-5, was published in 2013. The diagnostic manual includes a total of 237 specific diagnosable disorders, each described in detail, including its symptoms, prevalence, risk factors, and comorbidity. Over time, the number of diagnosable conditions listed in the DSM has grown steadily, prompting criticism from some. Nevertheless, the diagnostic criteria in the DSM are more explicit than that of any other system, which makes the DSM system highly desirable for both clinical diagnosis and research.

15.3 Perspectives on Psychological Disorders

Psychopathology is very complex, involving a plethora of etiological theories and perspectives. For centuries, psychological disorders were viewed primarily from a supernatural perspective and thought to arise from divine forces or possession from spirits. Some cultures continue to hold this supernatural belief. Today, many who study psychopathology view mental illness from a biological perspective, whereby psychological disorders are thought to result largely from faulty biological processes. Indeed, scientific advances over the last several decades have provided a better understanding of the genetic, neurological, hormonal, and biochemical bases of psychopathology. The psychological perspective, in contrast, emphasizes the importance of psychological factors (e.g., stress and thoughts) and environmental factors in the development of psychological disorders. A contemporary, promising approach is to view disorders as originating from an integration of biological and psychosocial factors. The diathesis-stress model suggests that people with an underlying diathesis, or vulnerability, for a psychological disorder are more likely than those without the diathesis to develop the disorder when faced with stressful events.

15.4 Neurodevelopmental Disorders

Neurodevelopmental disorders are a group of disorders that are typically diagnosed during childhood and are characterized by developmental deficits in personal, social, academic, and intellectual realms; these disorders include attention deficit/hyperactivity disorder (ADHD) and autism spectrum disorder. ADHD is characterized by a pervasive pattern of inattention and/or hyperactive and impulsive behaviour that interferes with normal functioning. Genetic and neurobiological factors contribute to the development of ADHD, which can persist well into adulthood and is often associated with poor long-term outcomes. The major features of autism spectrum disorder include deficits in social interaction and communication and repetitive movements or interests. As with ADHD, genetic factors appear to play a prominent role in the development of autism spectrum disorder; exposure to environmental pollutants such as mercury have also been linked to the development of this disorder. Although it is believed by some that autism is triggered by the MMR vaccination, evidence does not support this claim.

15.5 Schizophrenia

Schizophrenia is a severe disorder characterized by a complete breakdown in one's ability to function in life; it often requires hospitalization. People with schizophrenia experience hallucinations and delusions, and they have extreme difficulty regulating

their emotions and behaviour. Thinking is incoherent and disorganized, behaviour is extremely bizarre, emotions are flat, and motivation to engage in most basic life activities is lacking. Considerable evidence shows that genetic factors play a central role in schizophrenia; however, adoption studies have highlighted the additional importance of environmental factors. Neurotransmitter and brain abnormalities, which may be linked to environmental factors such as obstetric complications or exposure to influenza during the gestational period, have also been implicated. A promising new area of schizophrenia research involves identifying individuals who show prodromal symptoms and following them over time to determine which factors best predict the development of schizophrenia. Future research may enable us to pinpoint those especially at risk for developing schizophrenia and who may benefit from early intervention.

15.6 Mood Disorders

Mood disorders are those in which the person experiences severe disturbances in mood and emotion. They include depressive disorders and bipolar and related disorders. Depressive disorders include major depressive disorder, which is characterized by episodes of profound sadness and loss of interest or pleasure in usual activities and other associated features, and persistent depressive disorder, which marked by a chronic state of sadness. Bipolar disorder is characterized by mood states that vacillate between sadness and euphoria; a diagnosis of bipolar disorder requires experiencing at least one manic episode, which is defined as a period of extreme euphoria, irritability, and increased activity. Mood disorders appear to have a genetic component, with genetic factors playing a more prominent role in bipolar disorder than in depression. Both biological and psychological factors are important in the development of depression.

15.7 Anxiety Disorders

Anxiety disorders are a group of disorders in which a person experiences excessive, persistent, and distressing fear and anxiety that interferes with normal functioning. Anxiety disorders include specific phobia: a specific unrealistic fear; social anxiety disorder: extreme fear and avoidance of social situations; panic disorder: suddenly overwhelmed by panic even though there is no apparent reason to be frightened; agoraphobia: an intense fear and avoidance of situations in which it might be difficult to escape; and generalized anxiety disorder: a relatively continuous state of tension, apprehension, and dread.

15.8 Obsessive-Compulsive and Related Disorders

Obsessive-compulsive and related disorders are a group of DSM-5 disorders that overlap somewhat in that they each involve intrusive thoughts and/or repetitive behaviours. Perhaps the most recognized of these disorders is obsessive-compulsive disorder, in which a person is obsessed with unwanted, unpleasant thoughts and/or compulsively engages in repetitive behaviours or mental acts, perhaps as a way of coping with the obsessions. Body dysmorphic disorder is characterized by the individual becoming excessively preoccupied with one or more perceived flaws in his physical appearance that are either nonexistent or unnoticeable to others. Preoccupation with the perceived physical defects causes the person to experience significant anxiety regarding how he appears to others. Hoarding disorder is characterized by persistent difficulty in discarding or parting with objects, regardless of their actual value, often resulting in the accumulation of items that clutter and congest her living area.

15.9 Posttraumatic Stress Disorder

Posttraumatic stress disorder (PTSD) was described through much of the 20th century and was referred to as shell shock and combat neurosis in the belief that its symptoms were thought to emerge from the stress of active combat. Today, PTSD is defined as a disorder in which the experience of a traumatic or profoundly stressful event, such as combat, sexual assault, or natural disaster, produces a constellation of symptoms that must last for one month or more. These symptoms include intrusive and distressing memories of the event, flashbacks, avoidance of stimuli or situations that are connected to the event, persistently negative emotional states, feeling detached from others, irritability, proneness toward outbursts, and a tendency to be easily startled. Not everyone who experiences a traumatic event will develop PTSD; a variety of risk factors associated with its development have been identified.

15.10 Dissociative Disorders

The main characteristic of dissociative disorders is that people become dissociated from their sense of self, resulting in memory and identity disturbances. Dissociative disorders listed in the DSM-5 include dissociative amnesia, depersonalization/derealization disorder, and dissociative identity disorder. A person with dissociative amnesia is unable to recall important personal information, often after a stressful or traumatic experience.

Depersonalization/derealization disorder is characterized by recurring episodes of depersonalization (i.e., detachment from or unfamiliarity with the self) and/or derealization (i.e., detachment from or unfamiliarity with the world). A person with dissociative identity disorder exhibits two or more well-defined and distinct personalities or identities, as well as memory gaps for the time during which another identity was present.

Dissociative identity disorder has generated controversy, mainly because some believe its symptoms can be faked by patients if presenting its symptoms somehow benefits the patient in avoiding negative consequences or taking responsibility for one's actions. The diagnostic rates of this disorder have increased dramatically following its portrayal in popular culture. However, many people legitimately suffer over the course of a lifetime with this disorder.

15.11 Personality Disorders

Individuals with personality disorders exhibit a personality style that is inflexible, causes distress and impairment, and creates problems for themselves and others. The DSM-5 recognizes 10 personality disorders, organized into three clusters. The disorders in Cluster A include those characterized by a personality style that is odd and eccentric. Cluster B includes personality disorders characterized chiefly by a personality style that is impulsive, dramatic, highly emotional, and erratic, and those in Cluster C are characterized by a nervous and fearful personality style. Two Cluster B personality disorders, borderline personality disorder and antisocial personality disorder, are especially problematic. People with borderline personality disorder show marked instability in mood, behaviour, and self-image, as well as impulsivity. They cannot stand to be alone, are unpredictable, have a history of stormy relationships, and frequently display intense and inappropriate anger. Genetic factors and adverse childhood experiences (e.g., sexual abuse) appear to be important in its development. People with antisocial personality display a lack of regard for the rights of others; they are impulsive, deceitful, irresponsible, and unburdened by any sense of guilt. Genetic factors and socialization both appear to be important in the origin of antisocial personality disorder. Research has also shown that those with this disorder do not experience emotions the way most other people do.

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14.16: Review Questions for Psychological Disorders

Review Questions for Psychological Disorders

Click here for Answer Key

Multiple Choice Questions

1. In the harmful dysfunction definition of psychological disorders, dysfunction involves _____.

a. the inability of an psychological mechanism to perform its function
b. the breakdown of social order in one's community
c. communication problems in one's immediate family
d. all the above

2. Patterns of inner experience and behaviour are thought to reflect the presence of a psychological disorder if they _____.

a. are highly atypical
b. lead to significant distress and impairment in one's life
c. embarrass one's friends and/or family
d. violate the norms of one's culture

3. The letters in the abbreviation DSM-5 stand for _____.

a. Diseases and Statistics Manual of Medicine
b. Diagnosable Standards Manual of Mental Disorders
c. Diseases and Symptoms Manual of Mental Disorders
d. Diagnostic and Statistical Manual of Mental Disorders

4. A study based on over 9,000 U. S. residents found that the most prevalent disorder was _____.

a. major depressive disorder
b. social anxiety disorder
c. obsessive-compulsive disorder
d. specific phobia

5. The diathesis-stress model presumes that psychopathology results from _____.

a. vulnerability and adverse experiences
b. biochemical factors
c. chemical imbalances and structural abnormalities in the brain
d. adverse childhood experiences

6. Dr. Anastasia believes that major depressive disorder is caused by an over-secretion of cortisol. Dr. Anastasia's view on the cause of major depressive disorder reflects a _____ perspective.

a. psychological
b. supernatural
c. biological
d. diathesis-stress

7. In which of the following anxiety disorders is the person in a continuous state of excessive, pointless worry and apprehension?

a. panic disorder
b. generalized anxiety disorder
c. agoraphobia
d. social anxiety disorder

8. Which of the following would constitute a safety behaviour?

a. encountering a phobic stimulus in the company of other people
b. avoiding a field where snakes are likely to be present
c. avoiding eye contact
d. worrying as a distraction from painful memories

9. Which of the following best illustrates a compulsion?

a. mentally counting backward from 1,000
b. persistent fear of germs
c. thoughts of harming a neighbour
d. falsely believing that a spouse has been cheating

10. Research indicates that the symptoms of OCD _____.

a. are similar to the symptoms of panic disorder
b. are triggered by low levels of stress hormones
c. are related to hyperactivity in the orbitofrontal cortex
d. are reduced if people are asked to view photos of stimuli that trigger the symptoms

11. Symptoms of PTSD include all of the following *except* _____.

a. intrusive thoughts or memories of a traumatic event
b. avoidance of things that remind one of a traumatic event
c. jumpiness
d. physical complaints that cannot be explained medically

12. Which of the following elevates the risk for developing PTSD?

a. severity of the trauma
b. frequency of the trauma
c. high levels of intelligence
d. social support

13. Common symptoms of major depressive disorder include all of the following *except* _____.

a. periods of extreme elation and euphoria
b. difficulty concentrating and making decisions
c. loss of interest or pleasure in usual activities
d. psychomotor agitation and retardation

14. Clifford falsely believes that the police have planted secret cameras in his home to monitor their every movement. Clifford's belief is an example of _____.

a. a delusion

b. a hallucination
c. tangentiality
d. a negative symptom

15. A study of adoptees whose biological mothers had schizophrenia found that the adoptees were most likely to develop schizophrenia _____.

a. if their childhood friends later developed schizophrenia
b. if they abused drugs during adolescence
c. if they were raised in a disturbed adoptive home environment
d. regardless of whether they were raised in a healthy or disturbed home environment

16. Dissociative amnesia involves _____.

a. memory loss following head trauma
b. memory loss following stress
c. feeling detached from the self
d. feeling detached from the world

17. Dissociative identity disorder mainly involves _____.

a. depersonalization
b. derealization
c. schizophrenia
d. different personalities

18. Which of the following is *not* a primary characteristic of ADHD?

a. short attention span
b. difficulty concentrating and distractibility
c. restricted and fixated interest
d. excessive fidgeting and squirming

19. One of the primary characteristics of autism spectrum disorder is _____.

a. bed-wetting
b. difficulty relating to others
c. short attention span
d. intense and inappropriate interest in others

20. People with borderline personality disorder often _____.

a. try to be the centre of attention
b. are shy and withdrawn
c. are impulsive and unpredictable
d. tend to accomplish goals through cruelty

21. Antisocial personality disorder is associated with _____.

a. emotional deficits
b. memory deficits

c. parental overprotection
d. increased empathy

Critical Thinking Questions

22. Discuss why thoughts, feelings, or behaviours that are merely atypical or unusual would not necessarily signify the presence of a psychological disorder. Provide an example.

23. Describe the DSM-5. What is it, what kind of information does it contain, and why is it important to the study and treatment of psychological disorders?

24. The International Classification of Diseases (ICD) and the DSM differ in various ways. What are some of the differences in these two classification systems?

25. Why is the perspective one uses in explaining a psychological disorder important?

26. Describe how cognitive theories of the etiology of anxiety disorders differ from learning theories.

27. Discuss the common elements of each of the three disorders covered in this section: obsessive-compulsive disorder, body dysmorphic disorder, and hoarding disorder.

28. List some of the risk factors associated with the development of PTSD following a traumatic event.

29. Why is research following individuals who show prodromal symptoms of schizophrenia so important?

30. The prevalence of most psychological disorders has increased since the 1980s. However, as discussed in this section, scientific publications regarding dissociative amnesia peaked in the mid-1990s but then declined steeply through 2003. In addition, no fictional or nonfictional description of individuals showing dissociative amnesia following a trauma exists prior to 1800. How would you explain this phenomenon?

31. Compare the factors that are important in the development of ADHD with those that are important in the development of autism spectrum disorder.

32. Imagine that a child has a genetic vulnerability to antisocial personality disorder. How might this child's environment shape the likelihood of developing this personality disorder?

Personal Application Questions

33. Identify a behaviour that is considered unusual or abnormal in your own culture; however, it would be considered normal and expected in another culture.

34. Even today, some believe that certain occurrences have supernatural causes. Think of an event, recent or historical, for which others have provided supernatural explanation.

35. Think of someone you know who seems to have a tendency to make negative, self-defeating explanations for negative life events. How might this tendency lead to future problems? What steps do you think could be taken to change this thinking style?

36. Try to find an example (via a search engine) of a past instance in which a person committed a horrible crime, was apprehended, and later claimed to have dissociative identity disorder during the trial. What was the outcome? Was the person revealed to be faking? If so, how was this determined?

37. Discuss the characteristics of autism spectrum disorder with a few of your friends or members of your family (choose friends or family members who know little about the disorder) and ask them if they think the cause is due to bad parenting or vaccinations. If they indicate that they believe either to be true, why do you think this might be the case? What would be your response?

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CHAPTER OVERVIEW

15: Motivational Interviewing

15.1: Motivational Interviewing

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15.1: Motivational Interviewing

Patient education and health promotion are core nursing interventions. **Motivational interviewing (MI)** is a communication skill used to elicit and emphasize a client's personal motivation for modifying behavior to promote health. MI has been effectively used for several health issues such as smoking cessation, diabetes, substance use disorders, and adherence to a treatment plan.[1]

The spirit of motivational interviewing is a collaborative partnership between nurses and clients, focused on patient-centered care, autonomy, and personal responsibility. It is a technique that explores a client's motivation, confidence, and roadblocks to change. During motivational interviewing, nurses pose questions, actively listen to client responses, and focus on where the client is now with a current health behavior and where they want to be in the future.[2]

Motivational interviewing uses these principles[3]:

- **Express empathy.** Use reflective listening to convey acceptance and a nonjudgmental attitude. Rephrase client comments to convey active listening and let clients know they are being heard.
- **Highlight discrepancies.** Help clients become aware of the gap between their current behaviors and their values and goals. Present objective information that highlights the consequences of continuing their current behaviors to motivate them to change their behavior.
- **Adjust to resistance.** Adjust to a client's resistance and do not argue. The client may demonstrate resistance by avoiding eye contact, becoming defensive, interrupting you, or seeming distracted by looking at their watch or cell phone. Arguing can place the client on the defensive and in a position of arguing against the change. Focus on validating the client's feelings.
- **Understand motivations.** Uncover a client's personal reasons for making behavioral changes and build on them.
- **Support self-efficacy.** Encourage the client's optimistic belief in the prospect of change and encourage them to commit to positive behavioral changes. Ask clients to elaborate on past successes to build self-confidence and support self-efficacy.
- **Resist the reflex to provide advice.** Avoid imposing your own perspective and advice.

When implementing motivational interviewing, it is important to assess the client's readiness for change. Motivational interviewing is especially useful for clients in the contemplation stage who are feeling ambivalent about making change. Recall these five stages of behavioral change[4]:

- **Precontemplation:** Not considering change.
- **Contemplation:** Ambivalent about making change.
- **Preparation:** Taking steps toward implementing change.
- **Action:** Actively involved in the change process.
- **Maintenance:** Sustaining the target behavior.

Identify clients who are ambivalent about making a behavioral change or following a treatment plan by listening for the phrase, "Yes, but." The "but" holds the key for opening the conversation about ambivalence. For example, a client may state, "I want to take my medication, but I hate gaining weight." The content in the sentence after the "but" reveals the client's personal roadblock to making a change and should be taken into consideration when planning outcomes and interventions.[5]

See the following box for an example of a nurse using motivational interviewing with a client.

Example of Motivational Interviewing [6]

Mr. L. had been in treatment for bipolar I disorder with medication management and supportive therapy for many years. He had a history of alcohol dependence but was in full recovery. Mr. L. was admitted to the intensive care unit with a toxic lithium level. He had been seen in the emergency room the preceding evening and was noted to have a very high blood alcohol level. The next day the nurse asked the client about his alcohol use using motivational interviewing.

Client: I am so sick of everyone always blaming everything on my drinking!

Nurse (Using reflective listening): You seem pretty angry about the perception that you were hospitalized because you had been drinking.

Client: You better believe it! I am a man! I can have a few drinks if I want to!

Nurse: (Expressing empathy and acceptance): You want to be respected even when you are drinking.

Client: I have had some trouble in the past with drinking, but that is not now. I can quit if I want to! Compared to what I used to drink, this is nothing.

Nurse (Rolling with resistance): So you see yourself as having had drinking problems in the past, but the drinking you've done recently is not harmful for you.

Client: Well, I guess I did end up in the hospital.

Nurse (Using open-ended questioning): Tell me more about what happened.

Client: I was pretty angry after an argument with my girlfriend, and I decided to buy a bottle of whiskey.

Nurse (Exploring): And then?

Client: Well, I meant to have a couple of shots, but I ended up drinking the whole fifth. I really don't remember what happened next. They said I nearly died.

Nurse (Summarizing): So after many years of not drinking, you decided to have a couple of drinks after the argument with your girlfriend, but unintentionally drank enough to have a blackout and nearly die.

Client: I guess that does sound like a problem…but I don't want anyone else telling me whether or not I can drink!

Nurse (Emphasizing autonomy): Tell me how the choice to drink or not continues to support or oppose your health goals.

View the following supplementary YouTube videos about motivational interviewing:

- Introduction to Motivational Interviewing [7]
- Motivational Interviewing – Good Example – Alan Lyme [8]

Complete Western Region Public Health Training Center's Motivational Interviewingcourse and receive a certificate of completion.

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CHAPTER OVERVIEW

16: Poverty

16.1: The Measurement and Extent of Poverty
16.2: Who the Poor Are- Social Patterns of Poverty
16.3: Explaining Poverty
16.4: The Consequences of Poverty
16.5: Global Poverty
16.6: Reducing Poverty
16.7: End-of-Chapter Material

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16.1: The Measurement and Extent of Poverty

Learning Objectives

Upon completing this section, you should be able to do the following:

1. Understand how official poverty in the United States is measured.
2. Describe problems in the measurement of official poverty.
3. Describe the extent of official poverty.

When US officials became concerned about poverty during the 1960s, they quickly realized they needed to find out how much poverty we had. To do so, a measure of official poverty, or a poverty line, was needed. A government economist, Mollie Orshanky, first calculated this line in 1963 by multiplying the cost of a very minimal diet by three, as a 1955 government study had determined that the typical American family spent one-third of its income on food. Thus a family whose cash income is lower than three times the cost of a very minimal diet is considered officially poor.

This way of calculating the official poverty line has not changed since 1963. It is thus out of date for many reasons. For example, many expenses, such as heat and electricity, child care, transportation, and health care, now occupy a greater percentage of the typical family's budget than was true in 1963. In addition, this official measure ignores a family's noncash income from benefits such as food stamps and tax credits. As a national measure, the poverty line also fails to take into account regional differences in the cost of living. All these problems make the official measurement of poverty highly suspect. As one poverty expert observes, "The official measure no longer corresponds to reality. It doesn't get either side of the equation right—how much the poor have or how much they need. No one really trusts the data" (DeParle, et. al., 2011). We'll return to this issue shortly.

2021 Federal Poverty Guidelines

Family Size	Gross Annual Income	Gross Monthly Income	Approximate Hourly Wage
1	$12,880	$1,073	$6
2	$17,420	$1,452	$8
3	$21,960	$1,830	$11
4	$26,500	$2,208	$13
5	$31,040	$2,587	$15
6	$35,580	$2,965	$17
7	$40,120	$3,343	$19
8	$44,660	$3,722	$21
Over 8 add per person:	$4,540	$378	$2

Source: Federal Register vol. 86, No. 19, February 1, 2021, pp. 7732-34. Monthly and hourly income calculated by OCPP and rounded to the nearest dollar and cent, respectively. The hourly rate is based on 40 hours of work per week for a full year (2080 hours). These guidelines are for the 48 contiguous states and the District of Columbia.

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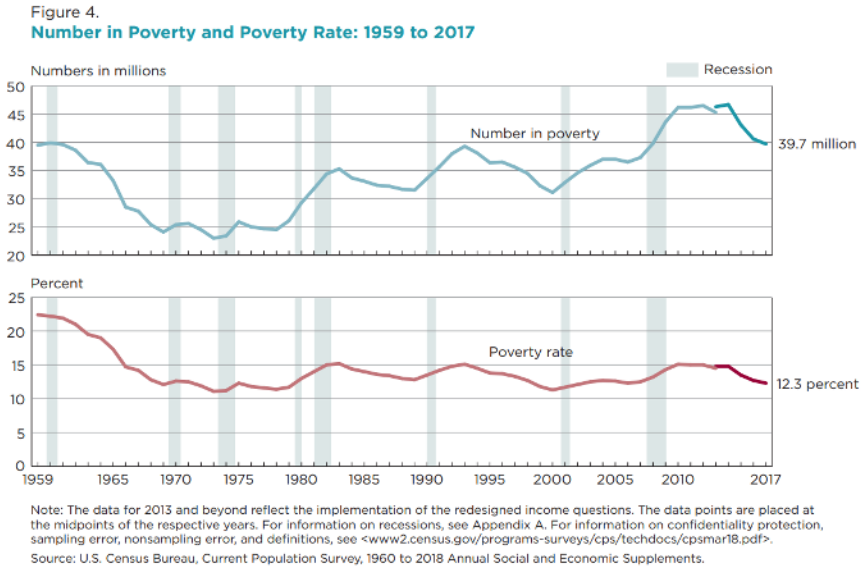
FPL: Federal Poverty Level also know as Official Poverty Line. The measure of official poverty began in 1963 and stipulates that a family whose income is lower than three times the cost of a minimal diet is considered officially poor. This measure has not changed since 1963 even though family expenses have risen greatly in many areas.

The poverty line is adjusted annually for inflation and takes into account the number of people in a family: The larger the family size, the higher the poverty line. In 2010, the poverty line for a nonfarm family of four (two adults, two children) was $22,213. A four-person family earning even one more dollar than $22,213 in 2010 was *not* officially poor, even though its "extra" income hardly lifted it out of dire economic straits. Poverty experts have calculated a no-frills budget that enables a family to meet its basic needs in food, clothing, shelter, and so forth; this budget is about twice the poverty line. Families with incomes between the poverty line and twice the poverty line (or *twice poverty*) are barely making ends meet, but they are not considered officially poor. When we talk here about the poverty level, then, keep in mind that we are talking only about *official* poverty and that there are many families and individuals living in near poverty who have trouble meeting their basic needs, especially when they face unusually

high medical expenses, motor vehicle expenses, or the like. For this reason, many analysts think families need incomes twice as high as the federal poverty level just to get by (Wright, et. al., 2011). They thus use *twice-poverty* data (i.e., family incomes below twice the poverty line) to provide a more accurate understanding of how many Americans face serious financial difficulties, even if they are not living in official poverty.

The Extent of Poverty

With this caveat in mind, how many Americans are poor? The US Census Bureau gives us some answers that use the traditional, official measure of poverty developed in 1963. In 2010, 15.1 percent of the US population, or 46.2 million Americans, lived in official poverty (DeNavas-Walt, et. al., 2011). This percentage represented a decline from the early 1990s but was higher than 2000 and even higher than the rate in the late 1960s (see Figure 2.1 "US Poverty, 1959–2010"). If we were winning the war on poverty in the 1960s (notice the sharp drop in the 1960s in Figure 2.1 "US Poverty, 1959–2010"), since then poverty has fought us to a standstill.



Source: Data from US Census Bureau. (2018) Retrieved from https://www.census.gov/content/dam/C...63/figure4.pdf

Another way of understanding the extent of poverty is to consider episodic poverty, defined by the Census Bureau as being poor for at least two consecutive months in some time period. From 2004 to 2007, the last years for which data are available, almost one-third of the US public, equal to about 95 million people, were poor for at least two consecutive months, although only 2.2 percent were poor for all three years (DeNavas-Walt, et al., 2010). As these figures indicate, people go into and out of poverty, but even those who go out of it do not usually move very far from it. And as we have seen, the majority of Americans can expect to experience poverty or near poverty at some point in their lives.

The problems in the official poverty measure that were noted earlier have led the Census Bureau to develop a *Supplemental Poverty Measure*. This measure takes into account the many family expenses in addition to food; it also takes into account geographic differences in the cost of living, taxes paid and tax credits received, and the provision of food stamps, Medicaid, and certain other kinds of government aid. This new measure yields an estimate of poverty that is higher than the rather simplistic official poverty measure that, as noted earlier, is based solely on the size of a family and the cost of food and the amount of a family's cash income. According to this new measure, the 2010 poverty rate was 16.0 percent, equal to 49.1 million Americans (Short, 2011). Because the official poverty measure identified 46.2 million people as poor, the new, more accurate measure increased the number of poor people in the United States by almost 3 million. Without the help of Social Security, food stamps, and other federal programs, at least 25 million additional people would be classified as poor (Sherman, 2011). These programs thus are essential in keeping many people above the poverty level, even if they still have trouble making ends meet and even though the poverty rate remains unacceptably high.

A final figure is worth noting. Recall that many poverty experts think that twice-poverty data—the percentage and number of people living in families with incomes below twice the official poverty level—are a better gauge than the official poverty level of

the actual extent of poverty, broadly defined, in the United States. Using the twice-poverty threshold, about one-third of the US population, or more than 100 million Americans, live in poverty or near poverty (Pereyra, 2011). Those in near poverty are just one crisis—losing a job or sustaining a serious illness or injury—away from poverty. Twice-poverty data paint a very discouraging picture.

Key Takeaways

- The official poverty rate is based on the size of a family and a minimal food budget; this measure underestimates the true extent of poverty.
- The official poverty rate in 2010 was 15.1 percent, equal to more than 46 million Americans.
- About one-third of the US population, or more than 100 million Americans, have incomes no higher than twice the poverty line.

For Your Review

1. Write a short essay that summarizes the problems by which the official poverty rate is determined.
2. Sit down with some classmates and estimate what a family of four (two parents, two young children) in your area would have to pay annually for food, clothing, shelter, energy, and other necessities of life. What figure do you end up with? How does this sum of money compare with the official poverty line of $22,213 in 2010 for a family of four?

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16.2: Who the Poor Are- Social Patterns of Poverty

Learning Objectives

Upon completing this section, you should be able to:

1. Describe racial/ethnic differences in the poverty rate.
2. Discuss how family structure is related to the poverty rate.
3. Explain what poverty and labor force participation data imply about the belief that many poor people lack the motivation to work.

Who are the poor? Although the official poverty rate in 2010 was 15.1 percent, this rate differs by the important sociodemographic characteristics of race/ethnicity, gender, and age, and it also differs by region of the nation and by family structure. The poverty rate differences based on these variables are critical to understanding the nature and social patterning of poverty in the United States. We look at each of these variables in turn with 2010 census data (DeNavas-Walt, et, al., 2011).

? Exercise 16.2.1

Most poor people in the United States are likely to be:

a) Black/African American

b) Latino

c) Native American

d) Asian

e) White

Answer

The correct answer is e

What did you circle? If you are like the majority of people who answer a similar question in public opinion surveys, you would have circled *a. Black/African American*. When Americans think about poor people, they tend to picture African Americans (White, 2007). This popular image is thought to reduce the public's sympathy for poor people and to lead them to oppose increased government aid for the poor. The public's views on these matters are, in turn, thought to play a key role in government poverty policy. It is thus essential for the public to have an accurate understanding of the racial/ethnic patterning of poverty.

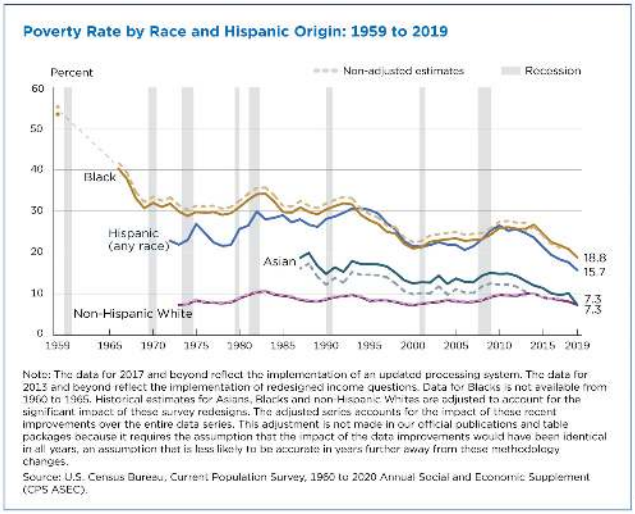


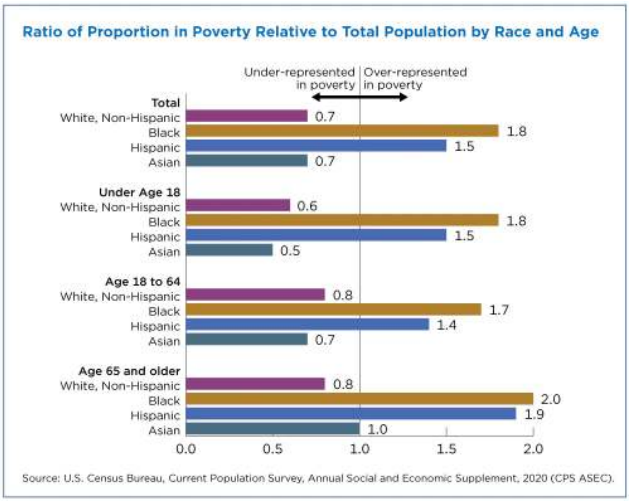
The most typical poor people in the United States are non-Latino whites. These individuals comprise 42.4 percent of all poor Americans. Franco Folini – Homeless guys with dogs – CC BY-SA 2.0.

Unfortunately, the public's racial image of poor people is mistaken, as census data reveal that *the most typical poor person is white (non-Latino)*. To be more precise, 42.4 percent of poor people are white (non-Latino), 28.7 percent are Latino, 23.1 percent are black, and 3.7 percent are Asian (see Figure 2.2 "Racial and Ethnic Composition of the Poor, 2010 (Percentage of Poor Persons

Who Belong to Each Group)"). As these figures show, non-Latino whites certainly comprise the greatest number of the American poor. Turning these percentages into numbers, they account for 19.6 million of the 46.2 million poor Americans.

It is also true, though, that race and ethnicity affect the chances of being poor. While only 9.9 percent of non-Latino whites are poor, 27.4 percent of African Americans, 12.1 percent of Asians, and 26.6 percent of Latinos (who may be of any race) are poor (see Figure 2.3 "Race, Ethnicity, and Poverty, 2010 (Percentage of Each Group That Is Poor)"). Thus African Americans and Latinos are almost three times as likely as non-Latino whites to be poor. (Because there are so many non-Latino whites in the United States, the greatest number of poor people are non-Latino white, even if the percentage of whites who are poor is relatively low.) The higher poverty rates of people of color are so striking and important that they have been termed the "colors of poverty" (Lin & Harris, 2008).



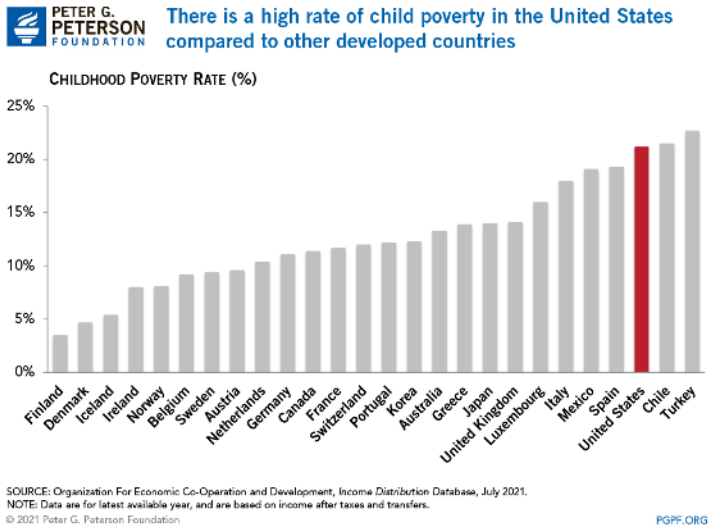


Gender

One thing that many women know all too well is that women are more likely than men to be poor. According to the census, 16.2 percent of all females live in poverty, compared to only 14.0 percent of all males. These figures translate to a large gender gap in the actual number of poor people, as 25.2 million women and girls live in poverty, compared to only 21.0 million men and boys, for a difference of 4.2 million people. The high rate of female poverty is called the *feminization of poverty* (Iceland, 2006). We will see additional evidence of this pattern when we look at the section on family structure that follows.

Age

Turning to age, at any one time 22 percent of children under age 18 are poor (amounting to 16.4 million children), a figure that rises to about 39 percent of African American children and 35 percent of Latino children. About 37 percent of all children live in poverty for at least one year before turning 18 (Ratcliffe & McKernan, 2010). The poverty rate for US children is the highest of all wealthy democracies and in fact is 1.5 to 9 times greater than the corresponding rates in Canada and Western Europe (Mishel, et. al., 2009). As high as the US childhood poverty rate is, twice-poverty data again paint an even more discouraging picture. Children living in families with incomes below twice the official poverty level are called *low-income children*, and their families are called *low-income families*. Almost 44 percent of American children, or some 32.5 million kids, live in such families (Addy & Wright, 2012). Almost two-thirds of African American children and Latino children live in low-income families.



At the other end of the age distribution, 9 percent of people aged 65 or older are poor (amounting to about 3.5 million seniors). Turning around these age figures, almost 36 percent of all poor people in the United States are children, and almost 8 percent of the poor are 65 or older. Thus more than 43.4 percent of Americans living in poverty are children or the elderly.

Region

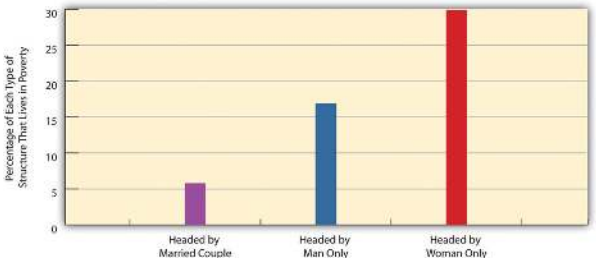
Poverty rates differ around the country. Some states have higher poverty rates than other states, and some counties within a state are poorer than other counties within that state. A basic way of understanding geographical differences in poverty is to examine the poverty rates of the four major regions of the nation. When we do this, the South is the poorest region, with a poverty rate of 16.9 percent. The West is next (15.3 percent), followed by the Midwest (13.9 percent) and then the Northeast (12.8 percent). The South's high poverty rate is thought to be an important reason for the high rate of illnesses and other health problems it experiences compared to the other regions (Ramshaw, 2011).

Family Structure

There are many types of family structures, including a married couple living with their children; an unmarried couple living with one or more children; a household with children headed by only one parent, usually a woman; a household with two adults and no children; and a household with only one adult living alone. Across the nation, poverty rates differ from one type of family structure to another.

Not surprisingly, poverty rates are higher in families with one adult than in those with two adults (because they often are bringing in two incomes), and, in one-adult families, they are higher in families headed by a woman than in those headed by a man (because women generally have lower incomes than men). Of all families headed by just a woman, 31.6 percent live in poverty, compared to only 15.8 percent of families headed by just a man. In contrast, only 6.2 percent of families headed by a married couple live in poverty (see Figure 2.4 "Family Structure and Poverty Rate (Percentage of Each Type of Structure That Lives in Poverty)"). The figure for female-headed families provides additional evidence for the feminization of poverty concept introduced earlier.

Figure 2.4 Family Structure and Poverty Rate (Percentage of Each Type of Structure That Lives in Poverty)



Source: Data from DeNavas-Walt, C., Proctor, B. D., & Smith, J. C. (2011). *Income, poverty, and health insurance coverage in the United States: 2010* (Current Population Report P60-239). Washington, DC: US Census Bureau.

We saw earlier that 22 percent of American children are poor. This figure varies according to the type of family structure in which the children live. Whereas only 11.6 percent of children residing with married parents live in poverty, 46.9 percent of those living with only their mother live in poverty. This latter figure rises to 53.3 percent for African American children and 57.0 percent for Latino children (US Census Bureau, 2012). Yet regardless of their race or ethnicity, children living just with their mothers are at particularly great risk of living in poverty.

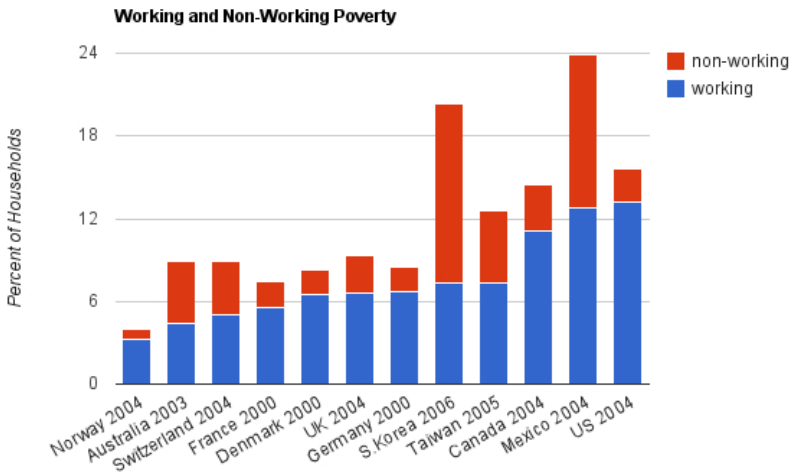
Labor Force Status

As this chapter discusses later, many Americans think the poor are lazy and lack the motivation to work and, as is often said, "really could work if they wanted to." However, government data on the poor show that most poor people are, in fact, either working, unemployed but looking for work, or unable to work because of their age or health. Table 2.1 "Poverty and Labor Force Participation, 2010" shows the relevant data. We discuss these numbers in some detail because of their importance, so please follow along carefully.

Table 2.1 Poverty and Labor Force Participation, 2010

Total number of poor people	46,180,000
Number of poor people under age 18	16,401,000
Number of poor people ages 65 and older	3,521,000
Number of poor people ages 18–64	26,258,000
Number of poor people ages 18–64 who were:	
Working full- or part-time	9,053,000
Unemployed but looking for work	3,616,000
Disabled	4,247,000
In the armed forces	77,000
Able-bodied but not in the labor force	9,254,000

Source: Data from US Census Bureau. (2010). Current population survey (CPS) table creator. Retrieved from www.census.gov/cps/data/cpstablecreator.html.



Source: LIS Web Tabulator, www.lisdatacenter.org (October 8, 2011). Luxembourg: LIS.y ; Most recent data available*

Let's examine this table to see the story it tells. Of the roughly 46.2 million poor people, almost 20 million were either under age 18 or at least 65. Because of their ages, we would not expect them to be working. Of the remaining 26.3 million poor adults ages 18–

64, almost 17 million, or about two-thirds, fell into one of these categories: (a) they worked full-time or part-time, (b) they were unemployed but looking for work during a year of very high unemployment due to the nation's faltering economy, (c) they did not work because of a disability, or (d) they were in the armed forces. Subtracting all these adults leaves about 9.3 million able-bodied people ages 18–64.

Doing some arithmetic, we thus see that almost 37 million of the 46.2 million poor people we started with, or 80 percent, with were either working or unemployed but looking for work, too young or too old to work, disabled, or in the armed forces. It would thus be inaccurate to describe the vast majority of the poor as lazy and lacking the motivation to work.

What about the 9.3 million able-bodied poor people who are ages 18–64 but not in the labor force, who compose only 20 percent of the poor to begin with? Most of them were either taking care of small children or elderly parents or other relatives, retired for health reasons, or in school (US Census Bureau, 2012); some also left the labor force out of frustration and did not look for work (and thus were not counted officially as unemployed). Taking all these numbers and categories into account, it turns out that the percentage of poor people who "really could work if they wanted to" is rather miniscule, and the common belief that they "really could work if they wanted to" is nothing more than a myth.

People Making a Difference

Feeding "Motel Kids" Near Disneyland

Just blocks from Disneyland in Anaheim, California, more than 1,000 families live in cheap motels frequently used by drug dealers and prostitutes. Because they cannot afford the deposit for an apartment, the motels are their only alternative to homelessness. As Bruno Serato, a local Italian restaurant owner, observed, "Some people are stuck, they have no money. They need to live in that room. They've lost everything they have. They have no other choice. No choice."

Serato learned about these families back in 2005, when he saw a boy at the local Boys & Girls Club eating a bag of potato chips as his only food for dinner. He was told that the boy lived with his family in a motel and that the Boys & Girls Club had a "motel kids" program that drove children in vans after school to their motels. Although the children got free breakfast and lunch at school, they often went hungry at night. Serato soon began serving pasta dinners to some seventy children at the club every evening, a number that had grown by spring 2011 to almost three hundred children nightly. Serato also pays to have the children transported to the club for their dinners, and he estimates that the food and transportation cost him about $2,000 monthly. His program had served more than 300,000 pasta dinners to motel kids by 2011.

Two of the children who eat Serato's pasta are Carlos and Anthony Gomez, 12, who live in a motel room with the other members of their family. Their father was grateful for the pasta: "I no longer worry as much, about them [coming home] and there being no food. I know that they eat over there at [the] Boys & Girls Club."

Bruno Serato is merely happy to be helping out. "They're customers," he explains. "My favorite customers" (Toner, 2011).

For more information about Bruno Serato's efforts, visit his charity site at www.thecaterinasclub.org.

Key Takeaways

- Although people of color have higher poverty rates than non-Latino whites, the most typical poor person in the United States is non-Latino white.
- The US childhood poverty rate is the highest of all Western democracies.
- Labor force participation data indicate that the belief that poor people lack motivation to work is in fact a myth.

For Your Review

1. Why do you think the majority of Americans assume poor people lack the motivation to work?
2. Explain to a friend how labor force participation data indicate that it is inaccurate to think that poor people lack the motivation to work.

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16.3: Explaining Poverty

Learning Objectives

Upon completing this section, you should be able to:

1. Describe the assumptions of the functionalist and conflict views of stratification and of poverty.
2. Explain the focus of symbolic interactionist work on poverty.
3. Understand the difference between the individualist and structural explanations of poverty.

Why does poverty exist, and why and how do poor people end up being poor? The sociological perspectives introduced in Chapter 1 "Understanding Social Problems" provide some possible answers to these questions through their attempt to explain why American society is *stratified*—that is, why it has a range of wealth ranging from the extremely wealthy to the extremely poor. We review what these perspectives say generally about social stratification (rankings of people based on wealth and other resources a society values) before turning to explanations focusing specifically on poverty.

In general, the functionalist perspective and conflict perspective both try to explain why social stratification exists and endures, while the symbolic interactionist perspective discusses the differences that stratification produces for everyday interaction. Table 2.2 "Theory Snapshot" summarizes these three approaches.

Table 2.2 Theory Snapshot

Theoretical perspective	Major assumptions
Functionalism	Stratification is necessary to induce people with special intelligence, knowledge, and skills to enter the most important occupations. For this reason, stratification is necessary and inevitable.
Conflict theory	Stratification results from lack of opportunity and from discrimination and prejudice against the poor, women, and people of color. It is neither necessary nor inevitable.
Symbolic interactionism	Stratification affects people's beliefs, lifestyles, daily interaction, and conceptions of themselves.

The Functionalist View

As discussed in Chapter 1 "Understanding Social Problems", functionalist theory assumes that society's structures and processes exist because they serve important functions for society's stability and continuity. In line with this view, functionalist theorists in sociology assume that stratification exists because it also serves important functions for society. This explanation was developed more than sixty years ago by Kingsley Davis and Wilbert Moore (Davis & Moore, 1945) in the form of several logical assumptions that imply stratification is both necessary and inevitable. When applied to American society, their assumptions would be as follows:

1. **Some jobs are more important than other jobs.** For example, the job of a brain surgeon is more important than the job of shoe shining.
2. **Some jobs require more skills and knowledge than other jobs.** To stay with our example, it takes more skills and knowledge to perform brain surgery than to shine shoes.
3. **Relatively few people have the ability to acquire the skills and knowledge that are needed to do these important, highly skilled jobs.** Most of us would be able to do a decent job of shining shoes, but very few of us would be able to become brain surgeons.
4. **To encourage the people with the skills and knowledge to do the important, highly skilled jobs, society must promise them higher incomes or other rewards.** If this is true, some people automatically end up higher in society's ranking system than others, and stratification is thus necessary and inevitable.

To illustrate their assumptions, say we have a society where shining shoes and doing brain surgery both give us incomes of $150,000 per year. (This example is *very* hypothetical, but please keep reading.) If you decide to shine shoes, you can begin making

this money at age 16, but if you decide to become a brain surgeon, you will not start making this same amount until about age 35, as you must first go to college and medical school and then acquire several more years of medical training. While you have spent nineteen additional years beyond age 16 getting this education and training and taking out tens of thousands of dollars in student loans, you could have spent those years shining shoes and making $150,000 a year, or $2.85 million overall. Which job would you choose?



Functional theory argues that the promise of very high incomes is necessary to encourage talented people to pursue important careers such as surgery. If physicians and shoe shiners made the same high income, would enough people decide to become physicians? Public Domain Images – CC0 public domain.

As this example suggests, many people might not choose to become brain surgeons unless considerable financial and other rewards awaited them. By extension, we might not have enough people filling society's important jobs unless they know they will be similarly rewarded. If this is true, we must have stratification. And if we must have stratification, then that means some people will have much less money than other people. If stratification is inevitable, then, poverty is also inevitable. The functionalist view further implies that if people are poor, it is because they do not have the ability to acquire the skills and knowledge necessary for the important, high-paying jobs.

The functionalist view sounds very logical, but a few years after Davis and Moore published their theory, other sociologists pointed out some serious problems in their argument (Tumin, 1953; Wrong, 1959).

First, it is difficult to compare the importance of many types of jobs. For example, which is more important, doing brain surgery or mining coal? Although you might be tempted to answer with brain surgery, if no coal were mined then much of our society could not function. In another example, which job is more important, attorney or professor? (Be careful how you answer this one!)

Second, the functionalist explanation implies that the most important jobs have the highest incomes and the least important jobs the lowest incomes, but many examples, including the ones just mentioned, counter this view. Coal miners make much less money than physicians, and professors, for better or worse, earn much less on the average than lawyers. A professional athlete making millions of dollars a year earns many times the income of the president of the United States, but who is more important to the nation? Elementary school teachers do a very important job in our society, but their salaries are much lower than those of sports agents, advertising executives, and many other people whose jobs are far less essential.

Third, the functionalist view assumes that people move up the economic ladder based on their abilities, skills, knowledge, and, more generally, their merit. This implies that if they do not move up the ladder, they lack the necessary merit. However, this view ignores the fact that much of our stratification stems from lack of equal opportunity. As later chapters in this book discuss, because of their race, ethnicity, gender, and class standing at birth, some people have less opportunity than others to acquire the skills and training they need to fill the types of jobs addressed by the functionalist approach.

Finally, the functionalist explanation might make sense up to a point, but it does not justify the extremes of wealth and poverty found in the United States and other nations. Even if we do have to promise higher incomes to get enough people to become physicians, does that mean we also need the amount of poverty we have? Do CEOs of corporations really need to make millions of dollars per year to get enough qualified people to become CEOs? Do people take on a position as CEO or other high-paying job at

least partly because of the challenge, working conditions, and other positive aspects they offer? The functionalist view does not answer these questions adequately.

One other line of functionalist thinking focuses more directly on poverty than generally on stratification. This particular functionalist view provocatively argues that poverty exists because it serves certain positive functions for our society. These functions include the following: (1) poor people do the work that other people do not want to do; (2) the programs that help poor people provide a lot of jobs for the people employed by the programs; (3) the poor purchase goods, such as day-old bread and used clothing, that other people do not wish to purchase, and thus extend the economic value of these goods; and (4) the poor provide jobs for doctors, lawyers, teachers, and other professionals who may not be competent enough to be employed in positions catering to wealthier patients, clients, students, and so forth (Gans, 1972). Because poverty serves all these functions and more, according to this argument, the middle and upper classes have a vested interested in neglecting poverty to help ensure its continued existence.

? Exercise 16.3.1

Which of the following is an assumption about social stratification is associated with the functionalist perspective?

a) Social stratification affects people's beliefs, lifestyles, daily interaction, and conceptions of themselves.

b) Social stratification is necessary and inevitable.

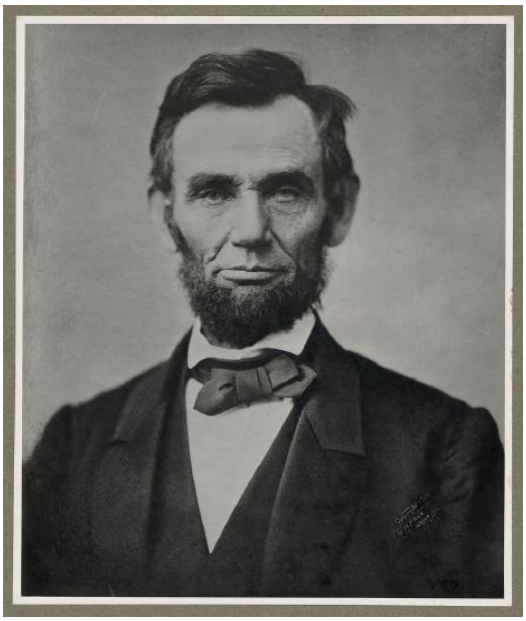
c) Social stratification results from lack of opportunity and from discrimination and prejudice against the poor, women, and people of color.

d) Social stratification is necessary to induce people with special intelligence, knowledge, and skills to enter the most important occupation.

Answer

B & D

The Conflict View



Because he was born in a log cabin and later became president, Abraham Lincoln’s life epitomizes the American Dream, which is the belief that people born into poverty can become successful through hard work. The popularity of this belief leads many Americans to blame poor people for their poverty. US Library of Congress – public domain.

Conflict theory’s explanation of stratification draws on Karl Marx’s view of class societies and incorporates the critique of the functionalist view just discussed. Many different explanations grounded in conflict theory exist, but they all assume that stratification stems from a fundamental conflict between the needs and interests of the powerful, or “haves,” in society and those of

the weak, or “have-nots” (Kerbo, 2012). The former take advantage of their position at the top of society to stay at the top, even if it means oppressing those at the bottom. At a minimum, they can heavily influence the law, the media, and other institutions in a way that maintains society’s class structure.

In general, conflict theory attributes stratification and thus poverty to lack of opportunity from discrimination and prejudice against the poor, women, and people of color. In this regard, it reflects one of the early critiques of the functionalist view that the previous section outlined. To reiterate an earlier point, several of the remaining chapters of this book discuss the various obstacles that make it difficult for the poor, women, and people of color in the United States to move up the socioeconomic ladder and to otherwise enjoy healthy and productive lives.

? Exercise 16.3.2

Which of the following is an assumption about social stratification is associated with the conflict perspective?

a) Social stratification affects people's beliefs, lifestyles, daily interaction, and conceptions of themselves.

b) Social stratification is necessary and inevitable.

c) Social stratification results from lack of opportunity and from discrimination and prejudice against the poor, women, and people of color.

d) Social stratification is necessary to induce people with special intelligence, knowledge, and skills to enter the most important occupation.

Answer

Correct answer: c

Symbolic Interactionism

Consistent with its micro orientation, symbolic interactionism tries to understand stratification and thus poverty by looking at people’s interaction and understandings in their daily lives. Unlike the functionalist and conflict views, it does not try to explain why we have stratification in the first place. Rather, it examines the differences that stratification makes for people’s lifestyles and their interaction with other people.

Many detailed, insightful sociological books on the lives of the urban and rural poor reflect the symbolic interactionist perspective (Anderson, 1999; C. M. Duncan, 2000; Liebow, 1993; Rank, 1994). These books focus on different people in different places, but they all make very clear that the poor often lead lives of quiet desperation and must find ways of coping with the fact of being poor. In these books, the consequences of poverty discussed later in this chapter acquire a human face, and readers learn in great detail what it is like to live in poverty on a daily basis.

Some classic journalistic accounts by authors not trained in the social sciences also present eloquent descriptions of poor people’s lives (Bagdikian, 1964; Harrington, 1962). Writing in this tradition, a newspaper columnist who grew up in poverty recently recalled, “I know the feel of thick calluses on the bottom of shoeless feet. I know the bite of the cold breeze that slithers through a drafty house. I know the weight of constant worry over not having enough to fill a belly or fight an illness…Poverty is brutal, consuming and unforgiving. It strikes at the soul” (Blow, 2011).

Sociological accounts of the poor provide a vivid portrait of what it is like to live in poverty on a daily basis.

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On a more lighthearted note, examples of the symbolic interactionist framework are also seen in the many literary works and films that portray the difficulties that the rich and poor have in interacting on the relatively few occasions when they do interact. For example, in the film *Pretty Woman*, Richard Gere plays a rich businessman who hires a prostitute, played by Julia Roberts, to accompany him to swank parties and other affairs. Roberts has to buy a new wardrobe and learn how to dine and behave in these social settings, and much of the film’s humor and poignancy come from her awkwardness in learning the lifestyle of the rich.

? Exercise 16.3.3

Which of the following is an assumption about social stratification is associated with the interactionist perspective?

a) Social stratification affects people's beliefs, lifestyles, daily interaction, and conceptions of themselves.

b) Social stratification is necessary and inevitable.

c) Social stratification results from lack of opportunity and from discrimination and prejudice against the poor, women, and people of color.

d) Social stratification is necessary to induce people with special intelligence, knowledge, and skills to enter the most important occupation.

Answer

Correct answer: A

Specific Explanations of Poverty

The functionalist and conflict views focus broadly on social stratification but only indirectly on poverty. When poverty finally attracted national attention during the 1960s, scholars began to try specifically to understand why poor people become poor and remain poor. Two competing explanations developed, with the basic debate turning on whether poverty arises from problems either within the poor themselves or in the society in which they live (Rank, 2011). The first type of explanation follows logically from the functional theory of stratification and may be considered an individualistic explanation. The second type of explanation follows from conflict theory and is a structural explanation that focuses on problems in American society that produce poverty. Table 2.3 “Explanations of Poverty” summarizes these explanations.

Table 2.3 Explanations of Poverty

Explanation	Major assumptions
Individualistic	Poverty results from the fact that poor people lack the motivation to work and have certain beliefs and values that contribute to their poverty.
Structural	Poverty results from problems in society that lead to a lack of opportunity and a lack of jobs.

It is critical to determine which explanation makes more sense because, as sociologist Theresa C. Davidson (Davidson, 2009) observes, “beliefs about the causes of poverty shape attitudes toward the poor.” To be more precise, the particular explanation that people favor affects their view of government efforts to help the poor. Those who attribute poverty to problems in the larger society are much more likely than those who attribute it to deficiencies among the poor to believe that the government should do more to help the poor (Bradley & Cole, 2002). The explanation for poverty we favor presumably affects the amount of sympathy we have for the poor, and our sympathy, or lack of sympathy, in turn affects our views about the government’s role in helping the poor. With this backdrop in mind, what do the individualistic and structural explanations of poverty say?

Individualistic Explanation

According to the individualistic explanation, the poor have personal problems and deficiencies that are responsible for their poverty. In the past, the poor were thought to be biologically inferior, a view that has not entirely faded, but today the much more common belief is that they lack the ambition and motivation to work hard and to achieve success. According to survey evidence, the majority of Americans share this belief (Davidson, 2009). A more sophisticated version of this type of explanation is called the *culture of poverty* theory (Banfield, 1974; Lewis, 1966; Murray, 2012). According to this theory, the poor generally have beliefs and values that differ from those of the nonpoor and that doom them to continued poverty. For example, they are said to be impulsive and to live for the present rather than the future.

Regardless of which version one might hold, the individualistic explanation is a blaming-the-victim approach (see Chapter 1 "Understanding Social Problems"). Critics say this explanation ignores discrimination and other problems in American society and exaggerates the degree to which the poor and nonpoor do in fact hold different values (Ehrenreich, 2012; Holland, 2011; Schmidt, 2012). Regarding the latter point, they note that poor employed adults work more hours per week than wealthier adults and that poor parents interviewed in surveys value education for their children at least as much as wealthier parents. These and other similarities in values and beliefs lead critics of the individualistic explanation to conclude that poor people's poverty cannot reasonably be said to result from a culture of poverty.

Structural Explanation

According to the second, structural explanation, which is a blaming-the-system approach, US poverty stems from problems in American society that lead to a lack of equal opportunity and a lack of jobs. These problems include (a) racial, ethnic, gender, and age discrimination; (b) lack of good schooling and adequate health care; and (c) structural changes in the American economic system, such as the departure of manufacturing companies from American cities in the 1980s and 1990s that led to the loss of thousands of jobs. These problems help create a vicious cycle of poverty in which children of the poor are often fated to end up in poverty or near poverty themselves as adults.

As Rank (Rank, 2011) summarizes this view, "American poverty is largely the result of failings at the economic and political levels, rather than at the individual level…In contrast to [the individualistic] perspective, the basic problem lies in a shortage of viable opportunities for all Americans." Rank points out that the US economy during the past few decades has created more low-paying and part-time jobs and jobs without benefits, meaning that Americans increasingly find themselves in jobs that barely lift them out of poverty, if at all. Sociologist Fred Block and colleagues share this critique of the individualistic perspective: "Most of our policies incorrectly assume that people can avoid or overcome poverty through hard work alone. Yet this assumption ignores the realities of our failing urban schools, increasing employment insecurities, and the lack of affordable housing, health care, and child care. It ignores the fact that the American Dream is rapidly becoming unattainable for an increasing number of Americans, whether employed or not" (Block, et. al., 2006).

Most sociologists favor the structural explanation. As later chapters in this book document, racial and ethnic discrimination, lack of adequate schooling and health care, and other problems make it difficult to rise out of poverty. On the other hand, some ethnographic research supports the individualistic explanation by showing that the poor do have certain values and follow certain practices that augment their plight (Small, et. al., 2010). For example, the poor have higher rates of cigarette smoking (34 percent of people with annual incomes between $6,000 and $11,999 smoke, compared to only 13 percent of those with incomes $90,000 or greater [Goszkowski, 2008]), which helps cause them to have more serious health problems.

Adopting an integrated perspective, some researchers say these values and practices are ultimately the result of poverty itself (Small et, al., 2010). These scholars concede a culture of poverty does exist, but they also say it exists because it helps the poor cope daily with the structural effects of being poor. If these effects lead to a culture of poverty, they add, poverty then becomes self-perpetuating. If poverty is both cultural and structural in origin, these scholars say, efforts to improve the lives of people in the "other America" must involve increased structural opportunities for the poor and changes in some of their values and practices.

Key Takeaways

- According to the functionalist view, stratification is a necessary and inevitable consequence of the need to use the promise of financial reward to encourage talented people to pursue important jobs and careers.
- According to conflict theory, stratification results from lack of opportunity and discrimination against the poor and people of color.
- According to symbolic interactionism, social class affects how people interact in everyday life and how *they view certain aspects of the social world*.
- The individualistic view attributes poverty to individual failings of poor people themselves, while the structural view attributes poverty to problems in the larger society.

For Your Review

1. In explaining poverty in the United States, which view, individualist or structural, makes more sense to you? Why?

2. Suppose you could wave a magic wand and invent a society where everyone had about the same income no matter which job he or she performed. Do you think it would be difficult to persuade enough people to become physicians or to pursue other important careers? Explain your answer.

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16.4: The Consequences of Poverty

Learning Objectives

Upon completing this section, you should be able to do the following:

1. Describe the family and housing problems associated with poverty.
2. Explain how poverty affects health and educational attainment.

Regardless of its causes, poverty has devastating consequences for the people who live in it. Much research conducted and/or analyzed by scholars, government agencies, and nonprofit organizations has documented the effects of poverty (and near poverty) on the lives of the poor (Lindsey, 2009; Moore, et. al., 2009; Ratcliffe & McKernan, 2010; Sanders, 2011). Many of these studies focus on childhood poverty, and these studies make it very clear that childhood poverty has lifelong consequences. In general, poor children are more likely to be poor as adults, more likely to drop out of high school, more likely to become a teenaged parent, and more likely to have employment problems. Although only 1 percent of children who are never poor end up being poor as young adults, 32 percent of poor children become poor as young adults (Ratcliffe & McKernan, 2010).

? Exercise 16.4.1

True/False: 1 child in 6 lives in poverty compared to 1 in 8 adults. That's 11.9 million impoverished children in the U.S.

Answer

True.



Poor children are more likely to have inadequate nutrition and to experience health, behavioral, and cognitive problems. Kelly Short – Poverty: "Damaged Child," Oklahoma City, OK, USA, 1936. (Colorized). – CC BY-SA 2.0.E

A recent study used government data to follow children born between 1968 and 1975 until they were ages 30 to 37 (Duncan & Magnuson, 2011). The researchers compared individuals who lived in poverty in early childhood to those whose families had incomes at least twice the poverty line in early childhood. Compared to the latter group, adults who were poor in early childhood

- had completed two fewer years of schooling on the average;
- had incomes that were less than half of those earned by adults who had wealthier childhoods;
- received $826 more annually in food stamps on the average;
- were almost three times more likely to report being in poor health;
- were twice as likely to have been arrested (males only); and
- were five times as likely to have borne a child (females only).

We discuss some of the major specific consequences of poverty here and will return to them in later chapters.

? Exercise 16.4.2

True/False: Food insecurity has lasting effects like low reading & math scores, & more physical & mental health problems.

Answer

True.

Family Problems

The poor are at greater risk for family problems, including divorce and domestic violence. As Chapter 9 "Sexual Behavior" explains, a major reason for many of the problems families experience is stress. Even in families that are not poor, running a household can cause stress, children can cause stress, and paying the bills can cause stress. Families that are poor have more stress because of their poverty, and the ordinary stresses of family life become even more intense in poor families. The various kinds of family problems thus happen more commonly in poor families than in wealthier families. Compounding this situation, when these problems occur, poor families have fewer resources than wealthier families to deal with these problems.

Children and Our Future

Getting under Children's Skin: The Biological Effects of Childhood Poverty

As the text discusses, childhood poverty often has lifelong consequences. Poor children are more likely to be poor when they become adults, and they are at greater risk for antisocial behavior when young, and for unemployment, criminal behavior, and other problems when they reach adolescence and young adulthood.

According to growing evidence, one reason poverty has these consequences is that it has certain neural effects on poor children that impair their cognitive abilities and thus their behavior and learning potential. As Greg J. Duncan and Katherine Magnuson (Duncan & Magnuson, 2011, p. 23) observe, "Emerging research in neuroscience and developmental psychology suggests that poverty early in a child's life may be particularly harmful because the astonishingly rapid development of young children's brains leaves them sensitive (and vulnerable) to environmental conditions."

In short, poverty can change the way the brain develops in young children. The major reason for this effect is stress. Children growing up in poverty experience multiple stressful events: neighborhood crime and drug use; divorce, parental conflict, and other family problems, including abuse and neglect by their parents; parental financial problems and unemployment; physical and mental health problems of one or more family members; and so forth. Their great levels of stress in turn affect their bodies in certain harmful ways. As two poverty scholars note, "It's not just that poverty-induced stress is mentally taxing. If it's experienced early enough in childhood, it can in fact get 'under the skin' and change the way in which the body copes with the environment and the way in which the brain develops. These deep, enduring, and sometimes irreversible physiological changes are the very human price of running a high-poverty society" (Grusky & Wimer, 2011, p. 2).

One way poverty gets "under children's skin" is as follows (Evans, et. al., 2011). Poor children's high levels of stress produce unusually high levels of stress hormones such as cortisol and higher levels of blood pressure. Because these high levels impair their neural development, their memory and language development skills suffer. This result in turn affects their behavior and learning potential. For other physiological reasons, high levels of stress also affect the immune system, so that poor children are more likely to develop various illnesses during childhood and to have high blood pressure and other health problems when they grow older, and cause other biological changes that make poor children more likely to end up being obese and to have drug and alcohol problems.

The policy implications of the scientific research on childhood poverty are clear. As public health scholar Jack P. Shonkoff (Shonkoff, 2011) explains, "Viewing this scientific evidence within a biodevelopmental framework points to the particular importance of addressing the needs of our most disadvantaged children at the earliest ages." Duncan and Magnuson (Duncan & Magnuson, 2011) agree that "greater policy attention should be given to remediating situations involving deep and persistent poverty occurring early in childhood." To reduce poverty's harmful physiological effects on children, Skonkoff advocates efforts to promote strong, stable relationships among all members of poor families; to improve the quality of the home and neighborhood physical environments in which poor children grow; and to improve the nutrition of poor children. Duncan and Magnuson call for more generous income transfers to poor families with young children and note that many European democracies provide many

kinds of support to such families. The recent scientific evidence on early childhood poverty underscores the importance of doing everything possible to reduce the harmful effects of poverty during the first few years of life.

Health, Illness, and Medical Care

The poor are also more likely to have many kinds of health problems, including infant mortality, earlier adulthood mortality, and mental illness, and they are also more likely to receive inadequate medical care. Poor children are more likely to have inadequate nutrition and, partly for this reason, to suffer health, behavioral, and cognitive problems. These problems in turn impair their ability to do well in school and land stable employment as adults, helping to ensure that poverty will persist across generations. Many poor people are uninsured or underinsured, at least until the US health-care reform legislation of 2010 takes full effect a few years from now, and many have to visit health clinics that are overcrowded and understaffed.

As Chapter 10 “Work and the Economy” discusses, it is unclear how much of poor people’s worse health stems from their lack of money and lack of good health care versus their own behavior such as smoking and eating unhealthy diets. Regardless of the exact reasons, however, the fact remains that poor health is a major consequence of poverty. According to recent research, this fact means that poverty is responsible for almost 150,000 deaths annually, a figure about equal to the number of deaths from lung cancer (Bakalar, 2011).

Education

Poor children typically go to rundown schools with inadequate facilities where they receive inadequate schooling. They are much less likely than wealthier children to graduate from high school or to go to college. Their lack of education in turn restricts them and their own children to poverty, once again helping to ensure a vicious cycle of continuing poverty across generations. As Chapter 8 “The Changing Family” explains, scholars debate whether the poor school performance of poor children stems more from the inadequacy of their schools and schooling versus their own poverty. Regardless of exactly why poor children are more likely to do poorly in school and to have low educational attainment, these educational problems are another major consequence of poverty.

Housing and Homelessness

The poor are, not surprisingly, more likely to be homeless than the nonpoor but also more likely to live in dilapidated housing and unable to buy their own homes. Many poor families spend more than half their income on rent, and they tend to live in poor neighborhoods that lack job opportunities, good schools, and other features of modern life that wealthier people take for granted. The lack of adequate housing for the poor remains a major national problem. Even worse is outright homelessness. An estimated 1.6 million people, including more than 300,000 children, are homeless at least part of the year (Lee, et. al., 2010).

Crime and Victimization

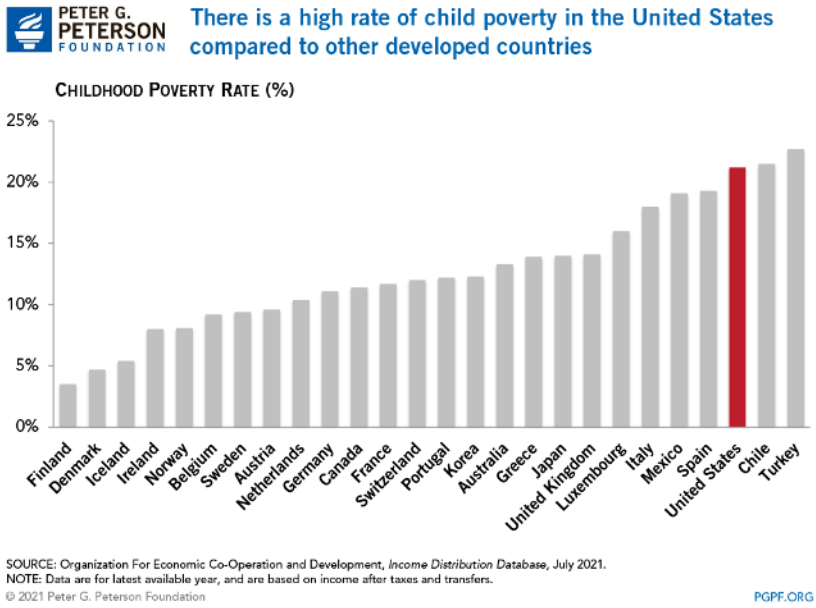
As Chapter 5 “Alcohol and Other Drugs” discusses, poor (and near poor) people account for the bulk of our street crime (homicide, robbery, burglary, etc.), and they also account for the bulk of victims of street crime. That chapter will outline several reasons for this dual connection between poverty and street crime, but they include the deep frustration and stress of living in poverty and the fact that many poor people live in high-crime neighborhoods. In such neighborhoods, children are more likely to grow up under the influence of older peers who are already in gangs or otherwise committing crime, and people of any age are more likely to become crime victims. Moreover, because poor and near-poor people are more likely to commit street crime, they also comprise most of the people arrested for street crimes, convicted of street crime, and imprisoned for street crime. Most of the more than 2 million people now in the nation’s prisons and jails come from poor or near-poor backgrounds. Criminal behavior and criminal victimization, then, are other major consequences of poverty.

Lessons from Other Societies

Poverty and Poverty Policy in Other Western Democracies

To compare international poverty rates, scholars commonly use a measure of the percentage of households in a nation that receive less than half of the nation’s median household income after taxes and cash transfers from the government. In data from the late 2000s, 17.3 percent of US households lived in poverty as defined by this measure. By comparison, other Western democracies had

the rates depicted in the figure that follows. The average poverty rate of the nations in the figure excluding the United States is 9.5 percent. The US rate is thus almost twice as high as the average for all the other democracies.



Why is there so much more poverty in the United States than in its Western counterparts? Several differences between the United States and the other nations stand out (Brady, 2009; Russell, 2011). First, other Western nations have higher minimum wages and stronger labor unions than the United States has, and these lead to incomes that help push people above poverty. Second, these other nations spend a much greater proportion of their gross domestic product on social expenditures (income support and social services such as child-care subsidies and housing allowances) than does the United States. As sociologist John Iceland (Iceland, 2006) notes, “Such countries often invest heavily in both universal benefits, such as maternity leave, child care, and medical care, and in promoting work among [poor] families…The United States, in comparison with other advanced nations, lacks national health insurance, provides less publicly supported housing, and spends less on job training and job creation.” Block and colleagues agree: “These other countries all take a more comprehensive government approach to combating poverty, and they assume that it is caused by economic and structural factors rather than bad behavior” (Block et, al., 2006).

The experience of the United Kingdom provides a striking contrast between the effectiveness of the expansive approach used in other wealthy democracies and the inadequacy of the American approach. In 1994, about 30 percent of British children lived in poverty; by 2009, that figure had fallen by more than half to 12 percent. Meanwhile, the US 2009 child poverty rate, was almost 21 percent.

Britain used three strategies to reduce its child poverty rate and to help poor children and their families in other ways. First, it induced more poor parents to work through a series of new measures, including a national minimum wage higher than its US counterpart and various tax savings for low-income workers. Because of these measures, the percentage of single parents who worked rose from 45 percent in 1997 to 57 percent in 2008. Second, Britain increased child welfare benefits regardless of whether a parent worked. Third, it increased paid maternity leave from four months to nine months, implemented two weeks of paid paternity leave, established universal preschool (which both helps children’s cognitive abilities and makes it easier for parents to afford to work), increased child-care aid, and made it possible for parents of young children to adjust their working hours to their parental responsibilities (Waldfogel, 2010). While the British child poverty rate fell dramatically because of these strategies, the US child poverty rate stagnated.

In short, the United States has so much more poverty than other democracies in part because it spends so much less than they do on helping the poor. The United States certainly has the wealth to follow their example, but it has chosen not to do so, and a high poverty rate is the unfortunate result. As the Nobel laureate economist Paul Krugman (2006, p. A25) summarizes this lesson, “Government truly can be a force for good. Decades of propaganda have conditioned many Americans to assume that government is always incompetent…But the [British experience has] shown that a government that seriously tries to reduce poverty can achieve a lot.”

Key Takeaways

- Poor people are more likely to have several kinds of family problems, including divorce and family conflict.
- Poor people are more likely to have several kinds of health problems.
- Children growing up in poverty are less likely to graduate high school or go to college, and they are more likely to commit street crime.

For Your Review

1. Write a brief essay that summarizes the consequences of poverty.
2. Why do you think poor children are more likely to develop health problems?

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16.5: Global Poverty

Learning Objectives

Upon completing this section, you should be able to:

1. Describe where poor nations tend to be located.
2. Explain the difference between the modernization and dependency theories of poverty.
3. List some of the consequences of global poverty.

As serious as poverty is in the United States, poverty in much of the rest of the world is beyond comprehension to the average American. Many of the world's poor live in such desperate circumstances that they would envy the lives of poor Americans. Without at all meaning to minimize the plight of the American poor, this section provides a brief look at the world's poor and at the dimensions of global poverty

Global Inequality

The world has a few very rich nations and many very poor nations, and there is an enormous gulf between these two extremes. If the world were one nation, its median annual income (at which half of the world's population is below this income and half is above it) would be only $1,700 (Dikhanov, 2005). The richest fifth of the world's population would have three-fourths of the world's entire income, while the poorest fifth of the world's population would have only 1.5 percent of the world's income, and the poorest two-fifths would have only 5.0 percent of the world's income (Dikhanov, 2005). Reflecting this latter fact, these poorest two-fifths, or about 2 billion people, live on less than $2 per day (United Nations Development Programme, 2009). As Figure 2.5 "Global Income Distribution (Percentage of World Income Held by Each Fifth of World Population)" illustrates, this distribution of income resembles a champagne glass.

Figure 2.5
Global Income Distribution (Percentage of World Income Held by Each Fifth of World Population)



Source: Data from Dikhanov, Y. (2005). Trends in global income distribution, 1970–2000, and scenarios for 2015. New York, NY: United Nations Development Programme.

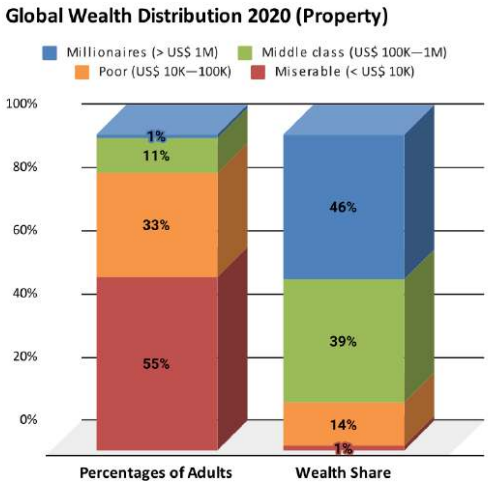
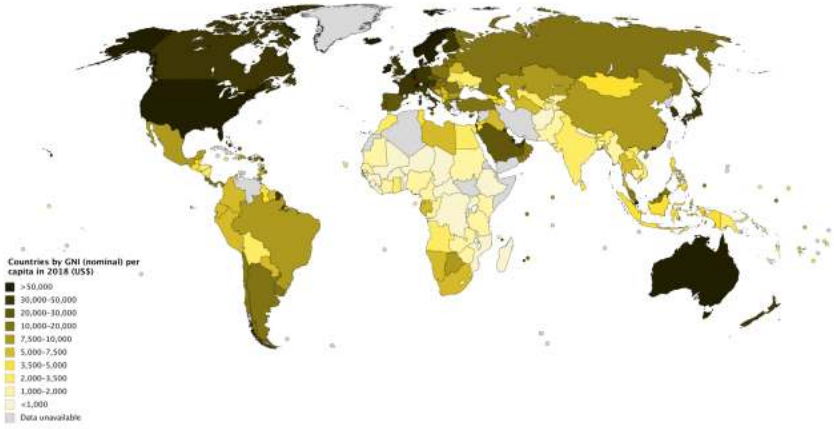


Figure 2.6 Global Wealth Distribution By Leandrosalvador - Own work, CC0, commons.wikimedia.org/w/inde...urid=107566084.

To understand global inequality, it is helpful to classify nations into a small number of categories based on their degree of wealth or poverty, their level of industrialization and economic development, and related factors. Over the decades, scholars and international organizations such as the United Nations and the World Bank have used various classification systems, or typologies. A popular typology today simply ranks nations into groups called *wealthy* (or high-income) nations, *middle-income* nations, and *poor* (or low-income) nations, based on measures such as gross domestic product (**GDP**) per capita (the total value of a nation's goods and services divided by its population). This typology has the advantage of emphasizing the most important variable in global stratification: how much wealth a nation has. At the risk of being somewhat simplistic, the other important differences among the world's nations all stem from their degree of wealth or poverty. Figure 2.7 "Global Stratification Map" depicts these three categories of nations (with the middle category divided into upper-middle and lower-middle). As should be clear, whether a nation is wealthy, middle income, or poor is heavily related to the continent on which it is found.

Figurem2.7 Countries by Gross National Income Per Capita



By JackintheBox - Own work, CC BY-SA 4.0, commons.wikimedia.org/w/inde...curid=89002068

Measuring Global Poverty

How do we know which nations are poor? A very common measure of global poverty was developed by the World Bank, an international institution funded by wealthy nations that provides loans, grants, and other aid to help poor and middle-income nations. Each year the World Bank publishes its World Development Report, which provides statistics and other information on the economic and social well-being of the globe's almost two hundred nations. The World Bank puts the official global poverty line (which is considered a measure of extreme poverty) at income under $1.25 per person per day, which amounts to about $456 yearly per person or $1,825 for a family of four. According to this measure, 1.4 billion people, making up more than one-fifth of the

world's population and more than one-fourth of the population of developing (poor and middle-income) nations, are poor. This level of poverty rises to 40 percent of South Asia and 51 percent of sub-Saharan Africa (Haughton & Khandker, 2009).

In a new development, the World Bank has begun emphasizing the concept of vulnerability to poverty, which refers to a significant probability that people who are not officially poor will become poor within the next year. Determining vulnerability to poverty is important because it enables antipoverty strategies to be aimed at those most at risk for sliding into poverty, with the hope of preventing them from doing so.

Vulnerability to poverty appears widespread; in several developing nations, about one-fourth of the population is always poor, while almost one-third is vulnerable to poverty or is slipping into and out of poverty. In these nations, more than half the population is always or sometimes poor. (Haughton & Khandker, 2009) summarize this situation: "As typically defined, vulnerability to poverty is more widespread than poverty itself. A wide swathe of society risks poverty at some point of time; put another way, in most societies, only a relatively modest portion of society may be considered as economically secure."

Explaining Global Poverty

Explanations of global poverty parallel those of US poverty in their focus on individualistic versus structural problems. One type of explanation takes an individualistic approach by, in effect, blaming the people in the poorest nations for their own poverty, while a second explanation takes a structural approach in blaming the plight of poor nations on their treatment by the richest ones. Table 2.4 "Theory Snapshot" summarizes the two sets of explanations.

Table 2.4 Theory Snapshot

Theory	Major assumptions
Modernization theory	Wealthy nations became wealthy because early on they were able to develop the necessary beliefs, values, and practices for trade, industrialization, and rapid economic growth to occur. Poor nations remained poor because they failed to develop these beliefs, values, and practices; instead, they continued to follow traditional beliefs and practices that stymied industrial development and modernization.
Dependency theory	The poverty of poor nations stems from their colonization by European nations, which exploited the poor nations' resources and either enslaved their populations or used them as cheap labor. The colonized nations were thus unable to develop a professional and business class that would have enabled them to enter the industrial age and to otherwise develop their economies.

Modernization Theory

The individualistic explanation is called modernization theory (Rostow, 1990). According to this theory, rich nations became wealthy because early on they were able to develop the "correct" beliefs, values, and practices—in short, the correct culture—for trade, industrialization, and rapid economic growth to occur. These cultural traits include a willingness to work hard, to abandon tradition in favor of new ways of thinking and doing things, and to adopt a future orientation rather than one focused on maintaining present conditions. Thus Western European nations began to emerge several centuries ago as economic powers because their populations adopted the kinds of values and practices just listed. In contrast, nations in other parts of the world never became wealthy and remain poor today because they never developed the appropriate values and practices. Instead, they continued to follow traditional beliefs and practices that stymied industrial development and modernization.



According to modernization theory, poor nations are poor because their people never developed values such as an emphasis on hard work. United Nations Photo – OLS Brings Support to Strained Medical Services – CC BY-NC-ND 2.0.

Modernization theory has much in common with the culture of poverty theory discussed earlier. It attributes the poverty of poor nations to their failure to develop the "proper" beliefs, values, and practices necessary for economic success both at the beginning of industrialization during the nineteenth century and in the two centuries that have since transpired. Because modernization theory implies that people in poor nations do not have the talent and ability to improve their lot, it may be considered a functionalist explanation of global inequality.

Dependency Theory

The structural explanation for global stratification is called dependency theory, which may be considered a conflict explanation of global inequality. Not surprisingly, this theory's views sharply challenge modernization theory's assumptions (Packenham, 1992). Whereas modernization theory attributes global stratification to the "wrong" cultural values and practices in poor nations, dependency theory blames global stratification on the exploitation of these nations by wealthy nations. According to this view, poor nations never got the chance to pursue economic growth because early on they were conquered and colonized by European ones. The European nations stole the poor nations' resources and either enslaved their populations or used them as cheap labor. They installed their own governments and often prevented the local populace from getting a good education. As a result, the colonized nations were unable to develop a professional and business class that would have enabled them to enter the industrial age and to otherwise develop their economies. Along the way, wealthy nations sold their own goods to colonized nations and forced them to run up enormous debt that continues to amount today.

In today's world, huge multinational corporations continue to exploit the labor and resources of the poorest nations, say dependency theorists. These corporations run sweatshops in many nations, in which workers toil in inhumane conditions at extremely low wages (Sluiter, 2009). Often the corporations work hand-in-hand with corrupt officials in the poor nations to strengthen their economic stake in the countries.

Comparing the Theories

Which makes more sense, modernization theory or dependency theory? As with many theories, both make sense to some degree, but both have their faults. Modernization theory places too much blame on poor nations for their own poverty and ignores the long history of exploitation of poor nations by rich nations and multinational corporations alike. For its part, dependency theory cannot explain why some of the poorest countries are poor even though they were never European colonies; neither can it explain why some former colonies such as Hong Kong have been able to attain enough economic growth to leave the rank of the poorest nations. Together, both theories help us understand the reasons for global stratification, but most sociologists would probably favor dependency theory because of its emphasis on structural factors in the world's historic and current economy.

The Lives of the World's Poor

Poor nations are the least industrialized and most agricultural of all the world's countries. They consist primarily of nations in Africa and parts of Asia and constitute roughly half of the world's population. Many of these nations rely heavily on one or two crops, and if weather conditions render a crop unproductive in a particular season, the nations' hungry become even hungrier. By

the same token, if economic conditions reduce the price of a crop or other natural resource, the income from exports of these commodities plummets, and these already poor nations become even poorer.



A young resident of Maslakh Camp takes a drink of water. People in poor nations live in the most miserable conditions possible. United Nations Photo – Maslakh Camp for Displaced, Afghanistan – CC BY-NC-ND 2.0.

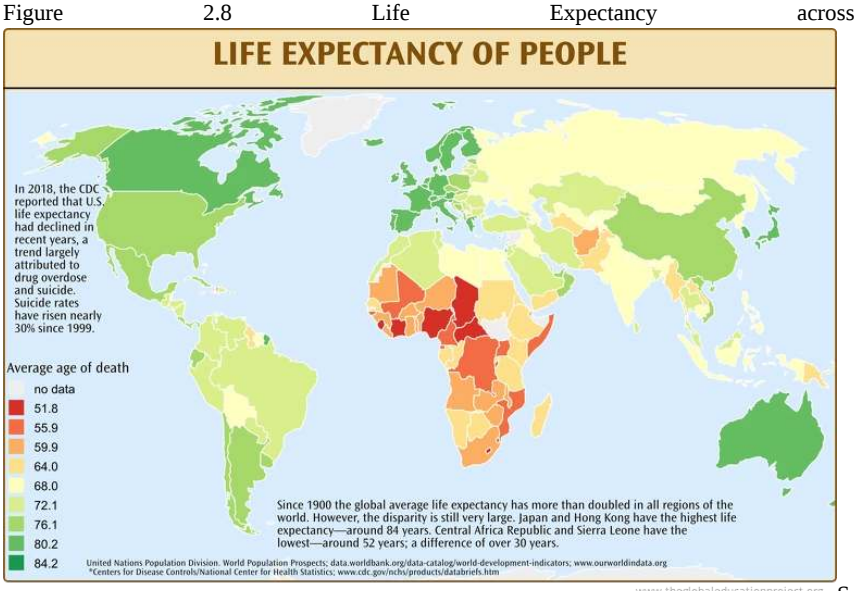
By any standard, the more than 1.4 billion people in poor nations live a desperate existence in the most miserable conditions possible. They suffer from AIDS and other deadly diseases, live on the edge of starvation, and lack indoor plumbing, electricity, and other modern conveniences that most Americans take for granted. Most of us have seen unforgettable photos or video footage of African children with stick-thin limbs and distended stomachs reflecting severe malnutrition.

It would be nice if these images were merely fiction, but unfortunately they are far too real. AIDS, malaria, starvation, and other deadly diseases are common. Many children die before reaching adolescence, and many adults die before reaching what in the richest nations would be considered middle age. Many people in the poorest nations are illiterate, and a college education remains as foreign to them as their way of life would be to us. The images of the world's poor that we see in television news reports or in film documentaries fade quickly from our minds. Meanwhile, millions of people on our planet die every year because they do not have enough to eat, because they lack access to clean water or adequate sanitation, or because they lack access to medicine that is found in every CVS, Rite Aid, and Walgreens in the United States. We now examine some specific dimensions and consequences of global poverty.

Life Expectancy

When we look around the world, we see that global poverty is literally a matter of life and death. The clearest evidence of this fact comes from data on life expectancy, or the average number of years that a nation's citizens can be expected to live. Life expectancy certainly differs within each nation, with some people dying younger and others dying older, but poverty and related conditions affect a nation's overall life expectancy to a startling degree.

Figure 2.8 Life Expectancy across the Globe



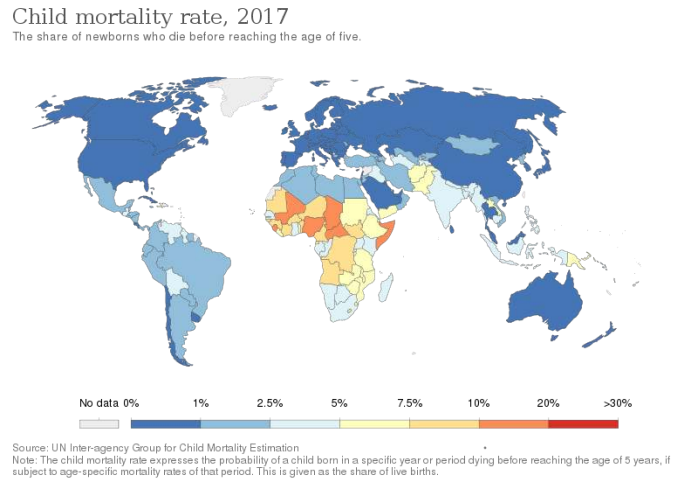
Sources: United Nations Population Division, World Population Prospects; data.worldbank.org/data-catalog/world-development-indicators; www.ourworldindata.org. Centers for Disease Controls/National Center for Health Statistics; www.cdc.gov/nchs/products/databriefs.htm

A map of global life expectancy appears in Figure 2.7 “Average Life Expectancy across the Globe (Years)”. Life expectancy is highest in North America, Western Europe, and certain other regions of the world and lowest in Africa and South Asia, where *life expectancy in many nations is some 30 years shorter than in other regions*. Another way of visualizing the relationship between global poverty and life expectancy appears in Figure 2.8 “Global Poverty and Life Expectancy, 2006”, which depicts average life expectancy for wealthy nations, upper-middle-income nations, lower-middle-income nations, and poor nations. Men in wealthy nations can expect to live 76 years on average, compared to only 56 in poor nations; women in wealthy nations can expect to live 82 years, compared to only 58 in poor nations. Life expectancy in poor nations is thus 20 and 24 years lower, respectively, for the two sexes.

Child Mortality

A key contributor to life expectancy and also a significant consequence of global poverty in its own right is child mortality, the number of children who die before age 5 per 1,000 children. As Figure 2.9 “Global Poverty and Child Mortality, 2006” shows, the rate of child mortality in poor nations is 135 per 1,000 children, meaning that 13.5 percent of all children in these nations die before age 5. In a few African nations, child mortality exceeds 200 per 1,000. In contrast, the rate in wealthy nations is only 7 per 1,000. Children in poor nations are thus about 19 times (13.5 ÷ 0.7) more likely to die before age 5 than children in wealthy nations.

Figure 2.10 Child Mortality Rate



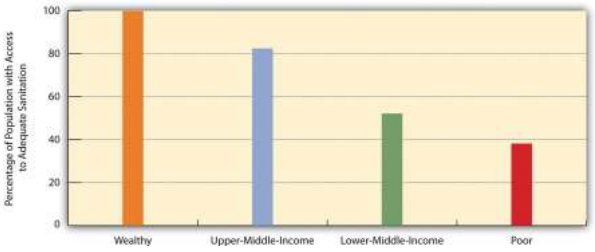
By Our World In Data - ourworldindata.org/grapher/c...mortality-igme, CC BY 3.0, commons.wikimedia.org/w/inde...curid=86920694

Sanitation and Clean Water

Two other important indicators of a nation's health are access to adequate sanitation (disposal of human waste) and access to clean water. When people lack adequate sanitation and clean water, they are at much greater risk for life-threatening diarrhea, serious infectious diseases such as cholera and typhoid, and parasitic diseases such as schistosomiasis (World Health Organization, 2010). About 2.4 billion people around the world, almost all of them in poor and middle-income nations, do not have adequate sanitation, and more than 2 million, most of them children, die annually from diarrhea. More than 40 million people worldwide, almost all of them again in poor and middle-income nations, suffer from a parasitic infection caused by flatworms.

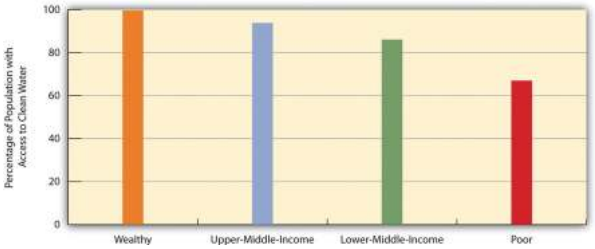
As Figure 2.10 "Global Stratification and Access to Adequate Sanitation, 2006" and Figure 2.11 "Global Stratification and Access to Clean Water, 2006" show, access to adequate sanitation and clean water is strongly related to national wealth. Poor nations are much less likely than wealthier nations to have adequate access to both sanitation and clean water. Adequate sanitation is virtually universal in wealthy nations but is available to only 38 percent of people in poor nations. Clean water is also nearly universal in wealthy nations but is available to only 67 percent of people in poor nations.

Figure 2.11 Global Stratification and Access to Adequate Sanitation, 2006



Source: Data from World Bank. (2010). Health nutrition and population statistics. Retrieved from http://databank.worldbank.org/ddp/home.do.

Figure 2.11 Global Stratification and Access to Clean Water, 2006



Source: Data from World Bank. (2010). Health nutrition and population statistics. Retrieved from http://databank.worldbank.org/ddp/home.do.

Malnutrition



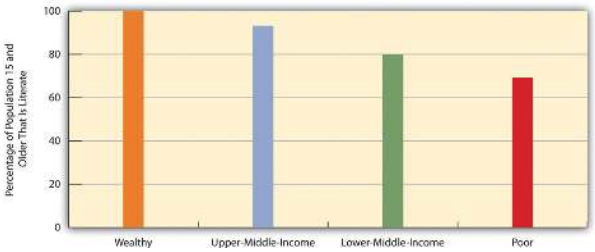
About one-fifth of the population of poor nations, about 800 million individuals, are malnourished. Dr. Lyle Conrad at the Centers for Disease Control and Prevention- ID# 6874 – public domain.

Another health indicator is malnutrition. This problem is caused by a lack of good food combined with infections and diseases such as diarrhea that sap the body of essential nutrients. About one-fifth of the population of poor nations, or about 800 million individuals, are malnourished; looking just at children, in developing nations more than one-fourth of children under age 5, or about 150 million altogether, are underweight. Half of all these children live in only three nations: Bangladesh, India, and Pakistan; almost half the children in these and other South Asian nations are underweight. Children who are malnourished are at much greater risk for fat and muscle loss, brain damage, blindness, and death; perhaps you have seen video footage of children in Africa or South Asia who are so starved that they look like skeletons. Not surprisingly, child malnutrition contributes heavily to the extremely high rates of child mortality that we just examined and is estimated to be responsible for more than 5 million deaths of children annually (United Nations Children's Fund [UNICEF], 2006; World Health Organization, 2010).

Adult Literacy

Moving from the area of health, a final indicator of human development is adult literacy, the percentage of people 15 and older who can read and write a simple sentence. Once again we see that people in poor and middle-income nations are far worse off (see Figure 2.12 "Global Poverty and Adult Literacy, 2008"). In poor nations, only about 69 percent of adults 15 and older can read and write a simple sentence. The high rate of illiteracy in poor nations not only reflects their poverty but also contributes to it, as people who cannot read and write are obviously at a huge disadvantage in the labor market.

Figure 2.12 Global Poverty and Adult Literacy, 2008



Source: Data from World Bank. (2010). Health nutrition and population statistics. Retrieved from http://databank.worldbank.org/ddp/home.do.

Applying Social Research

Unintended Consequences of Welfare Reform

Aid to Families with Dependent Children (AFDC) was a major government program to help the poor from the 1930s to the 1960s. Under this program, states allocated federal money to provide cash payments to poor families with children. Although the program was heavily criticized for allegedly providing an incentive to poor mothers both to have more children and to not join the workforce, research studies found little or no basis for this criticism. Still, many politicians and much of the public accepted the criticism as true, and AFDC became so unpopular that it was replaced in 1997 by a new program, Temporary Assistance for Needy Families (TANF), which is still a major program today.

TANF is more restrictive in many respects than AFDC was. In particular, it limits the amount of time a poor family can receive federal funds to five years, and allows states to impose a shorter duration for funding, which many have done. In addition, it requires single parents in families receiving TANF funds to work at least thirty hours a week (or twenty hours a week if they have a child under the age of 6) and two parents to work at least thirty-five hours per week combined. In most states, going to school to obtain a degree does not count as the equivalent of working and thus does not make a parent eligible for TANF payments. Only short-term programs or workshops to develop job skills qualify.

Did welfare reform involving TANF work? Many adults formerly on AFDC found jobs, TANF payments nationwide have been much lower than AFDC payments, and many fewer families receive TANF payments than used to receive AFDC payments. All these facts lead many observers to hail TANF as a successful program. However, sociologists and other scholars who study TANF families say the numbers are misleading because poor families have in effect been excluded from TANF funding because of its strict requirements. The reduced payments and lower number of funded families indicate the failure of TANF, they say, not its success.

Several problems explain why TANF has had these unintended consequences. First, many families are poor for many more than five years, and the five-year time limit under TANF means that they receive financial help for only some of the years they live in poverty. Second, because the federal and state governments provide relatively little financial aid for child care, many parents simply cannot afford to work, and if they don't work, they lose their TANF payments. Third, jobs are certainly difficult to find, especially if, as is typical, a poor parent has relatively little education and few job skills, and if parents cannot find a job, they again lose their TANF payments. Fourth, many parents cannot work because they have physical or mental health problems or because they are taking care of a family member or friend with a health problem; these parents, too, become ineligible for TANF payments.

Sociologist Lorna Rivera put a human face to these problems in a study of fifty poor women in Boston, Massachusetts. She lived among them, interviewed them individually, and conducted focus groups. She found that TANF worsened the situation of these women for the reasons just stated, and concluded that welfare reform left these and other poor women "uneducated, underemployed, underpaid, and unable to effectively move themselves and their families forward."

Ironically, some studies suggest that welfare reform impaired the health of black women for several reasons. Many ended up with jobs with long bus commutes and odd hours, leading to sleep deprivation and less time for medical visits. Many of these new workers also suddenly had to struggle to find affordable day care for their children. These problems are thought to have increased their stress levels and, in turn, harmed their health.

The research by social scientists on the effects of TANF reveals that the United States took a large step backward when it passed welfare reform in the 1990s. Far from reducing poverty, welfare reform only worsened it. This research underscores the need for the United States to develop better strategies for reducing poverty similar to those used by other Western democracies, as discussed in the Note 2.19 "Lessons from Other Societies" box in this chapter.

Sources: (Blitstein, 2009; Mink, 2008; Parrott & Sherman, 2008; Rivera, 2008)

Key Takeaways

- People in poor nations live in the worst conditions possible. Deadly diseases are common, and many children die before reaching adolescence.
- According to the modernization theory, rich nations became rich because their peoples possessed certain values, beliefs, and practices that helped them become wealthy. Conversely, poor nations remained poor because their peoples did not possess these values, beliefs, and practices.
- According to the dependency theory, poor nations have remained poor because they have been exploited by rich nations and by multinational corporations.

For Your Review

1. Considering all the ways in which poor nations fare much worse than wealthy nations, which one seems to you to be the most important problem that poor nations experience? Explain your answer.
2. Which theory of global poverty, modernization or dependency, makes more sense to you? Why?

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16.6: Reducing Poverty

Learning Objectives

Upon completing this section, you should be able to:

1. Explain why the United States neglects its poor.
2. List any three potentially promising strategies to reduce US poverty.
3. Describe how to reduce global poverty from a sociological perspective.

As this chapter noted at the outset, the United States greatly reduced poverty during the 1960s through a series of programs and policies that composed the so-called war on poverty. You saw evidence of the success of the war on poverty in Figure 2.1 “US Poverty, 1959–2010”, which showed that the poverty rate declined from 22.2 percent in 1960 to a low of 11.1 percent in 1973 before fluctuating from year to year and then rising since 2000. The Note 2.19 “Lessons from Other Societies” box showed that other democracies have much lower poverty rates than the United States because, as many scholars believe, they have better funded and more extensive programs to help their poor (Brady, 2009; Russell, 2011).

The lessons from the 1960s’ war on poverty and the experience of other democracies are clear: It is very possible to reduce poverty if, and only if, a nation is willing to fund and implement appropriate programs and policies that address the causes of poverty and that help the poor deal with the immediate and ongoing difficulties they experience.

A major reason that the US poverty rate reached its low in 1973 and never went lower during the past four decades is that the United States retreated from its war on poverty by cutting back on the programs and services it had provided during that good war (Soss, et. al., 2007). Another major reason is that changes in the national economy during the past few decades have meant that well-paying manufacturing jobs have been replaced by low-paying service jobs with fewer benefits (Wilson, 2010). Yet this has also happened in other democracies, and their poverty rates remain lower than the US rate because, unlike the United States, they have continued to try to help their poor rather than neglect them.

Why does the United States neglect its poor? Many scholars attribute this neglect to the fact that many citizens and politicians think the poor are poor because of their own failings. As summarized by sociologist Mark R. Rank (Rank, 2011), these failings include “not working hard enough, failure to acquire sufficient skills, or just making bad decisions.” By thus blaming the poor for their fate, citizens and politicians think the poor do not deserve to have the US government help them, and so the government does not help, or at least not nearly as much as other democracies do. We have seen that the facts do not support the myth that the poor lack motivation to work, but that does not lessen the blame given the poor for being poor.

To renew the US effort to help the poor, it is essential that the actual facts about poverty become better known so that a fundamental shift in thinking about poverty and the poor can occur. Rank (Rank, 2011) says that one aspect of this shift must include the recognition, as noted at the beginning of this chapter, that “poverty affects us all” because it costs so many tax dollars to help the poor and because a majority of the public can expect to be poor or near poor at some point in their lives. A second aspect of this shift in thinking, adds Rank, is the recognition (following a blaming-the-system approach) that poverty stems much more from the lack of opportunity, lack of jobs, declining government help for the poor, and other structural failings of American society than from individual failings of the poor themselves. A third aspect of this shift in thinking, he concludes, is that poverty must become seen as a “moral problem” and as “an injustice of a substantial magnitude” (Rank, 2011). As he forcefully argues, “Something is seriously wrong when we find that, in a country with the most abundant resources in the world, there are children without enough to eat, families who cannot afford health care, and people sleeping on the streets for lack of shelter” (Rank, 2011). This situation, he says, must become seen as a “moral outrage” (Rank, 2011).

Sociologist Joe Soss (Soss, 2011) argues that a change in thinking is not enough for a renewed antipoverty effort to occur. What is needed, he says, is political protest and other political activity by the poor and on behalf of the poor. Soss notes that “political conflict and mass mobilization played key roles” in providing the impetus for social-welfare programs in the 1930s and 1960s in the United States, and he adds that the lower poverty rates of Western European democracies “are products of labor movements, unions, and parties that mobilized workers to demand more adequate social supports.” These twin histories lead Soss to conclude that the United States will not increase its antipoverty efforts unless a new wave of political activity by and on behalf of the poor arises. As he argues, “History suggests that major antipoverty victories can be achieved. But they won’t be achieved by good will

and smart ideas alone. They'll be won politically, when people—in poor communities, in advocacy groups, in government, in the academy, and elsewhere—mobilize to advance antipoverty agendas in ways that make politics as usual untenable."

Antipoverty Programs and Policies



To help reduce poverty, it is essential to help poor parents pay for child care. Herald Post – Family Child Care – CC BY-NC 2.0.

If a renewed antipoverty effort does occur for whatever reason, what types of programs and policies show promise for effectively reducing poverty? Here a sociological vision is essential. It is easy to understand why the hungry schoolchildren described in the news story that began this chapter might be going without food during a very faltering national economy. Yet a sociological understanding of poverty emphasizes its structural basis in bad times and good times alike. Poverty is rooted in social and economic problems of the larger society rather than in the lack of willpower, laziness, or other moral failings of poor individuals themselves. Individuals born into poverty suffer from a lack of opportunity from their first months up through adulthood, and poverty becomes a self-perpetuating, vicious cycle. To the extent a culture of poverty might exist, it is best seen as a logical and perhaps even inevitable outcome of, and adaptation to, the problem of being poor and not the primary force driving poverty itself.

This sort of understanding suggests that efforts to reduce poverty must address first and foremost the structural basis for poverty while not ignoring certain beliefs and practices of the poor that also make a difference. An extensive literature on poverty policy outlines many types of policies and programs that follow this dual approach (Cancian & Danziger, 2009; Greenberg, et. al., 2007; Iceland, 2006; Lindsey, 2009; Moore et al., 2009; Rank, 2004). If these were fully adopted, funded, and implemented, as they are in many other democracies, they would offer great promise for reducing poverty. As two poverty experts recently wrote, "We are optimistic that poverty can be reduced significantly in the long term if the public and policymakers can muster the political will to pursue a range of promising antipoverty policies" (M. Cancian & S. Danziger, 2009, p. 32).Cancian, M., & Danziger, S. H. (2009). *Changing poverty, changing policies*. New York, NY: Russell Sage Foundation. Although a full discussion of these policies is beyond the scope of this chapter, the following measures are commonly cited as holding strong potential for reducing poverty, and they are found in varying degrees in other Western democracies:

1. Adopt a national "full employment" policy for the poor, involving federally funded job training and public works programs, and increase the minimum wage so that individuals working full-time will earn enough to lift their families out of poverty.
2. Increase federal aid for the working poor, including higher earned income credits and child-care subsidies for those with children.
3. Establish well-funded early childhood intervention programs, including home visitations by trained professionals, for poor families.
4. Provide poor families with enough income to enable them to pay for food and housing.
5. Increase the supply of affordable housing.
6. Improve the schools that poor children attend and the schooling they receive and expand early childhood education programs for poor children.
7. Provide better nutrition and health services for poor families with young children.
8. Establish universal health insurance.
9. Increase Pell Grants and other financial aid for higher education.

Global Poverty

Years of international aid to poor nations have helped them somewhat, but, as this chapter has shown, their situation remains dire. International aid experts acknowledge that efforts to achieve economic growth in poor nations have largely failed, but they disagree why this is so and what alternative strategies may prove more successful (Cohen & Easterly, 2009).Cohen, J., & Easterly, W. (Eds.). (2009). *What works in development? Thinking big and thinking small*. Washington, DC: Brookings Institution Press. One very promising trend has been a switch from macro efforts focusing on infrastructure problems and on social institutions, such as the schools, to micro efforts, such as providing cash payments or small loans directly to poor people in poor nations (a practice called *microfinancing*) and giving them bed nets to prevent mosquito bites (Banerjee & Duflo, 2011; Hanlon, Barrientos, & Hulme, 2010; Karlan & Appel, 2011).Banerjee, A. V., & Duflo, E. (2011). *Poor economics: A radical rethinking of the way to fight global poverty*. New York, NY: PublicAffairs; Hanlon, J., Barrientos, A., & Hulme, D. (2010). *Just give money to the poor: The development revolution from the global south*. Sterling, VA: Kumarian Press; Karlan, D., & Appel, J. (2011). *More than good intentions: How a new economics is helping to solve global poverty*. New York, NY: Dutton. However, the evidence on the success of these efforts is mixed (Bennett, 2009; The Economist, 2010).Bennett, D. (2009, September 20). Small change. *The Boston Globe*. Retrieved from http://www.boston.com/bostonglobe/id...fight_poverty/; The Economist. (2010). A better mattress. *The Economist, 394*(8673), 75–76. Much more to help the world's poor certainly needs to be done.

In this regard, sociology's structural approach is in line with dependency theory and suggests that global stratification results from the history of colonialism and from continuing exploitation today of poor nations' resources by wealthy nations and multinational corporations. To the extent such exploitation exists, global poverty will lessen if and only if this exploitation lessens. A sociological approach also emphasizes the role that class, gender, and ethnic inequality play in perpetuating global poverty. For global poverty to be reduced, gender and ethnic inequality must be reduced.

Writers Nicholas D. Kristof and Sheryl WuDunn (2010)Kristoff, N. D., & WuDunn, S. (2010). *Half the sky: Turning oppression into opportunity for women worldwide*. New York, NY: Vintage Books. emphasize the need to focus efforts to reduce global poverty of women. We have already seen one reason this emphasis makes sense: women are much worse off than men in poor nations in many ways, so helping them is crucial for both economic and humanitarian reasons. An additional reason is especially illuminating: When women in poor nations acquire extra money, they typically spend it on food, clothing, and medicine, essentials for their families. However, when men in poor nations acquire extra money, they often spend it on alcohol, tobacco, and gambling. This gender difference might sound like a stereotype, but it does indicate that aid to women will help in many ways, while aid to men might be less effective and often even wasted.

Key Takeaways

- According to some sociologists, a change in thinking about poverty and the poor and political action by and on behalf of the poor are necessary for a renewed effort to help poor Americans.
- Potentially successful antipoverty programs and policies to help the US poor include expanding their employment opportunities and providing them much greater amounts of financial and other aid.
- To help people in poor nations, gender and ethnic inequality must be addressed.

For Your Review

1. Write a brief essay summarizing the changes in thinking that some sociologists argue must occur before a renewed effort to reduce poverty can take place.
2. Write a brief essay summarizing any four policies or programs that could potentially lower US poverty.

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16.7: End-of-Chapter Material

Summary

1. Poverty statistics are misleading in at least two ways. First, the way that poverty is measured is inadequate for several reasons, and more accurate measures of poverty that have recently been developed suggest that poverty is higher than the official poverty measure indicates. Second, even if people live slightly above the poverty line, they are still living in very difficult circumstances and are having trouble making ends meet.
2. Children, people of color, the South, and single-parent families headed by women have especially high poverty rates. Despite what many Americans think, the most typical poor person is white, and most poor people who are able to work outside the home in fact do work.
3. To explain social stratification and thus poverty, functionalist theory says that stratification is necessary and inevitable because of the need to encourage people with the needed knowledge and skills to decide to pursue the careers that are most important to society. Conflict theory says stratification exists because of discrimination against, and blocked opportunities for, the have-nots of society. Symbolic interactionist theory does not try to explain why stratification and poverty exist, but it does attempt to understand the experience of being poor.
4. The individualistic explanation attributes poverty to individual failings of poor people themselves, while the structuralist explanation attributes poverty to lack of jobs and lack of opportunity in the larger society.
5. Poverty has serious consequences in many respects. Among other problems, poor children are more likely to grow up to be poor, to have health problems, to commit street crime, and to have lower levels of formal education.
6. The nations of the world differ dramatically in wealth and other resources, with the poorest nations being found in Africa and parts of Asia.
7. Global poverty has a devastating impact on the lives of hundreds of millions of people throughout the world. Poor nations have much higher rates of mortality and disease and lower rates of literacy.
8. Modernization theory attributes global poverty to the failure of poor nations to develop the necessary beliefs, values, and practices to achieve economic growth, while dependency theory attributes global poverty to the colonization and exploitation by European nations of nations in other parts of the world.
9. A sociological perspective suggests that poverty reduction in the United States and around the world can occur if the structural causes of poverty are successfully addressed.

Using What You Know

It is December 20, and you have just finished final exams. In two days, you will go home for winter break and are looking forward to a couple weeks of eating, sleeping, and seeing your high school friends. Your smartphone signals that someone has texted you. When you read the message, you see that a friend is asking you to join her in serving a holiday supper on December 23 at a food pantry just a few miles from your campus. If you do that, you will not be able to get home until two days after you had been planning to arrive, and you will miss a big high school “reunion” party set for the night of the twenty-third. What do you decide to do? Why?

What You Can Do

To help fight poverty and the effects of poverty, you may wish to do any of the following:

1. Contribute money to a local, state, or national organization that provides various kinds of aid to the poor.
2. Volunteer at a local food pantry or homeless shelter.
3. Start a canned food or used clothing drive on your campus.
4. Write letters or send e-mails to local, state, and federal officials that encourage them to expand antipoverty programs.

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CHAPTER OVERVIEW

17: Race and Ethnicity

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17.1: Racial and Ethnic Inequality- A Historical Prelude

Learning Objectives

Upon completing this section, you should be able to:

1. Describe the targets of nineteenth-century mob violence in US cities.
2. Discuss why the familiar saying "The more things change, the more they stay the same" applies to the history of race and ethnicity in the United States.

Race and ethnicity have torn at the fabric of American society ever since the time of Christopher Columbus, when an estimated 1 million Native Americans populated the eventual United States. By 1900, their numbers had dwindled to about 240,000, as tens of thousands were killed by white settlers and US troops and countless others died from disease contracted from people with European backgrounds. Scholars say this mass killing of Native Americans amounted to genocide (Brown, 2009).

African Americans also have a history of maltreatment that began during the colonial period, when Africans were forcibly transported from their homelands to be sold as slaves in the Americas. Slavery, of course, continued in the United States until the North's victory in the Civil War ended it. African Americans outside the South were not slaves but were still victims of racial prejudice. During the 1830s, white mobs attacked free African Americans in cities throughout the nation, including Philadelphia, Cincinnati, Buffalo, and Pittsburgh. The mob violence stemmed from a "deep-seated racial prejudice…in which whites saw blacks as 'something less than human'" (Brown, 1975) and continued well into the twentieth century, when white mobs attacked African Americans in several cities, with at least seven antiblack riots occurring in 1919 that left dozens dead. Meanwhile, an era of Jim Crow racism in the South led to the lynching of thousands of African Americans, segregation in all facets of life, and other kinds of abuses (Litwack, 2009).



During the era of Jim Crow racism in the South, several thousand African Americans were lynched. US Library of Congress – public domain.

African Americans were not the only targets of native-born white mobs back then (Dinnerstein & Reimers, 2009). As immigrants from Ireland, Italy, Eastern Europe, Mexico, and Asia flooded into the United States during the nineteenth and early twentieth centuries, they, too, were beaten, denied jobs, and otherwise mistreated. During the 1850s, mobs beat and sometimes killed Catholics in cities such as Baltimore and New Orleans. During the 1870s, whites rioted against Chinese immigrants in cities in California and other states. Hundreds of Mexicans were attacked and/or lynched in California and Texas during this period.

Nazi racism in the 1930s and 1940s helped awaken Americans to the evils of prejudice in their own country. Against this backdrop, a monumental two-volume work by Swedish social scientist Gunnar Myrdal (Myrdal, 1944) attracted much attention when it was published. The book, *An American Dilemma: The Negro Problem and Modern Democracy*, documented the various forms of discrimination facing blacks back then. The "dilemma" referred to by the book's title was the conflict between the American democratic ideals of egalitarianism and liberty and justice for all and the harsh reality of prejudice, discrimination, and lack of equal opportunity.

The Kerner Commission's 1968 report reminded the nation that little, if anything, had been done since Myrdal's book to address this conflict. Sociologists and other social scientists have warned since then that the status of people of color has actually been

worsening in many ways since this report was issued (Massey, 2007; Wilson, 2009). Evidence of this status appears in the remainder of this chapter.

Key Takeaways

- US history is filled with violence and other maltreatment against Native Americans, blacks, and immigrants.
- Social scientists warn that the status of people of color has been worsening.

For Your Review

1. Describe why Myrdal said US race relations were an “American dilemma.”
2. How much did you learn in high school about the history of race and ethnicity in the United States? Do you think you should have learned more?

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17.2: The Meaning of Race and Ethnicity

Learning Objectives

Upon completing this section, you should be able to:

1. Critique the biological concept of race.
2. Discuss why race is a social construction.
3. Explain why ethnic heritages have both good and bad consequences.

To begin our understanding of racial and ethnic inequality, we first need to understand what *race* and *ethnicity* mean. These terms may seem easy to define but are much more complex than their definitions suggest.

Race

Let's start first with race, which refers to a category of people who share certain inherited physical characteristics, such as skin color, facial features, and stature. A key question about race is whether it is more of a biological category or a social category. Most people think of race in biological terms, and for more than three hundred years, or ever since white Europeans began colonizing nations filled with people of color, people have been identified as belonging to one race or another based on certain biological features.

It is certainly easy to see that people in the United States and around the world differ physically in some obvious ways. The most noticeable difference is skin tone: Some groups of people have very dark skin, while others have very light skin. Other differences also exist. Some people have very curly hair, while others have very straight hair. Some have thin lips, while others have thick lips. Some groups of people tend to be relatively tall, while others tend to be relatively short. Using such physical differences as their criteria, scientists at one point identified as many as nine races: African, American Indian or Native American, Asian, Australian Aborigine, European (more commonly called "white"), Indian, Melanesian, Micronesian, and Polynesian (Smedley, 2007).

Although people certainly do differ in these kinds of physical features, anthropologists, sociologists, and many biologists question the value of these categories and thus the value of the biological concept of race (Smedley, 2007). For one thing, we often see more physical differences *within* a race than *between* races. For example, some people we call "white" (or European), such as those with Scandinavian backgrounds, have very light skins, while others, such as those from some Eastern European backgrounds, have much darker skins. In fact, some "whites" have darker skin than some "blacks," or African Americans. Some whites have very straight hair, while others have very curly hair; some have blonde hair and blue eyes, while others have dark hair and brown eyes. Because of interracial reproduction going back to the days of slavery, African Americans also differ in the darkness of their skin and in other physical characteristics. In fact, it is estimated that at least 30 percent of African Americans have some white (i.e., European) ancestry and that at least 20 percent of whites have African or Native American ancestry. If clear racial differences ever existed hundreds or thousands of years ago (and many scientists doubt such differences ever existed), in today's world these differences have become increasingly blurred.



President Barack Obama had an African father and a white mother. Although his ancestry is equally black and white, Obama considers himself an African American, as do most Americans. In several Latin American nations, however, Obama would be considered white because of his white ancestry. Steve Jurvetson – Barak Obama on the Primary – CC BY 2.0.

Another reason to question the biological concept of race is that an individual or a group of individuals is often assigned to a race arbitrarily. A century ago, for example, Irish, Italians, and Eastern European Jews who left their homelands were not regarded as white once they reached the United States but rather as a different, inferior (if unnamed) race (Painter, 2010). The belief in their inferiority helped justify the harsh treatment they suffered in their new country. Today, of course, we call people from all three backgrounds white or European.

In this context, consider someone in the United States who has a white parent and a black parent. What race is this person? American society usually calls this person black or African American, and the person may adopt this identity (as does President Barack Obama, who had a white mother and African father). But where is the logic for doing so? This person, as well as President Obama, is as much white as black in terms of parental ancestry.

Or consider someone with one white parent and another parent who is the child of one black parent and one white parent. This person thus has three white grandparents and one black grandparent. Even though this person's ancestry is thus 75 percent white and 25 percent black, she or he is likely to be considered black in the United States and may well adopt this racial identity. This practice reflects the traditional *one-drop rule* in the United States that defines someone as black if she or he has at least one drop of *black blood*, and that was used in the antebellum South to keep the slave population as large as possible (Staples, 2005). Yet in many Latin American nations, this person would be considered white (see Note 3.7 "Lessons from Other Societies"). With such arbitrary designations, race is more of a social category than a biological one.

? Exercise 17.2.1

Which of the following is not a racial group?

a) African Americans.

b) White Americans.

c) Hispanics.

d) Asian Americans.

Answer

Correct answer: C

Lessons from Other Societies

The Concept of Race in Brazil

As the text discusses, race was long considered a fixed, biological category, but today it is now regarded as a social construction. The experience of Brazil provides very interesting comparative evidence for this more accurate way of thinking about race.

When slaves were first brought to the Americas almost four hundred years ago, many more were taken to Brazil, where slavery was not abolished until 1888, than to the land that eventually became the United States. Brazil was then a colony of Portugal, and the Portuguese used Africans as slave labor. Just as in the United States, a good deal of interracial reproduction has occurred since those early days, much of it initially the result of rape of women slaves by their owners, and Brazil over the centuries has had many more racial intermarriages than the United States. Also like the United States, then, much of Brazil's population has multiracial ancestry. But in a significant departure from the United States, Brazil uses different criteria to consider the race to which a person belongs.

Brazil uses the term *preto*, or *black*, for people whose ancestry is solely African. It also uses the term *branco*, or *white*, to refer to people whose ancestry is both African and European. In contrast, as the text discusses, the United States commonly uses the term *black* or *African American* to refer to someone with even a small amount of African ancestry and *white* for someone who is thought to have solely European ancestry or at least "looks" white. If the United States were to follow Brazil's practice of reserving the term *black* for someone whose ancestry is solely African and the term *white* for someone whose ancestry is both African and European, many of the Americans commonly called "black" would no longer be considered black and instead would be considered white.

As sociologist Edward E. Telles (2006, p. 79) summarizes these differences, "[Blackness is differently understood in Brazil than in the United States. A person considered black in the United States is often not so in Brazil. Indeed, some U.S. blacks may be considered white in Brazil. Although the value given to blackness is similarly low [in both nations], who gets classified as black is not uniform." The fact that someone can count on being considered "black" in one society and not "black" in another society underscores the idea that race is best considered a social construction rather than a biological category.

Sources: Barrionuevo & Calmes, 2011; Klein & Luno, 2009; Telles, 2006

A third reason to question the biological concept of race comes from the field of biology itself and more specifically from the studies of genetics and human evolution. Starting with genetics, people from different races are more than 99.9 percent the same in their DNA (Begley, 2008). To turn that around, less than 0.1 percent of all DNA in our bodies accounts for the physical differences among people that we associate with racial differences. In terms of DNA, then, people with different racial backgrounds are much, much more similar than dissimilar.

Even if we acknowledge that people differ in the physical characteristics we associate with race, modern evolutionary evidence reminds us that we are all, really, of one human race. According to evolutionary theory, the human race began thousands and thousands of years ago in sub-Saharan Africa. As people migrated around the world over the millennia, natural selection took over. It favored dark skin for people living in hot, sunny climates (i.e., near the equator), because the heavy amounts of melanin that produce dark skin protect against severe sunburn, cancer, and other problems. By the same token, natural selection favored light skin for people who migrated farther from the equator to cooler, less sunny climates, because dark skins there would have interfered with the production of vitamin D (Stone & Lurquin, 2007). Evolutionary evidence thus reinforces the common humanity of people who differ in the rather superficial ways associated with their appearances: We are one human species composed of people who happen to look different.

Race as a Social Construction

The reasons for doubting the biological basis for racial categories suggest that race is more of a social category than a biological one. Another way to say this is that race is a social construction, a concept that has no objective reality but rather is what people decide it is (Berger & Luckmann, 1963). In this view, race has no real existence other than what and how people think of it.

This understanding of race is reflected in the problems, outlined earlier, in placing people with multiracial backgrounds into any one racial category. We have already mentioned the example of President Obama. As another example, golfer Tiger Woods was typically called an African American by the news media when he burst onto the golfing scene in the late 1990s, but in fact his ancestry is one-half Asian (divided evenly between Chinese and Thai), one-quarter white, one-eighth Native American, and only one-eighth African American (Leland & Beals, 1997).

Historical examples of attempts to place people in racial categories further underscore the social constructionism of race. In the South during the time of slavery, the skin tone of slaves lightened over the years as babies were born from the union, often in the form of rape, of slave owners and other whites with slaves. As it became difficult to tell who was "black" and who was not, many court battles over people's racial identity occurred. People who were accused of having black ancestry would go to court to prove they were white in order to avoid enslavement or other problems (Staples, 1998).

Although race is a social construction, it is also true that race has real consequences because people *do* perceive race as something real. Even though so little of DNA accounts for the physical differences we associate with racial differences, that low amount leads us not only to classify people into different races but also to treat them differently—and, more to the point, unequally—based on their classification. Yet modern evidence shows there is little, if any, scientific basis for the racial classification that is the source of so much inequality.

Ethnicity

Because of the problems in the meaning of *race*, many social scientists prefer the term *ethnicity* in speaking of people of color and others with distinctive cultural heritages. In this context, ethnicity refers to the shared social, cultural, and historical experiences, stemming from common national or regional backgrounds, that make subgroups of a population different from one another. Similarly, an ethnic group is a subgroup of a population with a set of shared social, cultural, and historical experiences; with

relatively distinctive beliefs, values, and behaviors; and with some sense of identity of belonging to the subgroup. So conceived, the terms *ethnicity* and *ethnic group* avoid the biological connotations of the terms *race* and *racial group*.

At the same time, the importance we attach to ethnicity illustrates that it, too, is in many ways a social construction, and our ethnic membership thus has important consequences for how we are treated. In particular, history and current practice indicate that it is easy to become prejudiced against people with different ethnicities from our own. Much of the rest of this chapter looks at the prejudice and discrimination operating today in the United States against people whose ethnicity is not white and European. Around the world today, ethnic conflict continues to rear its ugly head. The 1990s and 2000s were filled with ethnic cleansing and pitched battles among ethnic groups in Eastern Europe, Africa, and elsewhere. Our ethnic heritages shape us in many ways and fill many of us with pride, but they also are the source of much conflict, prejudice, and even hatred, as the hate crime story that began this chapter so sadly reminds us.

? Exercise 17.2.1

Which of the following factors does not determine your ethicity?

a) shared cultural experiences

b) common national or regional backgrounds

c) similar physical features

d) distinctive beliefs, values, and behaviors

Answer

Correct answer: C

Key Takeaways

- Sociologists think race is best considered a social construction rather than a biological category.
- “Ethnicity” and “ethnic” avoid the biological connotations of “race” and “racial.”

For Your Review

1. List everyone you might know whose ancestry is biracial or multiracial. What do these individuals consider themselves to be?
2. List two or three examples that indicate race is a social construction rather than a biological category.

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17.3: Prejudice

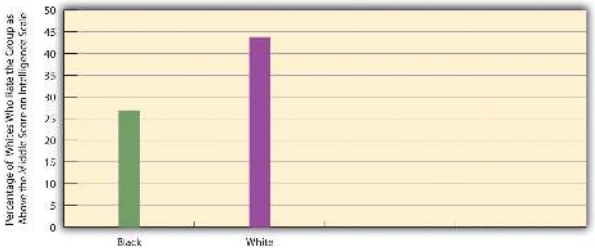
Learning Objectives

Upon completing this section, you should be able to:

1. Define *prejudice*, *racism*, and *stereotypes*.
2. Discuss the major social-psychological and sociological theories of prejudice.
3. Describe how the nature of prejudice has changed.

Prejudice and *discrimination* (discussed in the next section) are often confused, but the basic difference between them is this: Prejudice is the attitude, while discrimination is the behavior. More specifically, racial and ethnic prejudice refers to a set of negative attitudes, beliefs, and judgments about whole categories of people, and about individual members of those categories, because of their perceived race and/or ethnicity. A closely related concept is racism, or the belief that certain racial or ethnic groups are inferior to one's own. Prejudice and racism are often based on racial and ethnic stereotypes, or simplified, mistaken generalizations about people because of their race and/or ethnicity. While cultural and other differences do exist among the various American racial and ethnic groups, many of the views we have of such groups are unfounded and hence are stereotypes. An example of the stereotypes that white people have of other groups appears in Figure 3.1 "Perceptions by Non-Latino White Respondents of the Intelligence of White and Black Americans", in which white respondents in the General Social Survey (GSS), a recurring survey of a random sample of the US population, are less likely to think blacks are intelligent than they are to think whites are intelligent.

Figure 3.1 Perceptions by Non-Latino White Respondents of the Intelligence of White and Black Americans



Source: Data from General Social Survey. (2010). Retrieved from http://sda.berkeley.edu/cgi-bin/hsda?harcsda+gss10.

Explaining Prejudice

Where does racial and ethnic prejudice come from? Why are some people more prejudiced than others? Scholars have tried to answer these questions at least since the 1940s, when the horrors of Nazism were still fresh in people's minds. Theories of prejudice fall into two camps, social-psychological and sociological. We will look at social-psychological explanations first and then turn to sociological explanations. We will also discuss distorted mass media treatment of various racial and ethnic groups.

Social-Psychological Explanations

One of the first social-psychological explanations of prejudice centered on the authoritarian personality (Adorno, Frenkel-Brunswick, Levinson, & Sanford, 1950). According to this view, authoritarian personalities develop in childhood in response to parents who practice harsh discipline. Individuals with authoritarian personalities emphasize such things as obedience to authority, a rigid adherence to rules, and low acceptance of people (out-groups) not like oneself. Many studies find strong racial and ethnic prejudice among such individuals (Sibley & Duckitt, 2008). But whether their prejudice stems from their authoritarian personalities or instead from the fact that their parents were probably prejudiced themselves remains an important question.



Authoritarian personalities are said to develop in childhood from harsh parental discipline and to be linked to racial and ethnic prejudice. Although many people with authoritarian personalities are prejudiced, it remains unclear whether their prejudice stems from their personalities or from their parents' own prejudice. Flickr – CC BY-NC-ND 2.0.

Another early and still popular social-psychological explanation is called frustration theory (or scapegoat theory) (Dollard, Doob, Miller, Mowrer, & Sears, 1939). In this view individuals with various problems become frustrated and tend to blame their troubles on groups that are often disliked in the real world (e.g., racial, ethnic, and religious minorities). These minorities are thus scapegoats for the real sources of people's misfortunes. Several psychology experiments find that when people are frustrated, they indeed become more prejudiced. In one early experiment, college students who were purposely not given enough time to solve a puzzle were more prejudiced after the experiment than before it (Cowen, Landes, & Schaet, 1959).

Sociological Explanations

One popular sociological explanation emphasizes *conformity* and *socialization* and is called *social learning theory*. In this view, people who are prejudiced are merely conforming to the culture in which they grow up, and prejudice is the result of socialization from parents, peers, the news media, and other various aspects of their culture. Supporting this view, studies have found that people tend to become more prejudiced when they move to areas where people are very prejudiced and less prejudiced when they move to locations where people are less prejudiced (Aronson, 2008). If people in the South today continue to be more prejudiced than those outside the South, as we discuss later, even though legal segregation ended more than four decades ago, the influence of their culture on their socialization may help explain these beliefs.

Children and Our Future

Growing Up as Farmworkers' Kids

In the large agricultural fields of California work thousands of farmworkers and their families. Adults and children alike live in poor, crowded conditions and do backbreaking work in the hot sun, day after day after day.

Because their parents are migrant workers, many children attend a specific school for only a few weeks or months at most before their parents move to another field in another town or even another state. At Sherwood Elementary School in Salinas, California, in the heart of the state's agricultural sector, 97 percent of students live in or near poverty. With their Latino backgrounds, more than three-fourths do not speak English well or at all, and many of their parents cannot read or write their own language, Spanish.

At the Sherwood school, according to a news report, many students "sleep beneath carports and live in such cramped quarters that their parents take them to the local truck stop to wash up before school." A local high school teacher said many of his students see little of their parents, who spend most of their waking hours working in the fields. "They have little brothers and sisters to take care of, maybe cook for. Yet they're supposed to turn in a 10-page paper by tomorrow? I mean, it's unreal."

These conditions have grievous consequences for California's migrant farmworker children, almost half of whom fail to complete high school. The principal of the Sherwood Elementary School said the key strategy for her faculty and school was "understanding where the students come from but also having high expectations."

The plight of farmworkers' children is just one aspect of the difficulties facing Latino children around the country. Thanks to reproduction and immigration, the number of Latino children nationwide has grown significantly during the past few decades: in 2009, 23 percent of US kindergarten children were Latino, compared to only 10 percent in 1989. These growing numbers underscore the need to pay attention to the health and welfare of Latino children.

Against this backdrop, it is distressing to note that their health and welfare is not very good at all. About one-third of Latino children live in poverty. The average Latino child grows up in a poor neighborhood where almost half of the residents do not speak English fluently, where the schools are substandard, and where the high school dropout and teen unemployment rates are high. A number of factors, including their ethnicity, poverty, language barriers, and the immigrant status of many of their parents, limit Latino children's access to adequate health care and various kinds of social services.

Amid all these problems, however, the situation of California's farmworker children stands out as a national embarrassment for a prosperous country like the United States. As the country struggles to end racial and ethnic inequality, it must not forget the children of Salinas who have to use a truck stop to wash up before school.

Sources: P. L. Brown, 2011; Landale, McHale, & Booth, 2011; Tavernise, 2011

The mass media play a key role in how many people learn to be prejudiced. This type of learning happens because the media often present people of color in a negative light. By doing so, the media unwittingly reinforce the prejudice that individuals already have or even increase their prejudice (Larson, 2005). Examples of distorted media coverage abound. Even though poor people are more likely to be white than any other race or ethnicity (see Chapter 2 "Poverty"), the news media use pictures of African Americans far more often than those of whites in stories about poverty. In one study, national news magazines, such as *Time* and *Newsweek*, and television news shows portrayed African Americans in almost two-thirds of their stories on poverty, even though only about one-fourth of poor people are African Americans. In the magazine stories, only 12 percent of the African Americans had a job, even though in the real world more than 40 percent of poor African Americans were working at the time the stories were written (Gilens, 1996). In a Chicago study, television news shows there depicted whites fourteen times more often in stories of good Samaritans, even though whites and African Americans live in Chicago in roughly equal numbers (Entman & Rojecki, 2001). Many other studies find that newspaper and television stories about crime and drugs feature higher proportions of African Americans as offenders than is true in arrest statistics (Surette, 2011). Studies like these show that the news media "convey the message that black people are violent, lazy, and less civic minded" (Jackson, 1997, p. A27).

A second sociological explanation emphasizes *economic and political competition* and is commonly called *group threat theory* (Quillian, 2006). In this view, prejudice arises from competition over jobs and other resources and from disagreement over various political issues. When groups vie with each other over these matters, they often become hostile toward each other. Amid such hostility, it is easy to become prejudiced toward the group that threatens your economic or political standing. A popular version of this basic explanation is Susan Olzak's (1992) *ethnic competition theory*, which holds that ethnic prejudice and conflict increase when two or more ethnic groups find themselves competing for jobs, housing, and other goals.

The competition explanation is the macro equivalent of the frustration/scapegoat theory already discussed. Much of the white mob violence discussed earlier stemmed from whites' concern that the groups they attacked threatened their jobs and other aspects of their lives. Thus lynchings of African Americans in the South increased when the Southern economy worsened and decreased when the economy improved (Tolnay & Beck, 1995). Similarly, white mob violence against Chinese immigrants in the 1870s began after the railroad construction that employed so many Chinese immigrants slowed and the Chinese began looking for work in other industries. Whites feared that the Chinese would take jobs away from white workers and that their large supply of labor would drive down wages. Their assaults on the Chinese killed several people and prompted the passage by Congress of the Chinese Exclusion Act in 1882 that prohibited Chinese immigration (Dinnerstein & Reimers, 2009).



During the 1870s, whites feared that Chinese immigrants would take away their jobs. This fear led to white mob violence against the Chinese and to an act of Congress that prohibited Chinese immigration. Wikimedia Commons – public domain.

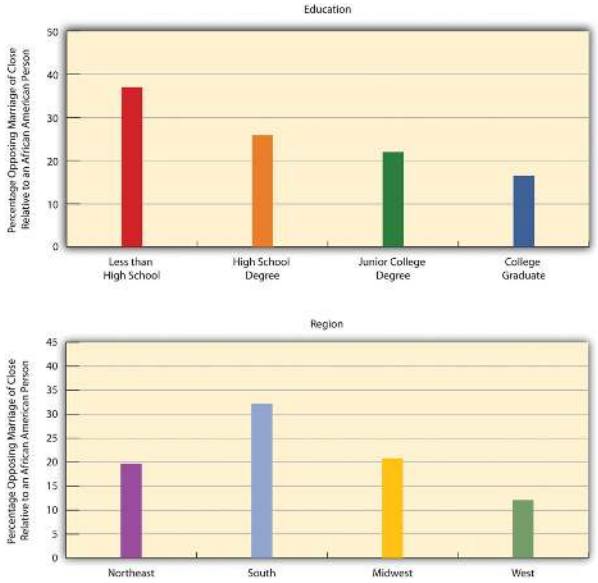
Correlates of Prejudice

Since the 1940s, social scientists have investigated the individual correlates of racial and ethnic prejudice (Stangor, 2009). These correlates help test the theories of prejudice just presented. For example, if authoritarian personalities do produce prejudice, then people with these personalities should be more prejudiced. If frustration also produces prejudice, then people who are frustrated with aspects of their lives should also be more prejudiced. Other correlates that have been studied include age, education, gender, region of country, race, residence in integrated neighborhoods, and religiosity. We can take time here to focus on gender, education, and region of country and discuss the evidence for the racial attitudes of whites, as most studies do in view of the historic dominance of whites in the United States.

The findings on *gender* are rather surprising. Although women are usually thought to be more empathetic than men and thus to be less likely to be racially prejudiced, recent research indicates that the racial views of (white) women and men are in fact very similar and that the two genders are about equally prejudiced (Hughes & Tuch, 2003). This similarity supports group threat theory, outlined earlier, in that it indicates that white women and men are responding more as whites than as women or men, respectively, in formulating their racial views.

Findings on *education* and *region of country* are not surprising. Focusing again just on whites, less educated people are usually more racially prejudiced than better-educated people, and Southerners are usually more prejudiced than non-Southerners (Krysan, 2000). Evidence of these differences appears in Figure 3.2 “Education, Region, and Opposition by Non-Latino Whites to a Close Relative Marrying an African American”, which depicts educational and regional differences in a type of racial prejudice that social scientists call *social distance*, or feelings about interacting with members of other races and ethnicities. The General Social Survey asks respondents how they feel about a “close relative” marrying an African American. Figure 3.2 “Education, Region, and Opposition by Non-Latino Whites to a Close Relative Marrying an African American” shows how responses by white (non-Latino) respondents to this question vary by education and by Southern residence. Whites without a high school degree are much more likely than those with more education to oppose these marriages, and whites in the South are also much more likely than their non-Southern counterparts to oppose them. To recall the sociological perspective (see Chapter 1 “Understanding Social Problems”), our social backgrounds certainly do seem to affect our attitudes.

Figure 3.2 Education, Region, and Opposition by Non-Latino Whites to a Close Relative Marrying an African American



Source: Data from General Social Survey. (2010). Retrieved from sda.berkeley.edu/cgi-bin/hsd+gss10.

The Changing Nature of Prejudice

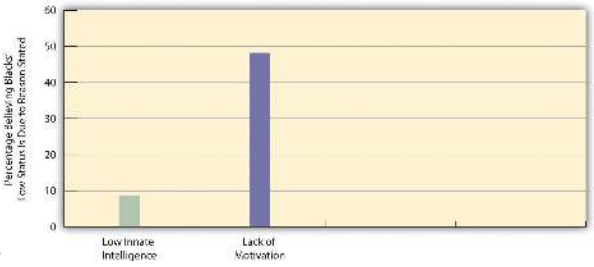
Although racial and ethnic prejudice still exists in the United States, its nature has changed during the past half-century. Studies of these changes focus on whites' perceptions of African Americans. Back in the 1940s and before, an era of overt *Jim Crow* racism (also called *traditional* or *old-fashioned* racism) prevailed, not just in the South but in the entire nation. This racism involved blatant bigotry, firm beliefs in the need for segregation, and the view that blacks were biologically inferior to whites. In the early 1940s, for example, more than half of all whites thought that blacks were less intelligent than whites, more than half favored segregation in public transportation, more than two-thirds favored segregated schools, and more than half thought whites should receive preference over blacks in employment hiring (Schuman, Steeh, Bobo, & Krysan, 1997).

The Nazi experience and then the civil rights movement led whites to reassess their views, and Jim Crow racism gradually waned. Few whites believe today that African Americans are biologically inferior, and few favor segregation. So few whites now support segregation and other Jim Crow views that national surveys no longer include many of the questions that were asked a half-century ago.

But that does not mean that prejudice has disappeared. Many scholars say that Jim Crow racism has been replaced by a more subtle form of racial prejudice, termed *laissez-faire*, *symbolic*, or *modern* racism, that amounts to a "kinder, gentler, antiblack ideology" that avoids notions of biological inferiority (Bobo, Kluegel, & Smith, 1997, p. 15; Quillian, 2006; Sears, 1988). Instead, it involves stereotypes about African Americans, a belief that their poverty is due to their cultural inferiority, and opposition to government policies to help them. Similar views exist about Latinos. In effect, this new form of prejudice blames African Americans and Latinos themselves for their low socioeconomic standing and involves such beliefs that they simply do not want to work hard.

Evidence for this modern form of prejudice is seen in Figure 3.3 "Attribution by Non-Latino Whites of Blacks' Low Socioeconomic Status to Blacks' Low Innate Intelligence and to Their Lack of Motivation to Improve", which presents whites' responses to two General Social Survey (GSS) questions that asked, respectively, whether African Americans' low socioeconomic status is due to their lower "in-born ability to learn" or to their lack of "motivation and will power to pull themselves up out of poverty." While only 8.5 percent of whites attributed blacks' status to lower innate intelligence (reflecting the decline of Jim Crow racism), about 48 percent attributed it to their lack of motivation and willpower. Although this reason sounds "kinder" and "gentler" than a belief in blacks' biological inferiority, it is still one that blames African Americans for their low socioeconomic status.

Figure 3.3 Attribution by Non-Latino Whites of Blacks' Low Socioeconomic Status to Blacks' Low Innate Intelligence and to Their Lack of Motivation to Improve

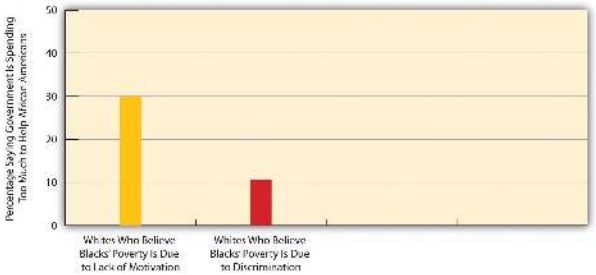


Source: Data from General Social Survey. (2010). Retrieved from http://sda.berkeley.edu/cgi-bin/hsda?harcsda+gss10.

Prejudice and Public Policy Preferences

If whites do continue to believe in racial stereotypes, say the scholars who study modern prejudice, they are that much more likely to oppose government efforts to help people of color. For example, whites who hold racial stereotypes are more likely to oppose government programs for African Americans (Quillian, 2006). We can see an example of this type of effect in Figure 3.4 "Racial Stereotyping by Non-Latino Whites and Their Opposition to Government Spending to Help African Americans", which compares two groups: whites who attribute blacks' poverty to lack of motivation, and whites who attribute blacks' poverty to discrimination. Those who cite lack of motivation are more likely than those who cite discrimination to believe the government is spending too much to help blacks.

Figure 3.4 Racial Stereotyping by Non-Latino Whites and Their Opposition to Government Spending to Help African Americans



Source: Data from General Social Survey. (2010). Retrieved from http://sda.berkeley.edu/cgi-bin/hsda?harcsda+gss10.



Whites who are racially prejudiced are more likely to favor harsher treatment of criminals and in particular are more likely to support the death penalty. Wikimedia Commons – CC BY-SA 3.0.

Racial prejudice influences other public policy preferences as well. In the area of criminal justice, whites who hold racial stereotypes or hostile feelings toward African Americans are more likely to be afraid of crime, to think that the courts are not harsh enough, to support the death penalty, to want more money spent to fight crime, and to favor excessive use of force by police (Barkan & Cohn, 2005; Unnever & Cullen, 2010).

If racial prejudice influences views on all these issues, then these results are troubling for a democratic society like the United States. In a democracy, it is appropriate for the public to disagree on all sorts of issues, including criminal justice. For example, citizens hold many reasons for either favoring or opposing the death penalty. But is it appropriate for racial prejudice to be one of

these reasons? To the extent that elected officials respond to public opinion, as they should in a democracy, and to the extent that racial prejudice affects public opinion, then racial prejudice may be influencing government policy on criminal justice and on other issues. In a democratic society, it is unacceptable for racial prejudice to have this effect.

Key Takeaways

- Social-psychological explanations of prejudice emphasize authoritarian personalities and frustration, while sociological explanations emphasize social learning and group threat.
- Education and region of residence are related to racial prejudice among whites; prejudice is higher among whites with lower levels of formal education and among whites living in the South.
- Jim Crow racism has been replaced by symbolic or modern racism that emphasizes the cultural inferiority of people of color.
- Racial prejudice among whites is linked to certain views they hold about public policy. Prejudice is associated with lower support among whites for governmental efforts to help people of color and with greater support for a more punitive criminal justice system.

For Your Review

1. Think about the last time you heard someone say a remark that was racially prejudiced. What was said? What was your reaction?
2. The text argues that it is inappropriate in a democratic society for racial prejudice to influence public policy. Do you agree with this argument? Why or why not?

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17.4: Discrimination

Learning Objectives

Upon completing this section, you should be able to:

1. Discuss Merton's views on whether prejudice and discrimination always coincide.
2. Distinguish between individual discrimination and institutional discrimination.
3. Provide two examples of institutional discrimination.

Often racial and ethnic prejudice lead to discrimination against the subordinate racial and ethnic groups in a given society. Discrimination in this context refers to the arbitrary denial of rights, privileges, and opportunities to members of these groups. The use of the word *arbitrary* emphasizes that these groups are being treated unequally not because of their lack of merit but because of their race and ethnicity.

Usually prejudice and discrimination go hand-in-hand, but Robert Merton (1949) stressed this is not always so. Sometimes we can be prejudiced and not discriminate, and sometimes we might not be prejudiced and still discriminate. Table 3.1 "The Relationship between Prejudice and Discrimination" illustrates his perspective. The top-left cell and bottom-right cell consist of people who behave in ways we would normally expect. The top-left one consists of "active bigots," in Merton's terminology, people who are both prejudiced and discriminatory. An example of such a person is the white owner of an apartment building who dislikes people of color and refuses to rent to them. The bottom-right cell consists of "all-weather liberals," as Merton called them, people who are neither prejudiced nor discriminatory. An example would be someone who holds no stereotypes about the various racial and ethnic groups and treats everyone the same regardless of her or his background.

Table 3.1 The Relationship between Prejudice and Discrimination

	Prejudiced?	
	Yes	*No*
Discriminates?		
Yes	Active bigots	Fair-weather liberals
No	Timid bigots	All-weather liberals

Source: Adapted from Merton, R. K. (1949). Discrimination and the American creed. In R. M. MacIver (Ed.), *Discrimination and national welfare* (pp. 99–126). New York, NY: Institute for Religious Studies.

The remaining two cells of Table 3.1 "The Relationship between Prejudice and Discrimination" are the more unexpected ones. On the bottom left, we see people who are prejudiced but who nonetheless do not discriminate; Merton called them "timid bigots." An example would be white restaurant owners who do not like people of color but still serve them anyway because they want their business or are afraid of being sued if they do not serve them. At the top right, we see "fair-weather liberals," or people who are not prejudiced but who still discriminate. An example would be white store owners in the South during the segregation era who thought it was wrong to treat blacks worse than whites but who still refused to sell to them because they were afraid of losing white customers.

Individual Discrimination

The discussion so far has centered on individual discrimination, or discrimination that individuals practice in their daily lives, usually because they are prejudiced but sometimes even if they are not prejudiced. Individual discrimination is common, as Joe Feagin (1991), a former president of the American Sociological Association, found when he interviewed middle-class African Americans about their experiences. Many of the people he interviewed said they had been refused service, or at least received poor service, in stores or restaurants. Others said they had been harassed by the police, and even put in fear of their lives, just for being black. Feagin concluded that these examples are not just isolated incidents but rather reflect the larger racism that characterizes US society.



Sociologist Denise Segura found that more than 40 percent of the Mexican American women she interviewed at a public university had encountered workplace discrimination based on their ethnicity and/or gender. Jodi Womack – DSC05104 – CC BY 2.0.



Sociologist Joe Feagin's study of middle-class African Americans found that many had been harassed by police and had otherwise experienced various kinds of racial slights. USAG- Humphreys – USAG-Humphreys teens participate in a focus group – CC BY 2.0.



In February 2012, neighborhood watch volunteer George Zimmerman fatally shot 17-year-old Trayvon Martin as Martin was walking back from a 7-Eleven carrying some Skittles and iced tea. Critics said Zimmerman was suspicious of Martin only because Martin was black. Michael Fleshman – Trayvon_Martin_Occupy March 21 – CC BY-SA 2.0.

To many observers, the fatal shooting of Trayvon Martin in February 2012 was a deadly example of individual discrimination. Martin, a 17-year-old African American, was walking in a gated community in Sanford, Florida, as he returned from a 7-Eleven with a bag of Skittles and some iced tea. An armed neighborhood watch volunteer, George Zimmerman, called 911 and said Martin looked suspicious. Although the 911 operator told Zimmerman not to approach Martin, Zimmerman did so anyway; within minutes Zimmerman shot and killed the unarmed Martin and later claimed self-defense. According to many critics of this incident, Martin's only "crime" was "walking while black." As an African American newspaper columnist observed, "For every black man in America, from the millionaire in the corner office to the mechanic in the local garage, the Trayvon Martin tragedy is personal. It could have been me or one of my sons. It could have been any of us" (Robinson, 2012).

Much individual discrimination occurs in the workplace, as sociologist Denise Segura (Segura, 1992) documented when she interviewed 152 Mexican American women working in white-collar jobs at a public university in California. More than 40 percent of the women said they had encountered workplace discrimination based on their ethnicity and/or gender, and they attributed their treatment to stereotypes held by their employers and coworkers. Along with discrimination, they were the targets of condescending comments like “I didn’t know that there were any educated people in Mexico that have a graduate degree.”

Institutional Discrimination

Individual discrimination is important to address, but at least as consequential in today’s world is institutional discrimination, or discrimination that pervades the practices of whole institutions, such as housing, medical care, law enforcement, employment, and education. This type of discrimination does not just affect a few isolated people of color. Instead, it affects large numbers of individuals simply because of their race or ethnicity. Sometimes institutional discrimination is also based on gender, disability, and other characteristics.

In the area of race and ethnicity, institutional discrimination often stems from prejudice, as was certainly true in the South during segregation. However, just as individuals can discriminate without being prejudiced, so can institutions when they engage in practices that seem to be racially neutral but in fact have a discriminatory effect. Individuals in institutions can also discriminate without realizing it. They make decisions that turn out, upon close inspection, to discriminate against people of color even if they did not mean to do so.

The bottom line is this: Institutions can discriminate even if they do not intend to do so. Consider height requirements for police. Before the 1970s, police forces around the United States commonly had height requirements, say five feet ten inches. As women began to want to join police forces in the 1970s, many found they were too short. The same was true for people from some racial/ethnic backgrounds, such as Latinos, whose stature is smaller on the average than that of non-Latino whites. Of course, even many white males were too short to become police officers, but the point is that even more women, and even more men of certain ethnicities, were too short.

This gender and ethnic difference is not, in and of itself, discriminatory as the law defines the term. The law allows for *bona fide* (good faith) physical qualifications for a job. As an example, we would all agree that someone has to be able to see to be a school bus driver; sight therefore is a *bona fide* requirement for this line of work. Thus even though people who are blind cannot become school bus drivers, the law does not consider such a physical requirement to be discriminatory.



Institutional discrimination can occur even if this type of discrimination is not intended. Police forces used to have height requirements, but these were deemed by courts to discriminate against women, Latinos, and other individuals. In response, police forces lowered their height requirements. Thomas Hawk – Oakland Police Memorial – CC BY-NC 2.0.

But were the height restrictions for police work in the early 1970s *bona fide* requirements? Women and members of certain ethnic groups challenged these restrictions in court and won their cases, as it was decided that there was no logical basis for the height restrictions then in effect. In short (pun intended), the courts concluded that a person did not have to be five feet ten inches to be an effective police officer. In response to these court challenges, police forces lowered their height requirements, opening the door for many more women, Latino men, and some other men to join police forces (Appier, 1998). Whether police forces back then

intended their height requirements to discriminate, or whether they honestly thought their height requirements made sense, remains in dispute. Regardless of the reason, their requirements did discriminate.

Institutional discrimination affects the life chances of people of color in many aspects of life today. To illustrate this, we turn briefly to some examples of institutional discrimination that have been the subject of government investigation and scholarly research.

Health Care

People of color have higher rates of disease and illness than whites, a fact explored further in Chapter 10 "Work and the Economy"'s treatment of health and medicine. One question that arises is why their health is worse. One possible answer involves institutional discrimination based on race and ethnicity.

Several studies use hospital records to investigate whether people of color receive optimal medical care, including coronary bypass surgery, angioplasty, and catheterization. After taking the patients' medical symptoms and needs into account, these studies find that African Americans are much less likely than whites to receive the procedures just listed. This is true when poor blacks are compared to poor whites and also when middle-class blacks are compared to middle-class whites (Smedley, Stith, & Nelson, 2003). In a novel way of studying race and cardiac care, one study performed an experiment in which several hundred doctors viewed videos of African American and white patients, all of whom, unknown to the doctors, were actors. In the videos, each "patient" complained of identical chest pain and other symptoms. The doctors were then asked to indicate whether they thought the patient needed cardiac catheterization. The African American patients were less likely than the white patients to be recommended for this procedure (Schulman et al., 1999).

Why does discrimination like this occur? It is possible, of course, that some doctors are racists and decide that the lives of African Americans just are not worth saving, but it is far more likely that they have *unconscious* racial biases that somehow affect their medical judgments. Regardless of the reason, the result is the same: African Americans are less likely to receive potentially life-saving cardiac procedures simply because they are black. Institutional discrimination in health care, then, is literally a matter of life and death.

Mortgages, Redlining, and Residential Segregation

When loan officers review mortgage applications, they consider many factors, including the person's income, employment, and credit history. The law forbids them to consider race and ethnicity. Yet African Americans and Latinos are more likely than whites to have their mortgage applications declined (Blank, Venkatachalam, McNeil, & Green, 2005). Because members of these groups tend to be poorer than whites and to have less desirable employment and credit histories, the higher rate of mortgage rejections may be appropriate, albeit unfortunate.

To control for this possibility, researchers take these factors into account and in effect compare whites, African Americans, and Latinos with similar incomes, employment, and credit histories. Some studies are purely statistical, and some involve white, African American, and Latino individuals who independently visit the same mortgage-lending institutions. Both types of studies find that African Americans and Latinos are still more likely than whites with similar qualifications to have their mortgage applications rejected (Turner et al., 2002). We will probably never know whether loan officers are consciously basing their decisions on racial prejudice, but their practices still amount to racial and ethnic discrimination whether the loan officers are consciously prejudiced or not.

There is also evidence of banks rejecting mortgage applications for people who wish to live in certain urban, supposedly high-risk neighborhoods, and of insurance companies denying homeowner's insurance or else charging higher rates for homes in these same neighborhoods. Practices like these that discriminate against houses in certain neighborhoods are called *redlining*, and they also violate the law (Ezeala-Harrison, Glover, & Shaw-Jackson, 2008). Because the people affected by redlining tend to be people of color, redlining, too, is an example of institutional discrimination.



Banks have rejected mortgage applications from people who wish to live in certain urban, high-risk neighborhoods. This practice, called redlining, violates the law. Because many of the loan applicants who experience redlining are people of color, redlining is an example of institutional discrimination. Taber Andrew Bain – US Bank – CC BY 2.0.

Mortgage rejections and redlining contribute to another major problem facing people of color: residential segregation. Housing segregation is illegal but is nonetheless widespread because of mortgage rejections and other processes that make it very difficult for people of color to move out of segregated neighborhoods and into unsegregated areas. African Americans in particular remain highly segregated by residence in many cities, much more so than is true for other people of color. The residential segregation of African Americans is so extensive that it has been termed *hypersegregation* and more generally called American apartheid (Massey & Denton, 1993).

In addition to mortgage rejections, a pattern of subtle discrimination by realtors and homeowners makes it difficult for African Americans to find out about homes in white neighborhoods and to buy them (Pager, 2008). For example, realtors may tell African American clients that no homes are available in a particular white neighborhood, but then inform white clients of available homes. The now routine posting of housing listings on the Internet might be reducing this form of housing discrimination, but not all homes and apartments are posted, and some are simply sold by word of mouth to avoid certain people learning about them.

The hypersegregation experienced by African Americans cuts them off from the larger society, as many rarely leave their immediate neighborhoods, and results in *concentrated poverty*, where joblessness, crime, and other problems reign. For several reasons, then, residential segregation is thought to play a major role in the seriousness and persistence of African American poverty (Rothstein, 2012; Stoll, 2008).

Employment Discrimination

Title VII of the federal Civil Rights Act of 1964 banned racial discrimination in employment, including hiring, wages, and firing. However, African Americans, Latinos, and Native Americans still have much lower earnings than whites. Several factors explain this disparity, including the various structural obstacles discussed in Chapter 2 “Poverty”’s examination of poverty. Despite Title VII, however, an additional reason is that people of color continue to face discrimination in hiring and promotion (Hirsh & Cha, 2008). It is again difficult to determine whether such discrimination stems from conscious prejudice or from unconscious prejudice on the part of potential employers, but it is racial discrimination nonetheless.

A now-classic field experiment documented such discrimination. Sociologist Devah Pager (2003) had young white and African American men apply independently in person for entry-level jobs. They dressed the same and reported similar levels of education and other qualifications. Some applicants also admitted having a criminal record, while other applicants reported no such record. As might be expected, applicants with a criminal record were hired at lower rates than those without a record. However, in striking evidence of racial discrimination in hiring, African American applicants *without* a criminal record were hired at the same low rate as the white applicants *with* a criminal record.

Key Takeaways

- People who practice racial or ethnic discrimination are usually also prejudiced, but not always. Some people practice discrimination without being prejudiced, and some may not practice discrimination even though they are prejudiced.

- Individual discrimination is common and can involve various kinds of racial slights. Much individual discrimination occurs in the workplace.
- Institutional discrimination often stems from prejudice, but institutions can also practice racial and ethnic discrimination when they engage in practices that seem to be racially neutral but in fact have a discriminatory effect.

For Your Review

1. If you have ever experienced individual discrimination, either as the person committing it or as the person affected by it, briefly describe what happened. How do you now feel when you reflect on this incident?
2. Do you think institutional discrimination occurs because people are purposely acting in a racially discriminatory manner? Why or why not?

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17.5: Dimensions of Racial and Ethnic Inequality

Learning Objectives

Upon completing this section, you should be able to do:

1. Describe any two manifestations of racial and ethnic inequality in the United States.
2. Explain how and why racial inequality takes a hidden toll on people of color.
3. Provide two examples of white privilege.

Racial and ethnic inequality manifests itself in all walks of life. The individual and institutional discrimination just discussed is one manifestation of this inequality. We can also see stark evidence of racial and ethnic inequality in various government statistics. Sometimes statistics lie, and sometimes they provide all too true a picture; statistics on racial and ethnic inequality fall into the latter category. Table 3.2 “Selected Indicators of Racial and Ethnic Inequality in the United States” presents data on racial and ethnic differences in income, education, and health.

Table 3.2 Selected Indicators of Racial and Ethnic Inequality in the United States

	White	African American	Latino	Asian	Native American
Median family income, 2010 ($)	68,818	39,900	41,102	76,736	39,664
Persons who are college educated, 2010 (%)	30.3	19.8	13.9	52.4	14.9 (2008)
Persons in poverty, 2010 (%)	9.9 (non-Latino)	27.4	26.6	12.1	28.4
Infant mortality (number of infant deaths per 1,000 births), 2006	5.6	12.9	5.4	4.6	8.3

Sources: Data from US Census Bureau. (2012). *Statistical abstract of the United States: 2012*. Washington, DC: US Government Printing Office. Retrieved from www.census.gov/compendia/statab; US Census Bureau. (2012). American FactFinder. Retrieved from factfinder2.census.gov/faces/...es/index.xhtml; MacDorman, M., & Mathews, T. J. (2011). Infant Deaths—United States, 2000–2007. *Morbidity and Mortality Weekly Report*, *60*(1), 49–51.



Asian Americans have higher family incomes than whites on the average. Although Asian Americans are often viewed as a “model minority,” some Asians have been less able than others to achieve economic success, and stereotypes of Asians and discrimination against them remain serious problems. LindaDee2006 – CC BY-NC-ND 2.0.

The picture presented by Table 3.2 “Selected Indicators of Racial and Ethnic Inequality in the United States” is clear: US racial and ethnic groups differ dramatically in their life chances. Compared to whites, for example, African Americans, Latinos, and Native Americans have much lower family incomes and much higher rates of poverty; they are also much less likely to have college degrees. In addition, African Americans and Native Americans have much higher infant mortality rates than whites: Black infants, for example, are more than twice as likely as white infants to die. Later chapters in this book will continue to highlight various dimensions of racial and ethnic inequality.

Although Table 3.2 “Selected Indicators of Racial and Ethnic Inequality in the United States” shows that African Americans, Latinos, and Native Americans fare much worse than whites, it presents a more complex pattern for Asian Americans. Compared to whites, Asian Americans have higher family incomes and are more likely to hold college degrees, but they also have a higher poverty rate. Thus many Asian Americans do relatively well, while others fare relatively worse, as just noted. Although Asian Americans are often viewed as a “model minority,” meaning that they have achieved economic success despite not being white, some Asians have been less able than others to climb the economic ladder. Moreover, stereotypes of Asian Americans and discrimination against them remain serious problems (Chou & Feagin, 2008). Even the overall success rate of Asian Americans obscures the fact that their occupations and incomes are often lower than would be expected from their educational attainment. They thus have to work harder for their success than whites do (Hurh & Kim, 1999).

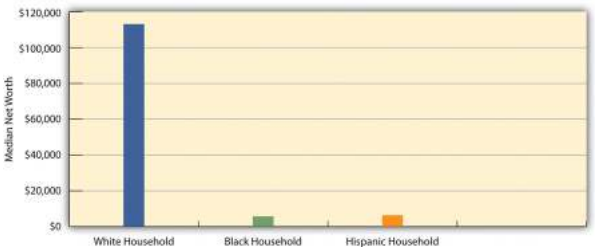
The Increasing Racial/Ethnic Wealth Gap

At the beginning of this chapter, we noted that racial and ethnic inequality has existed since the beginning of the United States. We also noted that social scientists have warned that certain conditions have actually worsened for people of color since the 1960s (Hacker, 2003; Massey & Sampson, 2009).

Recent evidence of this worsening appeared in a report by the Pew Research Center (2011). The report focused on racial disparities in wealth, which includes a family’s total assets (income, savings and investments, home equity, etc.) and debts (mortgage, credit cards, etc.). The report found that the wealth gap between white households on the one hand and African American and Latino households on the other hand was much wider than just a few years earlier, thanks to the faltering US economy since 2008 that affected blacks more severely than whites.

According to the report, whites’ median wealth was ten times greater than blacks’ median wealth in 2007, a discouraging disparity for anyone who believes in racial equality. By 2009, however, whites’ median wealth had jumped to twenty times greater than blacks’ median wealth and eighteen times greater than Latinos’ median wealth. White households had a median net worth of about $113,000, while black and Latino households had a median net worth of only $5,700 and $6,300, respectively (see Figure 3.5 “The Racial/Ethnic Wealth Gap (Median Net Worth of Households in 2009)”). This racial and ethnic difference is the largest since the government began tracking wealth more than a quarter-century ago.

Figure 3.5 The Racial/Ethnic Wealth Gap (Median Net Worth of Households in 2009)



Source: Pew Research Center, 2011.

A large racial/ethnic gap also existed in the percentage of families with negative net worth—that is, those whose debts exceed their assets. One-third of black and Latino households had negative net worth, compared to only 15 percent of white households. Black and Latino households were thus more than twice as likely as white households to be in debt.

The Hidden Toll of Racial and Ethnic Inequality

An increasing amount of evidence suggests that being black in a society filled with racial prejudice, discrimination, and inequality takes what has been called a “hidden toll” on the lives of African Americans (Blitstein, 2009). As we shall see in later chapters, African Americans on the average have worse health than whites and die at younger ages. In fact, every year there are an additional

100,000 African American deaths than would be expected if they lived as long as whites do. Although many reasons probably explain all these disparities, scholars are increasingly concluding that the stress of being black is a major factor (Geronimus et al., 2010).

In this way of thinking, African Americans are much more likely than whites to be poor, to live in high-crime neighborhoods, and to live in crowded conditions, among many other problems. As this chapter discussed earlier, they are also more likely, whether or not they are poor, to experience racial slights, refusals to be interviewed for jobs, and other forms of discrimination in their everyday lives. All these problems mean that African Americans from their earliest ages grow up with a great deal of stress, far more than what most whites experience. This stress in turn has certain neural and physiological effects, including hypertension (high blood pressure), that impair African Americans' short-term and long-term health and that ultimately shorten their lives. These effects accumulate over time: black and white hypertension rates are equal for people in their twenties, but the black rate becomes much higher by the time people reach their forties and fifties. As a recent news article on evidence of this "hidden toll" summarized this process, "The long-term stress of living in a white-dominated society 'weathers' blacks, making them age faster than their white counterparts" (Blitstein, 2009, p. 48).

Although there is less research on other people of color, many Latinos and Native Americans also experience the various sources of stress that African Americans experience. To the extent this is true, racial and ethnic inequality also takes a hidden toll on members of these two groups. They, too, experience racial slights, live under disadvantaged conditions, and face other problems that result in high levels of stress and shorten their life spans.

White Privilege: The Benefits of Being White



American whites enjoy certain privileges merely because they are white. For example, they usually do not have to fear that a police officer will stop them simply because they are white, and they also generally do not have to worry about being mistaken for a bellhop, parking valet, or maid. Loren Kerns – Day 73 – CC BY 2.0.

Before we leave this section, it is important to discuss the advantages that US whites enjoy in their daily lives simply because they are white. Social scientists term these advantages white privilege and say that whites benefit from being white whether or not they are aware of their advantages (McIntosh, 2007).

This chapter's discussion of the problems facing people of color points to some of these advantages. For example, whites can usually drive a car at night or walk down a street without having to fear that a police officer will stop them simply because they are white. Recalling the Trayvon Martin tragedy, they can also walk down a street without having to fear they will be confronted and possibly killed by a neighborhood watch volunteer. In addition, whites can count on being able to move into any neighborhood they desire to as long as they can afford the rent or mortgage. They generally do not have to fear being passed up for promotion simply because of their race. White students can live in college dorms without having to worry that racial slurs will be directed their way. White people in general do not have to worry about being the victims of hate crimes based on their race. They can be seated in a restaurant without having to worry that they will be served more slowly or not at all because of their skin color. If they are in a hotel, they do not have to think that someone will mistake them for a bellhop, parking valet, or maid. If they are trying to hail a taxi, they do not have to worry about the taxi driver ignoring them because the driver fears he or she will be robbed.

Social scientist Robert W. Terry (1981, p. 120) once summarized white privilege as follows: "*To be white in America is not to have to think about it.* Except for hard-core racial supremacists, the meaning of being white is having the choice of attending to or ignoring one's own whiteness" (emphasis in original). For people of color in the United States, it is not an exaggeration to say that

race and ethnicity is a daily fact of their existence. Yet whites do not generally have to think about being white. As all of us go about our daily lives, this basic difference is one of the most important manifestations of racial and ethnic inequality in the United States.

Perhaps because whites do not have to think about being white, many studies find they tend to underestimate the degree of racial inequality in the United States by assuming that African Americans and Latinos are much better off than they really are. As one report summarized these studies' overall conclusion, "Whites tend to have a relatively rosy impression of what it means to be a black person in America. Whites are more than twice as likely as blacks to believe that the position of African Americans has improved a great deal" (Vedantam, 2008, p. A3). Because whites think African Americans and Latinos fare much better than they really do, that perception probably reduces whites' sympathy for programs designed to reduce racial and ethnic inequality.

Key Takeaways

- Compared to non-Latino whites, people of color have lower incomes, lower educational attainment, higher poverty rates, and worse health.
- Racial and ethnic inequality takes a hidden toll on people of color, as the stress they experience impairs their health and ability to achieve.
- Whites benefit from being white, whether or not they realize it. This benefit is called white privilege.

For Your Review

1. Write a brief essay that describes important dimensions of racial and ethnic inequality in the United States.
2. If you are white, describe a time when you benefited from white privilege, whether or not you realized it at the time. If you are a person of color, describe an experience when you would have benefited if you had been white.

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17.6: Explaining Racial and Ethnic Inequality

Learning Objectives

Upon completing this section, you should be able to:

1. Understand cultural explanations for racial and ethnic inequality.
2. Describe structural explanations for racial and ethnic inequality.

Why do racial and ethnic inequality exist? Why do African Americans, Latinos, Native Americans, and some Asian Americans fare worse than whites? In answering these questions, many people have some very strong opinions.

Biological Inferiority

One long-standing explanation is that blacks and other people of color are *biologically inferior*: They are naturally less intelligent and have other innate flaws that keep them from getting a good education and otherwise doing what needs to be done to achieve the American Dream. As discussed earlier, this racist view is no longer common today. However, whites historically used this belief to justify slavery, lynchings, the harsh treatment of Native Americans in the 1800s, and lesser forms of discrimination. In 1994, Richard J. Herrnstein and Charles Murray revived this view in their controversial book, *The Bell Curve* (Herrnstein & Murray, 1994), in which they argued that the low IQ scores of African Americans, and of poor people more generally, reflect their genetic inferiority in the area of intelligence. African Americans' low innate intelligence, they said, accounts for their poverty and other problems. Although the news media gave much attention to their book, few scholars agreed with its views, and many condemned the book's argument as a racist way of "blaming the victim" (Gould, 1994).

Cultural Deficiencies

Another explanation of racial and ethnic inequality focuses on supposed *cultural deficiencies* of African Americans and other people of color (Murray, 1984). These deficiencies include a failure to value hard work and, for African Americans, a lack of strong family ties, and are said to account for the poverty and other problems facing these minorities. This view echoes the culture-of-poverty argument presented in Chapter 2 "Poverty" and is certainly popular today. As we saw earlier, more than half of non-Latino whites think that blacks' poverty is due to their lack of motivation and willpower. Ironically some scholars find support for this cultural deficiency view in the experience of many Asian Americans, whose success is often attributed to their culture's emphasis on hard work, educational attainment, and strong family ties (Min, 2005). If that is true, these scholars say, then the lack of success of other people of color stems from the failure of their own cultures to value these attributes.

How accurate is the cultural deficiency argument? Whether people of color have "deficient" cultures remains hotly debated (Bonilla-Silva, 2009). Many social scientists find little or no evidence of cultural problems in minority communities and say the belief in cultural deficiencies is an example of symbolic racism that blames the victim. Citing survey evidence, they say that poor people of color value work and education for themselves and their children at least as much as wealthier white people do (Holland, 2011; Muhammad, 2007). Yet other social scientists, including those sympathetic to the structural problems facing people of color, believe that certain cultural problems do exist, but they are careful to say that these cultural problems arise out of the structural problems. For example, Elijah Anderson (1999) wrote that a "street culture" or "oppositional culture" exists among African Americans in urban areas that contributes to high levels of violent behavior, but he emphasized that this type of culture stems from the segregation, extreme poverty, and other difficulties these citizens face in their daily lives and helps them deal with these difficulties. Thus even if cultural problems do exist, they should not obscure the fact that structural problems are responsible for the cultural ones.

Structural Problems

A third explanation for US racial and ethnic inequality is based in conflict theory and reflects the blaming-the-system approach outlined in Chapter 1 "Understanding Social Problems". This view attributes racial and ethnic inequality to *structural problems*, including institutional and individual discrimination, a lack of opportunity in education and other spheres of life, and the absence of jobs that pay an adequate wage (Feagin, 2006). Segregated housing, for example, prevents African Americans from escaping the inner city and from moving to areas with greater employment opportunities. Employment discrimination keeps the salaries of people of color much lower than they would be otherwise. The schools that many children of color attend every day are typically

overcrowded and underfunded. As these problems continue from one generation to the next, it becomes very difficult for people already at the bottom of the socioeconomic ladder to climb up it because of their race and ethnicity (see Note 3.33 “Applying Social Research”).

Applying Social Research

The Poor Neighborhoods of Middle-Class African Americans

In a society that values equal opportunity for all, scholars have discovered a troubling trend: African American children from middle-class families are much more likely than white children from middle-class families to move down the socioeconomic ladder by the time they become adults. In fact, almost half of all African American children born during the 1950s and 1960s to middle-class parents ended up with lower incomes than their parents by adulthood. Because these children had parents who had evidently succeeded despite all the obstacles facing them in a society filled with racial inequality, we have to assume they were raised with the values, skills, and aspirations necessary to stay in the middle class and even to rise beyond it. What, then, explains why some end up doing worse than their parents?

According to a recent study written by sociologist Patrick Sharkey for the Pew Charitable Trusts, one important answer lies in the neighborhoods in which these children are raised. Because of continuing racial segregation, many middle-class African American families find themselves having to live in poor urban neighborhoods. About half of African American children born between 1955 and 1970 to middle-class parents grew up in poor neighborhoods, but hardly any middle-class white children grew up in such neighborhoods. In Sharkey’s statistical analysis, neighborhood poverty was a much more important factor than variables such as parents’ education and marital status in explaining the huge racial difference in the eventual socioeconomic status of middle-class children. An additional finding of the study underscored the importance of neighborhood poverty for adult socioeconomic status: African American children raised in poor neighborhoods in which the poverty rate declined significantly ended up with higher incomes as adults than those raised in neighborhoods where the poverty rate did not change.

Why do poor neighborhoods have this effect? It is difficult to pinpoint the exact causes, but several probable reasons come to mind. In these neighborhoods, middle-class African American children often receive inadequate schooling at run-down schools, and they come under the influence of youths who care much less about schooling and who get into various kinds of trouble. The various problems associated with living in poor neighborhoods also likely cause a good deal of stress, which, as discussed elsewhere in this chapter, can cause health problems and impair learning ability.

Even if the exact reasons remain unclear, this study showed that poor neighborhoods make a huge difference. As a Pew official summarized the study, “We’ve known that neighborhood matters…but this does it in a new and powerful way. Neighborhoods become a significant drag not just on the poor, but on those who would otherwise be stable.” Sociologist Sharkey added, “What surprises me is how dramatic the racial differences are in terms of the environments in which children are raised. There’s this perception that after the civil rights period, families have been more able to seek out any neighborhood they choose, and that…the racial gap in neighborhoods would whittle away over time, and that hasn’t happened.”

Data from the 2010 Census confirm that the racial gap in neighborhoods persists. A study by sociologist John R. Logan for the Russell Sage Foundation found that African American and Latino families with incomes above $75,000 are more likely to live in poor neighborhoods than non-Latino white families with incomes below $40,000. More generally, Logan concluded, “The average affluent black or Hispanic household lives in a poorer neighborhood than the average lower-income white household.”

One implication of this neighborhood research is clear: to help reduce African American poverty, it is important to do everything possible to improve the quality and economy of the poor neighborhoods in which many African American children, middle-class or poor, grow up.

Sources: Logan, 2011; MacGillis, 2009; Sharkey, 2009

As we assess the importance of structure versus culture in explaining why people of color have higher poverty rates, it is interesting to consider the economic experience of African Americans and Latinos since the 1990s. During that decade, the US economy thrived. Along with this thriving economy, unemployment rates for African Americans and Latinos declined and their poverty rates also declined. Since the early 2000s and especially since 2008, the US economy has faltered. Along with this faltering economy, unemployment and poverty rates for African Americans and Latinos increased.

To explain these trends, does it make sense to assume that African Americans and Latinos somehow had fewer cultural deficiencies during the 1990s and more cultural deficiencies since the early 2000s? Or does it make sense to assume that their economic success or lack of it depended on the opportunities afforded them by the US economy? Economic writer Joshua Holland (2011) provides the logical answer by attacking the idea of cultural deficiencies: "That's obviously nonsense. It was exogenous economic factors and changes in public policies, not manifestations of 'black culture' [or 'Latino culture'], that resulted in those widely varied outcomes…While economic swings this significant can be explained by economic changes and different public policies, it's simply impossible to fit them into a cultural narrative."

Key Takeaways

- Although a belief in biological inferiority used to be an explanation for racial and ethnic inequality, this belief is now considered racist.
- Cultural explanations attribute racial and ethnic inequality to certain cultural deficiencies among people of color.
- Structural explanations attribute racial and ethnic inequality to problems in the larger society, including discriminatory practices and lack of opportunity.

For Your Review

1. Which of the three explanations of racial and ethnic inequality makes the most sense to you? Why?
2. Why should a belief in the biological inferiority of people of color be considered racist?

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17.7: Reducing Racial and Ethnic Inequality

Learning Objectives

Upon completing this section, you should be able to:

1. Summarize the debate over affirmative action.
2. Describe any three policies or practices that could reduce racial and ethnic inequality in the United States.

Now that we have examined race and ethnicity in the United States, what have we found? Where do we stand in the second decade of the twenty-first century? Did the historic election of Barack Obama as president in 2008 signify a new era of equality between the races, as many observers wrote, or did his election occur despite the continued existence of pervasive racial and ethnic inequality?

On the one hand, there is cause for hope. Legal segregation is gone. The vicious, "old-fashioned" racism that was so rampant in this country into the 1960s has declined dramatically since that tumultuous time. People of color have made important gains in several spheres of life, and African Americans and other people of color occupy some important elected positions in and outside the South, a feat that would have been unimaginable a generation ago. Perhaps most notably, Barack Obama has African ancestry and identifies as an African American, and on his 2008 election night people across the country wept with joy at the symbolism of his victory. Certainly progress has been made in US racial and ethnic relations.

On the other hand, there is also cause for despair. Old-fashioned racism has been replaced by a modern, symbolic racism that still blames people of color for their problems and reduces public support for government policies to deal with their problems. Institutional discrimination remains pervasive, and hate crimes, such as the cross burning that began this chapter, remain all too common. So does suspicion of people based solely on the color of their skin, as the Trayvon Martin tragedy again reminds us.

If adequately funded and implemented, several types of programs and policies show strong promise of reducing racial and ethnic inequality. We turn to these in a moment, but first let's discuss affirmative action, an issue that has aroused controversy since its inception.

People Making a Difference

College Students and the Southern Civil Rights Movement

The first chapter of this book included this famous quotation by anthropologist Margaret Mead: "Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has." The beginnings of the Southern civil rights movement provide an inspirational example of Mead's wisdom and remind us that young people can make a difference.

Although there had been several efforts during the 1950s by African Americans to end legal segregation in the South, the start of the civil rights movement is commonly thought to have begun on February 1, 1960. On that historic day, four brave African American students from the Agricultural and Technical College of North Carolina, dressed in coats and ties, sat down quietly at a segregated lunch counter in a Woolworth's store in the city of Greensboro and asked to be served. When they were refused service, they stayed until the store closed at the end of the day, and then went home. They returned the next day and were joined by some two dozen other students. They were again refused service and sat quietly the rest of the day. The next day some sixty students and other people joined them, followed by some three hundred on the fourth day. Within a week, sit-ins were occurring at lunch counters in several other towns and cities inside and outside of North Carolina. In late July, 1960, the Greensboro Woolworth's finally served African Americans, and the entire Woolworth's chain desegregated its lunch counters a day later. Although no one realized it at the time, the civil rights movement had "officially" begun thanks to the efforts of a small group of college students.

During the remaining years of the heyday of the civil rights movement, college students from the South and North joined thousands of other people in sit-ins, marches, and other activities to end legal segregation. Thousands were arrested, and at least forty-one were murdered. By risking their freedom and even their lives, they made a difference for millions of African Americans. And it all began when a small group of college students sat down at a lunch counter in Greensboro and politely refused to leave until they were served.

Sources: Branch, 1988; Southern Poverty Law Center, 2011

Affirmative Action

Affirmative action refers to special consideration for minorities and women in employment and education to compensate for the discrimination and lack of opportunities they experience in the larger society. Affirmative action programs were begun in the 1960s to provide African Americans and, later, other people of color and women access to jobs and education to make up for past discrimination. President John F. Kennedy was the first known official to use the term, when he signed an executive order in 1961 ordering federal contractors to "take affirmative action" in ensuring that applicants are hired and treated without regard to their race and national origin. Six years later, President Lyndon B. Johnson added sex to race and national origin as demographic categories for which affirmative action should be used.

Although many affirmative action programs remain in effect today, court rulings, state legislation, and other efforts have limited their number and scope. Despite this curtailment, affirmative action continues to spark much controversy, with scholars, members of the public, and elected officials all holding strong views on the issue.

One of the major court rulings just mentioned was the US Supreme Court's decision in *Regents of the University of California v. Bakke*, 438 US 265 (1978). Allan Bakke was a 35-year-old white man who had twice been rejected for admission into the medical school at the University of California, Davis. At the time he applied, UC–Davis had a policy of reserving sixteen seats in its entering class of one hundred for qualified people of color to make up for their underrepresentation in the medical profession. Bakke's college grades and scores on the Medical College Admission Test were higher than those of the people of color admitted to UC–Davis either time Bakke applied. He sued for admission on the grounds that his rejection amounted to reverse racial discrimination on the basis of his being white (Stefoff, 2005).

The case eventually reached the Supreme Court, which ruled 5–4 that Bakke must be admitted into the UC–Davis medical school because he had been unfairly denied admission on the basis of his race. As part of its historic but complex decision, the Court thus rejected the use of strict racial quotas in admission, as it declared that no applicant could be excluded based solely on the applicant's race. At the same time, however, the Court also declared that race may be used as one of the several criteria that admissions committees consider when making their decisions. For example, if an institution desires racial diversity among its students, it may use race as an admissions criterion along with other factors such as grades and test scores.

Two more recent Supreme Court cases both involved the University of Michigan: *Gratz v. Bollinger*, 539 US 244 (2003), which involved the university's undergraduate admissions, and *Grutter v. Bollinger*, 539 US 306 (2003), which involved the university's law school admissions. In *Grutter* the Court reaffirmed the right of institutions of higher education to take race into account in the admissions process. In *Gratz*, however, the Court invalidated the university's policy of awarding additional points to high school students of color as part of its use of a point system to evaluate applicants; the Court said that consideration of applicants needed to be more individualized than a point system allowed.

Drawing on these Supreme Court rulings, then, affirmative action in higher education admissions on the basis of race/ethnicity is permissible as long as it does not involve a rigid quota system and as long as it does involve an individualized way of evaluating candidates. Race may be used as one of several criteria in such an individualized evaluation process, but it must not be used as the only criterion.

The Debate over Affirmative Action

Opponents of affirmative action cite several reasons for opposing it (Connors, 2009). Affirmative action, they say, is reverse discrimination and, as such, is both illegal and immoral. The people benefiting from affirmative action are less qualified than many of the whites with whom they compete for employment and college admissions. In addition, opponents say, affirmative action implies that the people benefiting from it need extra help and thus are indeed less qualified. This implication stigmatizes the groups benefiting from affirmative action.

In response, proponents of affirmative action give several reasons for favoring it (Connors, 2009). Many say it is needed to make up not just for past discrimination and a lack of opportunities for people of color but also for ongoing discrimination and a lack of opportunity. For example, because of their social networks, whites are much better able than people of color to find out about and to get jobs (Reskin, 1998). If this is true, people of color are automatically at a disadvantage in the job market, and some form of affirmative action is needed to give them an equal chance at employment. Proponents also say that affirmative action helps add diversity to the workplace and to the campus. Many colleges, they note, give some preference to high school students who live in a

distant state in order to add needed diversity to the student body; to "legacy" students—those with a parent who went to the same institution—to reinforce alumni loyalty and to motivate alumni to donate to the institution; and to athletes, musicians, and other applicants with certain specialized talents and skills. If all these forms of preferential admission make sense, proponents say, it also makes sense to take students' racial and ethnic backgrounds into account as admissions officers strive to have a diverse student body.

Proponents add that affirmative action has indeed succeeded in expanding employment and educational opportunities for people of color, and that individuals benefiting from affirmative action have generally fared well in the workplace or on the campus. In this regard research finds that African American students graduating from selective US colleges and universities after being admitted under affirmative action guidelines are slightly *more* likely than their white counterparts to obtain professional degrees and to become involved in civic affairs (Bowen & Bok, 1998).

As this brief discussion indicates, several reasons exist for and against affirmative action. A cautious view is that affirmative action may not be perfect but that some form of it is needed to make up for past and ongoing discrimination and lack of opportunity in the workplace and on the campus. Without the extra help that affirmative action programs give disadvantaged people of color, the discrimination and other difficulties they face are certain to continue.

Other Programs and Policies

As indicated near the beginning of this chapter, one message from DNA evidence and studies of evolution is that we are all part of one human race. If we fail to recognize this lesson, we are doomed to repeat the experiences of the past, when racial and ethnic hostility overtook good reason and subjected people who happened to look different from the white majority to legal, social, and violent oppression. In the democracy that is America, we must try to do better so that there will truly be "liberty and justice for all."

As the United States attempts, however haltingly, to reduce racial and ethnic inequality, sociology has much insight to offer in its emphasis on the structural basis for this inequality. This emphasis strongly indicates that racial and ethnic inequality has much less to do with any personal faults of people of color than with the structural obstacles they face, including ongoing discrimination and lack of opportunity. Efforts aimed at such obstacles, then, are in the long run essential to reducing racial and ethnic inequality (Danziger, Reed, & Brown, 2004; Syme, 2008; Walsh, 2011). Some of these efforts resemble those for reducing poverty discussed in Chapter 2 "Poverty", given the greater poverty of many people of color, and include the following:

1. Adopt a national "full employment" policy involving federally funded job training and public works programs.
2. Increase federal aid for the working poor, including earned income credits and child-care subsidies for those with children.
3. Establish and expand well-funded early childhood intervention programs, including home visitation by trained professionals, for poor families, as well as adolescent intervention programs, such as Upward Bound, for low-income teenagers.
4. Improve the schools that poor children attend and the schooling they receive, and expand early childhood education programs for poor children.
5. Provide better nutrition and health services for poor families with young children.
6. Strengthen efforts to reduce teenage pregnancies.
7. Strengthen affirmative action programs within the limits imposed by court rulings.
8. Strengthen legal enforcement of existing laws forbidding racial and ethnic discrimination in hiring and promotion.
9. Strengthen efforts to reduce residential segregation.

Key Takeaways

- There is reason to be both hopeful and less hopeful in regard to the future of racial and ethnic relations and inequality in the United States.
- Affirmative action continues to be a very controversial issue. Proponents think it is necessary to compensate for past and continuing racial and ethnic discrimination and lack of opportunity, while opponents think it discriminates against qualified whites.
- A variety of policies and practices hold strong potential for reducing racial and ethnic inequality, providing they are adequately funded and successfully implemented.

For Your Review

1. How hopeful are you in regard to the future of race and ethnicity in the United States? Explain your answer.
2. Do you favor or oppose affirmative action? Why?

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17.7: Reducing Racial and Ethnic Inequality is shared under a CC BY 4.0 license and was authored, remixed, and/or curated by LibreTexts.

17.8: End-of-Chapter Material

Summary

1. Racial and ethnic prejudice and discrimination have been an “American dilemma” in the United States ever since the colonial period. Slavery was only the ugliest manifestation of this dilemma. The urban riots of the 1960s led to warnings about the racial hostility and discrimination confronting African Americans and other groups, and these warnings continue down to the present.
2. Social scientists today tend to consider race more of a social category than a biological one for several reasons. Race is thus best considered a social construction and not a fixed biological category.
3. Ethnicity refers to a shared cultural heritage and is a term increasingly favored by social scientists over race. Membership in ethnic groups gives many people an important sense of identity and pride but can also lead to hostility toward people in other ethnic groups.
4. Prejudice, racism, and stereotypes all refer to negative attitudes about people based on their membership in racial or ethnic categories. Social-psychological explanations of prejudice focus on scapegoating and authoritarian personalities, while sociological explanations focus on conformity and socialization or on economic and political competition. Jim Crow racism has given way to modern or symbolic racism that considers people of color to be culturally inferior.
5. Discrimination and prejudice often go hand in hand, but not always. People can discriminate without being prejudiced, and they can be prejudiced without discriminating. Individual and institutional discrimination both continue to exist in the United States.
6. Racial and ethnic inequality in the United States is reflected in income, employment, education, and health statistics. In their daily lives, whites enjoy many privileges denied to their counterparts in other racial and ethnic groups.
7. On many issues Americans remain sharply divided along racial and ethnic lines. One of the most divisive issues is affirmative action. Its opponents view it among other things as reverse discrimination, while its proponents cite many reasons for its importance, including the need to correct past and present discrimination against racial and ethnic minorities.

Using What You Know

After graduating college, you obtain a job in a medium-sized city in the Midwest and rent an apartment in a house in a nearby town. A family with an African American father and white mother has recently moved into a house down the street. You think nothing of it, but you begin to hear some of the neighbors expressing concern that the neighborhood “has begun to change.” Then one night a brick is thrown through the window of the new family’s home, and around the brick is wrapped the message, “Go back to where you came from!” Since you’re new to the neighborhood yourself, you don’t want to make waves, but you are also shocked by this act of racial hatred. You can speak up somehow or you can stay quiet. What do you decide to do? Why?

What You Can Do

To help reduce racial and ethnic inequality, you may wish to do any of the following:

1. Contribute money to a local, state, or national organization that tries to help youths of color at their schools, homes, or other venues.
2. Volunteer for an organization that focuses on policy issues related to race and ethnicity.
3. Volunteer for any programs at your campus that aim at enhancing the educational success of new students of color; if no such programs exist, start one.

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CHAPTER OVERVIEW

18: Substance Abuse

18.1: Drug Use in History
18.2: Drugs and Drug Use Today
18.3: Social Patterning of Drug Use
18.4: Explaining Drug Use
18.5: Drug Policy and the War on Illegal Drugs
18.6: Addressing the Drug Problem and Reducing Drug Use
18.7: End-of-Chapter Material

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18.1: Drug Use in History

Learning Objectives

Upon completing this section, you should be able to:

1. Discuss the presence of drugs in ancient times.
2. Summarize the use of drugs in the United States during the nineteenth century.
3. Explain the racial basis for decisions to ban opium, cocaine, and marijuana in the United States.

Shakespeare once wrote that "what's past is prologue." This familiar phrase means that what happened in the past provides a context for, and can help to understand and predict, the future. To the extent that the past is prologue, the history of drug use provides a sobering lesson: Drug use has been common since ancient times and has been common in almost every society. As a recent book on drug policy states, "People have used chemicals to alter their state of mind since before there were written records" (Kleiman, Caulkins, & Hawken, 2011, p. xviii). If past is indeed prologue, then it is no surprise that drug use remains common in contemporary nations despite considerable efforts to reduce it.

One manifestation of the long history of drug use is that humans have used mind-altering plants since prehistoric times. "Early humans discovered that eating some plants gave a feeling of relaxation, happiness, drowsiness, or peace," one scholar writes. "Some gave a feeling of increased energy, alertness, and stamina. And some caused strange sensations, terrifying visions, or a profoundly different awareness" (Gahlinger, 2004, p. 5).



Ancient Greeks drank poppy juice, which contained opium, around 300 BCE. Use of other drugs was also common in ancient times. Tilemahos Efthimiadis – National Archaeological Museum, Athens, Greece – CC BY 2.0.

Examples of drug use thousands of years ago abound (Escohotado, 2010; Faupel, Horowitz, & Weaver, 2010; Goodman, Sherratt, & Lovejoy, 2007). Mead, an alcoholic drink made from fermented honey, was first used about 8000 BCE, and beer and berry wines were first used about 6000 BCE. The ancient Sumerians used opium starting about 5000 BCE. Ancient Egypt used alcohol in 3500 BCE, while ancient China used cannabis (the source of marijuana) around 3000 BCE. Ancient people in what is now Switzerland ate poppy seeds (the source of opium) in 2500 BCE. Coca leaves (the source of cocaine) have been chewed for thousands of years. Folk medicines made from plants and herbs have also been used since ancient times. People in ancient Palestine drank wine in 350 BCE. Ancient Greeks drank poppy juice in 300 BCE. In about the same period, South American tribes used a hallucinogen called *cohoba*, made from mimosa beans. The Chinese and other Asians were using opium regularly by 1000 CE. Native Americans used tobacco before being discovered by Columbus in 1492. The use of various drugs has also been common in the many societies that anthropologists have studied (Durant & Thakker, 2003; Page & Singer, 2010).

Sociologist Erich Goode (2008, p. 176) summarizes the history of drug use as follows: "Humans have been ingesting drugs for thousands of years. And throughout recorded time, significant numbers of nearly every society on earth have used one or more drugs to achieve certain desired physical or mental states. Drug use comes close to being a universal, both worldwide and throughout history."

Drug Use in US History

This history of drug use includes the United States, where past is again prologue. During the colonial era, tobacco was a major crop in Virginia and other colonies thanks to slave labor. After being processed, it was commonly used by colonists and also exported to Europe in great quantities (Gately, 2001). From the earliest colonial days, alcohol was another drug used in great quantities, as

"Americans were drinkers right from the start" (Genzlinger, 2011, p. C1). The Mayflower, the celebrated ship that brought the first Puritans to what eventually became the United States, was filled with barrels of beer. In colonial New England, rum manufacturing was a major industry, and rum drinking was common. During the early 1770s, New England had more than 140 rum distilleries, and rum consumption in the colonies averaged 7.5 million gallons annually. This massive drinking has led one author to call rum "the real spirit of 1776" (Williams, 2006). Rum was also a major export to Europe and elsewhere. In addition to rum, colonists routinely drank beer and hard cider.

During the nineteenth century, Americans began to use drugs other than alcohol in great quantities. One popular drug was coffee. Before the Civil War, Americans who drank coffee had to buy green (unroasted) coffee beans in bulk and roast their own coffee. Then in 1865, John Arbuckle, a Pittsburgh grocer, began selling roasted coffee inside a new invention—the paper bag. His bagged coffee was an instant hit across the nation, other coffee manufacturers followed suit, and coffee use by Americans greatly increased.

Alcohol also remained a very popular drug, and use of this drug during the 1800s was probably greater than during colonial America. Two reasons help account for this trend (Faupel et al., 2010). One reason was the western frontier. As the nation moved west, many of the explorers and settlers who led the way were men who were unmarried or, if married, men who had left their families behind. To put it mildly, they drank a lot, fought a lot, and gambled a lot. A second reason was that many Irish immigrants came to the United States during a great wave of immigration that began in the mid-nineteenth century. Although it might sound like a stereotype, the Irish drank a lot of alcohol back in their homeland, and they continued to do so once they reached the United States. Regardless of who was drinking, heavy alcohol use contributed greatly to poverty, to physical assaults and homicides, and to domestic violence and other family problems.

Three other popular drugs in this era were opium, cocaine, and marijuana. Use of these drugs was so common that nineteenth-century America has been called a "dope fiend's paradise" (Brecher, 1973). A brief discussion of these drugs' histories will underscore the widespread use of drugs in the American past and also racial issues that arose when laws were passed to ban these drugs (Musto, 1999).

Opium

During the decades before and after the Civil War, the use of opium was extremely common (Goode, 2012). Beyond making people feel good, opium is an effective painkiller and cough suppressant. Accordingly, it was a staple in many patent medicines, elixirs and tonics, sold back then in apothecaries, general stores, and other venues. Large numbers of people from all social backgrounds used these opium-laced medicines for problems such as depression, headaches, menstrual cramps, and toothaches. It is not much of an exaggeration to say that the United States was a nation of opium users during this period; an estimated 500,000 Americans were addicted to opium by the end of the century. As anthropologist Robert B. Edgerton (1976, pp. 57–58) summarizes the situation, "The use of opium was widespread in all segments of American society. Children were calmed with opium derivatives, women used many popular patent medicines which were liberally larded with opiates, and 'opium dens' were probably present in all cities and most towns as well."



Opium was a common ingredient in nineteenth-century tonics and elixirs that were sold widely to the public. camarelius – _DSC_5554 rot cr alt – CC BY-NC 2.0.

Attendance at opium dens (the equivalent of today's bar or tavern, with opium the drug of choice rather than alcohol) was a popular activity for the Chinese immigrants who began coming to the United States during the 1850s to help build the nation's railroads and perform other jobs. White workers feared their growing numbers as a threat to their jobs, and racial prejudice against the Chinese increased. Politicians, labor unions, and other parties began to focus on the Chinese habit of smoking opium at opium dens and warned that the Chinese were kidnapping little white children, taking them to the opium dens, and turning them into "opium fiends." This campaign had two effects: it increased prejudice against the Chinese, and it increased public concern about opium. This rising concern led San Francisco in 1875 to become the first locality to ban opium dens. Other California cities did the same, and the state itself banned opium dens in 1881. Three decades later, the federal government banned the manufacture, sale, and use of opium (except for use with a physician's prescription) when it passed the Harrison Narcotics Act in 1914.

Cocaine

Cocaine was another drug that was very popular in the nineteenth century, beginning in the 1880s, thanks in part to enthusiastic claims by Sigmund Freud and American physicians that cocaine could help relieve asthma, depression, hay fever, sexual impotence, toothache pain, and a host of other problems. Like opium, cocaine was a popular ingredient in the many patent medicines that people bought at various stores, and the US Army Surgeon-General advocated its medical use. It was a major ingredient in a new beverage introduced in 1886, Coca-Cola, which became an instant hit because people naturally felt so good when they drank Coke! During the next two decades, however, concern grew about cocaine's effects. Some of this concern was fueled by the absurd belief that African Americans who used cocaine became extra strong, dangerous, and even invulnerable to bullets. Cocaine was heavily taxed by the 1914 Harrison Narcotics Act and later banned.

Marijuana

A third legal drug during the late nineteenth century was marijuana. It joined opium and cocaine in being a common ingredient in patent medicines, and it was a popular drug for problems like migraine headaches, menstrual cramps, and toothache pain. After the Mexican Revolution of 1910, Mexicans moved to the United States in increased numbers and brought with them their habit of marijuana use. Whites feared that Mexicans would take their jobs, and, similar to what happened with opium and Chinese immigrants during the 1870s, began to charge that Mexicans who used marijuana would become violent and more likely to rape and murder innocent white victims. This racially prejudiced claim increased concern about marijuana and helped lead to the federal Marijuana Tax Act of 1937 that banned its use.

This brief history shows that drug use has been part of the American culture ever since the nation began. If past is prologue, it should come as no surprise that drugs remain part of the American culture today, and it should also come as no surprise that efforts to reduce or eliminate drug use often meet with much resistance and little success. As the United States continues to try to deal with drug use, these basic facts must not be forgotten.

Key Takeaways

- Drug use has been common since ancient times.
- Alcohol was widely drunk in colonial America. During the latter nineteenth century, opium, marijuana, and cocaine were legal drugs that were also widely used.
- Racial prejudice played an important role in decisions during the late nineteenth century and early twentieth century to ban opium, marijuana, and cocaine.

For Your Review

1. Were you surprised to read that mind-altering drug use has been common since ancient times? Why or why not?
2. Were you surprised to read that racial prejudice helped lead to bans on opium, marijuana, and cocaine? Why or why not?

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18.2: Drugs and Drug Use Today

Learning Objectives

Upon completing this section, you should be able to:

1. Summarize the different types of drugs.
2. Explain the various harms caused by alcohol and tobacco.
3. Understand the effects of marijuana, cocaine, and other illegal drugs.

A drug may be defined as any substance other than food that, when taken into the body, affects the structure and/or functioning of the body. Defined this way, many common substances contain drugs or are drugs: coffee, No-Doz, and other products to keep us alert; aspirin, acetaminophen, ibuprofen, and other pain relievers; Tums, Rolaids, and other products that reduce heartburn; Metamucil and other products that reduce constipation; Robitussin, Sudafed, and other cold medicines; and so forth. If you have ever used one of these products, you are technically a drug user, however silly that might sound.

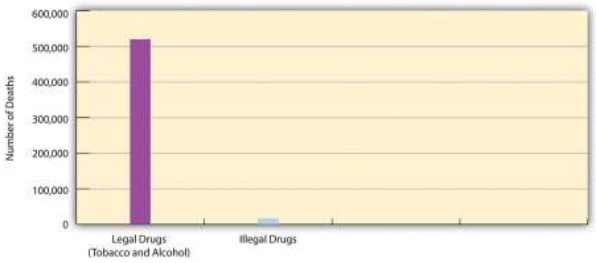
Many prescription drugs also certainly exist: Prozac and other antidepressants; Valium and other tranquilizers; Lipitor and other cholesterol drugs; Yasmin, Yaz and other birth control pills; Viagra and other products that relieve erectile dysfunction; and so forth. Sales of these prescription drugs amount to tens of billions of dollars annually.

The following substances are also drugs: alcohol, ecstasy, cocaine, heroin, marijuana, LSD, methamphetamine, PCP, and tobacco. Much has been written about these drugs, and we will discuss them further later in this section. But note that two of these drugs, alcohol and tobacco, are legal after a certain age, while the remaining drugs are illegal.

One of the problems in deciding how to think about and deal with drugs is that this distinction between legal drugs and illegal drugs has no logical basis. It makes sense to assume that the illegal drugs should be the ones that are the most dangerous and cause the most physical and social harm, but that is not true. Rather, alcohol and tobacco cause the most harm even though they are legal. As Kleiman et al. (2011, p. xviii) note about alcohol, “When we read that one in twelve adults suffers from a substance abuse disorder or that 8 million children are living with an addicted parent, it is important to remember that alcohol abuse drives those numbers to a much greater extent than does dependence on illegal drugs.” Tobacco kills about 435,000 Americans annually by causing premature death, and alcohol kills about 85,000 annually through its effects on the liver and other body organs (Mokdad, Marks, Stroup, & Gerberding, 2004).

Putting these numbers together, some 520,000 Americans die annually from alcohol and tobacco use. Meanwhile, the physiological effects of all illegal drugs combined kill an estimated 17,000 Americans annually (Mokdad et al., 2004), a number that is only just above the number of annual deaths (16,500) from nonsteroidal inflammatory drugs (NSAIDs) such as aspirin and ibuprofen (Frech & Go, 2009). Figure 7.1 “Annual Deaths from Legal and Illegal Drugs” depicts the huge difference between deaths from alcohol and tobacco as legal drugs and from illegal drugs.

Figure 7.1 Annual Deaths from Legal and Illegal Drugs



Source: Mokdad, A. H., Marks, J. S., Stroup, D. F., & Gerberding, J. L. (2004). Actual causes of death in the United States, 2000. *Journal of the American Medical Association, 291*(10), 1238–1245.

We return to the issue of the relative harm of legal and illegal drugs toward the end of the chapter when we discuss drug policy. In the meantime, keep in mind two related facts: (1) all drugs can be dangerous, and (2) some drugs are much more dangerous than others. Two aspirins are safe to take, but a bottle of aspirin can kill someone. Two cups of coffee a day are fine, but drinking many cups a day can cause anxiety, insomnia, and headaches. One drink of alcohol is safe to take, but several drinks in a short time

amount to binge drinking, and long-term use of alcohol can kill someone. One snort of cocaine is usually safe, but even one snort can result in a sudden fatal heart attack, and long-term use often has serious health consequences.

Types of Drugs

Drugs are commonly classified into certain categories according to their physiological effects. All drugs may make us feel good, but they do so in different ways. Because some drugs are much more potent than other drugs, there is much variation within each category. Partly because many drugs have multiple effects, many different classifications of drugs exist. A common classification includes the following categories: depressants, hallucinogens, marijuana, narcotics, and stimulants.

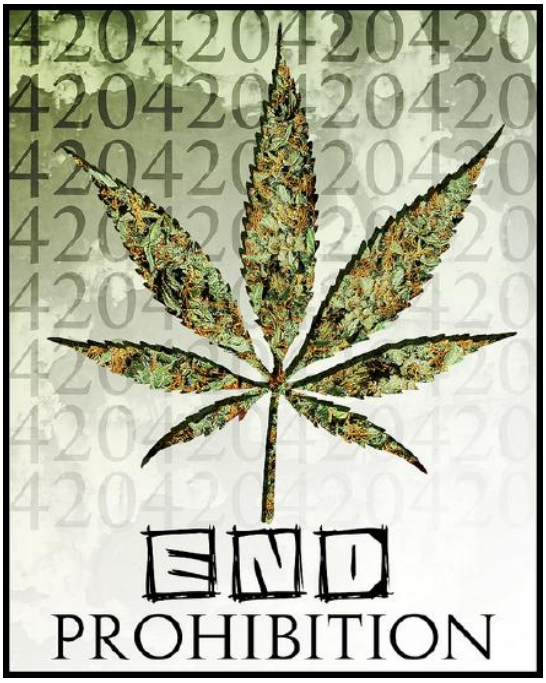
Depressants

Depressants slow down the activity of the central nervous system. Depending on the specific drug, they help induce drowsiness and relaxation, and they can reduce anxiety and pain. Several types of depressants exist. *Analgesics* reduce pain and include over-the-counter products such as aspirin, acetaminophen (the major ingredient in Tylenol), and ibuprofen (the major ingredient in Advil and Motrin), and many prescription medicines that contain acetaminophen. *Sedatives* help people relax and include alcohol, barbiturates, and sleep medicines such as Sominex and Tylenol PM (both over-the-counter) and Ambien and Valium (both prescription). Large doses of depressants may lead to physical dependence and sometimes death.

Hallucinogens

Hallucinogens are mind-altering drugs that cause delusions or hallucinations. Their ranks include ecstasy, LSD, mescaline, and PCP. Many people who use a hallucinogen report that the mind-altering effects of the drug provide them a truly wonderful experience, but many also find the effects to be troubling at best and horrible and terrifying at worst. Long-term effects include hallucinations that occur without any drug use preceding them.

Marijuana



Marijuana is by far the most popular illegal drug in the United States. Modern Scribe Photography – Maryjane 4-20-2010 (420) – CC BY-ND 2.0.

Because marijuana's effects do not fit neatly into any other category of drug, marijuana (along with its close cousin, hashish) is often considered to be its own category. As we will see later, it is by far the most popular illegal drug in the United States. Its effects include distortion of time and space, euphoria, hunger, increased sensory perception, and relaxation.

Narcotics

Narcotics are sometimes classified under depressants because they slow down the central nervous system, but they are often still considered as their own category. They are highly effective at relieving pain and are a common substance in prescription medicines for severe pain. By definition, all narcotics are derived from opium, either in its natural form or in a synthesized form. Examples of narcotics include codeine, heroin, methadone, and morphine. In addition to relieving pain, narcotics may induce drowsiness, euphoria, and relaxation. Although narcotics do not damage bodily organs, they are very physically addictive, and high doses can be fatal.

Stimulants

Stimulants have the opposite effect of depressants by speeding up the central nervous system. They increase alertness and energy and can produce euphoria or anxiety. Some are legal and some are illegal, and many very different drugs are all considered stimulants: caffeine, cocaine, methamphetamine and other amphetamines, nicotine (tobacco), and Ritalin. Stimulants can be very physically addictive, and nicotine is thought to be more addictive than heroin. While caffeine is very safe as long as someone does not have too many cups of coffee daily, many other stimulants may have dangerous short-term or long-term side effects on the cardiovascular system.

Not all drugs can be discussed in one chapter. In choosing which drugs to discuss in a book on social problems, it makes sense to discuss the drugs that probably concern Americans the most. We thus focus in the remainder of this section mostly on alcohol, tobacco, marijuana, cocaine, and heroin.

? Exercise 18.2.1

Drugs are commonly classified into different categories based on their physiological effects. A common classification includes the following categories:

a) alcohol, marijuana, legal drugs, illegal drugs, and narcotics.

b) depressants, hallucinogens, marijuana, narcotics, and stimulants.

c) tobacco, alcohol, sedatives, hallucinogens, and heroin.

Answer

Correct answer: B

Legal Drugs

As noted earlier, alcohol and tobacco (nicotine) are two legal drugs that are very common and that together kill hundreds of thousands of Americans annually. According to national survey evidence collected by the Substance Abuse and Mental Health Services Administration (SAMHSA) of the federal government, most people 12 and older (as well as many younger than 18) have tried alcohol, and over half the public drinks currently (defined as having had at least one drink in the past month). While many people have tried tobacco, only slightly more than one-fourth of the public uses it currently (at least once during the past month). Table 7.1 “Prevalence of Alcohol and Tobacco Use, Ages 12 and Older, 2010*” summarizes the prevalence of alcohol and nicotine use. Translating some of these percentages into actual numbers, almost 70 million Americans are current tobacco users (mostly by smoking cigarettes), and 131 million are current alcohol users.

Table 7.1 Prevalence of Alcohol and Tobacco Use, Ages 12 and Older, 2010*

	Lifetime	Past year	Past month
Alcohol	82.5	66.4	51.8
Tobacco	68.7	32.8	27.4

* Percentage using in designated time period

Source: Substance Abuse and Mental Health Services Administration. (2011). *Results from the 2010 national survey on drug use and health: Summary of national findings*. Rockville, MD: Author.

With this backdrop, we now discuss these two legal but very harmful drugs in greater detail.

Alcohol

Moderate alcohol use (more than one drink per day for an adult female and two drinks per day for an adult male) is relatively safe for most people and may even have health benefits (Harvard School of Public Health, 2012). The problem is that many people drink much more than moderately. As the Harvard School of Public Health (2012) explains, "If all drinkers limited themselves to a single drink a day, we probably wouldn't need as many cardiologists, liver specialists, mental health professionals, and substance abuse counselors. But not everyone who likes to drink alcohol stops at just one. While most people drink in moderation, some don't."

SAMHSA survey data show the extent of such problem drinking, as its survey measures both binge drinking (five or more drinks on the same occasion—within two hours of each other—on at least one day in the past month) and heavy drinking (binge drinking on at least five days in the past month). Table 7.2 "Prevalence of Binge and Heavy Alcohol Use, 2010*" presents the relevant data for people 12 and older and also for those aged 18–20, the customary age for people in their first two years of college.

Table 7.2 Prevalence of Binge and Heavy Alcohol Use, 2010*

	Ages 12 and older	Ages 18–20
Binge use	23.1	33.3
Heavy use	6.7	11.3
* Percentage engaging in alcohol use		

Source: Substance Abuse and Mental Health Services Administration. (2011). *Results from the 2010 national survey on drug use and health: Summary of national findings*. Rockville, MD: Author.

As Table 7.2 "Prevalence of Binge and Heavy Alcohol Use, 2010*" indicates, almost one-fourth of all people 12 and older and one-third of those aged 18–20 engage in binge drinking, while almost 7 percent and about 11 percent, respectively, engage in heavy drinking. The figures for those 12 and older translate to almost 59 million binge drinkers and 17 million heavy drinkers. These numbers show that tens of millions of people abuse alcohol annually and underscore the problem of dealing with problem drinking.

The amount of alcohol consumed annually by occasional, moderate, and heavy drinkers is staggering. The relevant data appear in Table 7.3 "Alcohol Consumption in the United States, 2010". Americans drink 7.6 billion gallons of alcohol annually, equivalent to 126 billion standard drinks. This number of drinks works out to 496 drinks per person annually for the 12 and older population and 748 drinks per person for the 12 and older population that drinks at all. Keep in mind that this is just an average. The heavy drinkers identified in Table 7.2 "Prevalence of Binge and Heavy Alcohol Use, 2010*" have many more than 748 drinks every year, while light drinkers have only a relative handful of drinks.

Table 7.3 Alcohol Consumption in the United States, 2010

	Number of gallons	Equivalent number of standard drinks*
Beer	6.4 billion	68.2 billion
Wine	713.2 million	18.3 billion
Spirits	463.1 million	39.5 billion
Total	7.6 billion	126.0 billion
* one drink = 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of spirits		

Source: Beer Institute. (2011). *Brewers almanac, 2011*. Washington, DC: Author.

The Drinking Culture and the Alcohol Industry

As noted earlier, alcohol has a long history in the United States and an even longer history in much of the rest of the world. When we think about the tens of millions of Americans who drink at least occasionally, the ads for beer and wine and hard liquor that appear regularly in the popular media, and the thousands of bars and related venues across the country, it is certainly no exaggeration to say that we have a drinking culture.

Once upon a time, the federal and state governments tried to eliminate this culture. We are speaking, of course, about Prohibition. The passage of the Eighteenth Amendment to the US Constitution in January 1919 banned the manufacture, sale, and transportation of alcohol; the ban took effect a year later. For reasons we will discuss later, the ban was eventually deemed a failure, and the passage of the Twenty-First Amendment in 1933 repealed the Eighteenth Amendment. The manufacture, sale, and transportation of alcohol became legal once again.

Alcohol manufacturing and sales are a major industry worldwide today. Several alcohol companies rank among the largest corporations in the world as well as in the United States (Jernigan, 2009). US alcohol sales amount to about $160 billion annually, and they rose by 20 percent in the 2010–2011 period during the faltering economy (Smith, 2011). The amount of money the public spends on alcohol equals 12.5 percent of what it spends on food (US Department of Agriculture, 2011). The alcohol industry provides about 2 million jobs annually, more than $40 billion in wages, and more than $50 billion in taxes, and it contributes more than $160 billion to the annual national economy (Distilled Spirits Council of the United States, 2011). All these figures show that the alcohol industry plays a significant role in the US economy.

Despite this role, if the United States does indeed have a drinking culture, the alcohol industry bears a major share of the responsibility. As the American Medical Association (2004) has stated,

Like the tobacco industry, the alcohol industry produces a legal, widely consumed drug; is dominated by relatively few producers; and utilizes a powerful combination of advertising dollars, savvy marketing, political campaign contributions, and sophisticated lobbying tactics to create and maintain an environment favorable to its economic and political interests. It requires the recruitment of new, youthful drinkers to maintain and build its customer base…As a chemical that affects our bodies, alcohol is a powerful drug resulting in more premature deaths and illnesses than all illicit drugs combined. Yet the industry has shaped public opinion and forced government to treat it not as a drug but as a cultural artifact, a valued legal commodity, almost a food, even a necessity of life.

As just one example of how the alcohol industry promotes its “powerful drug,” the headline of a recent news article declared that the “alcohol companies go online to lure young drinkers” (Gardner, 2010). According to the report, alcohol companies are increasingly using Facebook and other social media to persuade young people to buy and drink their products. Not surprisingly, many of these young targets turn out to be under the legal drinking age of 21 because they are easily able to gain access to alcohol sites. This problem led a public health professor to observe, “Close to 5,000 people under the age of 21 die of alcohol overuse each year. Virtual worlds show all of the appeal and none of the consequences of alcohol use and undercut efforts to reduce the incidence of underage drinking. At this point, alcohol companies appear limited only by their imaginations and pocketbooks” (Gardner, 2010).



The alcohol industry is a major part of the US and worldwide economies and provides about 2 million jobs annually in the United States. amateur photography by michel – Aardwolf Brewing Company – CC BY 2.0.

Consequences of Alcohol Abuse

Despite alcohol's immense popularity, the fact remains that more than 18 million Americans abuse it (Harvard School of Public Health, 2012). This heavy rate of abuse means that alcohol has serious personal and social consequences. One set of consequences involves personal health. We noted earlier that alcohol abuse is responsible for about 85,000 deaths annually through the physiological damage it does. Heavy alcohol use can destroy the liver, increase blood pressure, weaken the heart and immune system, and cause sexual dysfunction. It can lead to neurological problems and also raises the risk of incurring several kinds of cancer. Binge drinking can cause serious immediate health problems because it may lead to someone overdosing on alcohol. About 800,000 adults are hospitalized every year for alcohol overdoses, and tens of thousands more are hospitalized because they have consumed alcohol along with prescription narcotic pain medications, a combination that can be deadly (National Institutes of Health, 2011).

In addition to these health problems, alcohol use is responsible for more than 16,000 traffic fatalities annually, and it plays an important role in violent crime (Felson, Teasdale, & Burchfield, 2008). As almost anyone with an alcoholic family member can attest, alcohol abuse can also cause many problems for families, including domestic violence and divorce and the stress that results from having to deal with someone's alcoholism on a daily basis. (The Note 7.13 "Children and Our Future" box discusses the impact of parental alcoholism on children.) Alcohol abuse costs the United States more than $185 billion each year in medical expenses, lost earnings because of alcohol-related illness or premature death, lost earnings by victims of violent crime, and alcohol-caused traffic accidents (Harvard School of Public Health, 2012).

Children and Our Future

Children of Alcoholics

As with so many social problems, one of the saddest consequences of alcohol abuse involves children. About one-fifth of children have lived with an alcoholic parent or other adult. Whether because alcoholism is partly inherited or because children tend to use their parents as role models, children of alcoholics are four times more likely than children of nonalcoholics to become alcoholics themselves by the time they reach adulthood.

Because living with an alcoholic parent is often both chaotic and unpredictable, it is no surprise that children of alcoholics often experience a great deal of stress and other difficulties that may also account for their greater tendency to become alcoholics. Compared to other children, they are more likely to be neglected and/or abused by their parents, and they are also more likely to miss school, have lower grades, and engage in disruptive behavior. In addition, they are at great risk for eating disorders and substance abuse other than alcohol abuse. The stress they experience can also harm their neurological development and immune system and put them at greater risk for different kinds of illness and disease. Children of alcoholics are also at greater risk for several kinds of psychological and emotional problems. These include (1) *guilt*, because they may blame themselves for their parent's drinking; (2) *anxiety*, because they worry about their parent's health and may see their parents arguing and fighting; (3) *embarrassment* that leads them not to invite friends over to visit nor to ask another adult for help; (4) *lack of trust* in other people, because they have learned not to trust their alcoholic parent; and (5) *anger*, *confusion*, and *depression*.

One special problem that children of alcoholics face is that they are "forced into adulthood." They often find themselves having to care for younger siblings and even for their alcoholic parent. By taking on such a heavy responsibility, they in effect become adults at too tender an age. This responsibility weighs on them and helps account for the psychological and emotional difficulties they often experience.

Mental health professionals strongly advise that children of alcoholics receive counseling and other kinds of support to help them deal with their family experiences. Group support programs for teenaged children may be very helpful. Perhaps the best known such program is Alateen, which also services teenagers who want help dealing with an alcoholic friend. Teenagers at Alateen meetings share their experiences, learn how to deal with the special difficulties that stem from having a relative or friend with an alcohol problem, and provide emotional support for each other. One important message they learn from Alateen is that they are in no way responsible for the alcoholism of their parent, other relative, or friend.

Alateen has helped many young people, as this testimonial from "Lizzy" attests: "Alateen has helped me a lot over the years… From the day I went to my first meeting, the door to my happiness was flung open. With the help of the Alateen Group Sponsors and my fellow teens, my life has become what I always wanted it to be. My goal for success in the program was fulfilled. I have been given a second chance at life and I have Alateen to thank for that."

Young children and teenagers are resilient, but children of alcoholics have to be especially resilient. Programs like Alateen help give them a second chance.

Sources: Alateen, 2011; American Academy of Child and Adolescent Psychiatry, 2006; James, 2008

College Students

Alcohol abuse is also a problem on college and university campuses across the United States. Based on the SAMHSA survey evidence discussed earlier, full-time college students ages 18–22 drink more often and more heavily than their peers who are not in college (Substance Abuse and Mental Health Services Administration, 2008). Among full-time college students ages 18–20, who are all too young to drink legally, about 40 percent have engaged in binge drinking in the past month, and 17 percent have engaged in heavy drinking as defined earlier. Binge drinking on and off campus is so common that binge drinkers consume 91 percent of all the alcohol that college students drink.

Binge drinking by college students has many serious consequences (Center for Science in the Public Interest, 2008; National Center on Addiction and Substance Abuse, 2007). The following are consequences with approximate figures:

- Binge drinkers are much more likely than other students to miss class, get poor grades, be injured, have unprotected sex, and to drive after drinking.
- Six hundred thousand college students suffer alcohol-related injuries (from motor vehicle crashes and other accidents) each year, and 1,700 die from these injuries.
- Thirty thousand college students need medical attention annually to treat alcohol overdosing.
- Seven hundred thousand students are assaulted annually by a student who has been drinking, and three hundred students die from these assaults.
- Students who attend colleges with high rates of binge drinking are more likely to experience sleep disruption, property damage, and physical and sexual assaults than those who attend colleges with low rates of binge drinking.

Tobacco and Nicotine

Nicotine, the major drug in tobacco, is another legal but very dangerous drug. As we saw earlier, its use kills four times as many people every year as those killed by alcohol use. Tobacco is a slow poison. If it were not already a legal drug used by millions, and a company had just manufactured cigarettes for the first time, the Food and Drug Administration would never approve this product. Fortunately for tobacco companies, nicotine does not distort perception the way that alcohol and many other psychoactive drugs do. Someone smoking or otherwise using tobacco can safely drive a car, operate machinery, and so forth, and someone "under the influence" of tobacco does not become violent.



Tobacco is a slow poison. If it were a new drug, it would not be approved for public consumption. Raul Lieberwirth – cigarette – CC BY-NC-ND 2.0.

If you have ever watched any number of pre-1970s movies or television shows like “Mad Men” that portray life back then, you know that the United States used to have a tobacco culture the way it now has an alcohol culture. Many, many people smoked cigarettes, and a large number smoked cigars or pipes. This particular drug culture began to abate in the 1970s after much evidence mounted about the deaths and other serious health effects of tobacco use and especially about the dangers of second-hand smoke. Whereas college students a generation ago often sat in smoke-filled classrooms and Americans generally sat in smoke-filled restaurants and other venues, today most Americans can count on being in enclosed public spaces in which smoking is banned.

Even so, we have already seen that more than one-fourth of Americans 12 and older, or some 70 million people, are still current users (past month) of tobacco. Almost one-fifth of American adults (18 and older), or 45.3 million adults, smoke cigarettes daily or occasionally (King, Dube, Kaufmann, Shaw, & Pechacek, 2011). Thanks to the greater knowledge about tobacco’s health effects, public education campaigns about these effects, heavy taxes on cigarettes, and changing attitudes about tobacco, these numbers represent a significant decline from a generation ago.

Tobacco use causes more preventable death and illness in the United States than any other cause of death; if no one used tobacco, the more than 400,000 tobacco-related deaths each year would not occur. As we think about tobacco, this startling statistic needs to be kept in mind: *About half of all cigarette smokers will one day die from a premature death caused by a smoking-related illness* (King et al., 2011). To repeat what was said just earlier, nicotine is a slow poison.

Tobacco kills in several ways. Smoking causes 80–90 percent of all lung cancers, and it greatly increases the risk of emphysema and other lung disease, coronary heart disease, and stroke. In addition to lung cancer, tobacco use also causes several other cancers, including bladder cancer, cervical cancer, esophageal cancer, stomach cancer, and throat cancer. Women who smoke are at greater risk for lower bone density and hip fracture when they get older.

The economics of tobacco use are also worth knowing. Americans spend about $90 billion annually on tobacco products, with most of this amount spent on cigarettes (Centers for Disease Control and Prevention, 2011). They purchase more than 300 billion cigarettes annually, with most of the cigarettes sold by three companies. Cigarette smoking is estimated to cost almost $200 billion annually in medical expenses and lost economic productivity. This works out to a national economic loss of about $10.50 for every pack of cigarettes that is sold.

One interesting and very important fact about the economics of cigarette smoking is what happens when the cost of cigarettes is increased. Most smokers begin their deadly habit during adolescence or young adulthood. Because this is a period of their lives when they do not have much money, increases in the cost of cigarettes are particularly useful in persuading some of these young people not to buy cigarettes. Government data indicate that every 10 percent increase in the price of cigarettes reduces cigarette consumption among young people by 4 percent (Centers for Disease Control and Prevention, 2011). A similar but smaller effect occurs among older smokers.

Earlier we said that the alcohol industry plays a major role in the amount of drinking that occurs in the United States. The same is true of the tobacco industry and smoking. This industry spends about $15 billion annually—or an average of $41 million daily—in advertising, sponsorship of public events, and other activities to promote its deadly product, and for many years hid or distorted data about the deadly effects of cigarette smoking (Brandt, 2009). Because of funding cutbacks during the recent faltering economy, the states have reduced their media campaigns and other efforts aimed at reducing smoking. This reduction, combined with the tobacco industry's huge promotional spending, leads one public health professor to lament, "The tobacco companies are winning the battle" (Martin, 2011).

Illegal Drugs

The SAMHSA survey also gathers data from its thousands of respondents about illegal drug use. Table 7.4 "Prevalence of Illegal Drug Use, Ages 12 and Older, 2010*" presents these data for several illegal drugs and shows that use of these drugs is far from rare.

Table 7.4 Prevalence of Illegal Drug Use, Ages 12 and Older, 2010*

	Lifetime	Past year	Past month
Any illegal drug	47.1	15.3	8.9
Illegal drug other than marijuana	30.0	8.1	3.6
Marijuana/hashish	41.9	11.5	6.9
Cocaine/crack	14.7	1.8	0.6
Hallucinogens	14.8	1.8	0.5
Heroin	1.6	0.2	0.1
Stimulants	8.5	1.1	0.4
Nonmedical use of prescription-type drugs†	20.4	6.3	2.7
* Percentage using in designated time period			
† Includes stimulants			

Source: Substance Abuse and Mental Health Services Administration. (2011). *Results from the 2010 national survey on drug use and health: Summary of national findings*. Rockville, MD: Author.

The following figure from Table 7.5 "Prevalence of Illegal Drug Use, Ages 18–20, 2010*" is striking: 47.1 percent of all Americans ages 12 and older have used an illegal drug at least once in their lifetimes. This percentage translates to almost 120 million people. In terms of lifetime use, the single most popular illegal drug is easily marijuana, but 30 percent of Americans, or 76 million people, have used an illegal drug other than marijuana. Almost 15 percent, or more than 37 million people, have used cocaine/crack or hallucinogens, and more than 20 percent, or almost 52 million people, have used prescription drugs illegally. These percentages and the numbers of people associated with them all indicate that lifetime illegal drug use in the United States is widespread.

Despite this fact, most public health experts are primarily concerned with current (past month) illegal drug use. The percentages for past-month (and also past-year) use in Table 7.5 "Prevalence of Illegal Drug Use, Ages 18–20, 2010*" are noticeably smaller than those for lifetime use. They indicate that most people who have used illegal drugs in their lifetimes are no longer using them, or at least have not used them in the past year or past month. Most of these lifetime users tried their illegal drug once, twice, or a few times and then stopped using it, and some may have used it more often but then stopped. In any event, it is the current, past-month users who raise the most concern for our society in general and for the public health and legal communities and other sectors of our society that deal with illegal drug use and its effects.

In looking at current illegal drug use, we see that 8.9 percent of the public falls into this category. This percentage translates to almost 23 million Americans, no small number by any means. Their favorite illegal drug is marijuana (and hashish), but 3.6 percent, or 9 million people, have used an illegal drug other than marijuana in the past month. These users favor prescription drugs used for nonmedical reasons. Despite the publicity that cocaine/crack still receives, less than 1 percent of the public has used it in the past month, and less than 2 percent has used it in the past year. These small percentages, though, still translate to 1.5 million people and 5.5 million people, respectively.

The percentages in Table 7.4 "Prevalence of Illegal Drug Use, Ages 12 and Older, 2010*" underestimate the problem of illegal drug use in at least two respects. First, the SAMHSA survey does not include people whose illegal drug use is especially high: the homeless, runaway teenagers, jail and prison inmates, and youths in detention centers. Second, and conversely, the SAMHSA survey includes people whose illegal drug use is relatively low—namely, young adolescents and people in their middle age and older years. For this reason, it is instructive to examine the prevalence of illegal drug use among the people who are in their "prime" ages for it: those who are 18–20 years old. Accordingly, Table 7.5 "Prevalence of Illegal Drug Use, Ages 18–20, 2010*" presents the appropriate figures for Americans in this age group.

Table 7.5 Prevalence of Illegal Drug Use, Ages 18–20, 2010*

	Lifetime	Past year	Past month
Any illegal drug	52.8	37.7	23.1
Illegal drug other than marijuana	31.2	19.1	8.0
Marijuana/hashish	46.4	32.7	20.3
Cocaine/crack	8.5	4.1	1.2
Hallucinogens	14.1	7.9	2.3
Heroin	1.6	0.5	0.2
Stimulants	7.8	3.9	1.3
Nonmedical use of prescription-type drugs†	24.5	14.5	5.9
* Percentage using in designated time period			
† Includes stimulants			

Source: Substance Abuse and Mental Health Services Administration. (2011). *Results from the 2010 national survey on drug use and health: Summary of national findings*. Rockville, MD: Author.

Take a moment to compare the percentages in Table 7.5 "Prevalence of Illegal Drug Use, Ages 18–20, 2010*" for ages 18–20 to the percentages in Table 7.4 "Prevalence of Illegal Drug Use, Ages 12 and Older, 2010*" for ages 12 and older. When you do this, you will see that past-year and past-month illegal drug use is generally much higher for people ages 18–20 than for everyone 12 and older. More than one-third of the 18–20 age group have used an illegal drug in the past year, and almost one-fourth are current users, having used an illegal drug in the past month. As with the 12 and older population, their drug of choice is clearly marijuana, with nonmedical use of prescription-type drugs a distant second.

This last statement is important to keep in mind. In terms of percentages, the major illegal drug is marijuana. Very low percentages of Americans use other illegal drugs when we consider current use and past-year use, although a greater number have experimented with other illegal drugs in their lifetimes. As we have seen, however, the low percentages for the other illegal drugs still translate into millions of Americans who are current users of illegal drugs other than marijuana. It is also true that drugs like heroin and cocaine/crack are used more heavily in large cities than in smaller cities and towns and rural areas. Although these drugs are only rarely used nationwide, they are a particular problem in large urban areas.

With this backdrop in mind, we now discuss a few illegal drugs in further detail.

Marijuana

As we have seen, marijuana is easily the most widely used illegal drug in the United States. The percentages for marijuana use in Table 7.4 “Prevalence of Illegal Drug Use, Ages 12 and Older, 2010*” translate to 106 million people who have ever used marijuana, 29 million people who used it in the past year, and 17 million people who used it in the past month (current users). As Table 7.5 “Prevalence of Illegal Drug Use, Ages 18–20, 2010*” showed, marijuana use is especially high among young people: One-third of people ages 18–20 have used marijuana in the past year, and one-fifth are current users.

Marijuana use can cause several problems (National Institute on Drug Abuse, 2010). Marijuana distorts perception, impairs coordination, and can cause short-term memory loss, and people who are high from marijuana may be unable to safely drive a motor vehicle or operate machinery. In addition, regular pot smokers are at risk for respiratory problems, though not lung cancer. Chronic marijuana use is also associated with absence from school and the workplace and with social relationship problems, although it is difficult to determine whether marijuana is causing these effects or whether the association exists because someone with personal problems begins using marijuana regularly.

Despite these problems, marijuana is almost certainly the most benign illegal drug in terms of health and social consequences, and it is also much more benign than either alcohol or tobacco (Drug Policy Alliance, 2011; Faupel et al., 2010). As noted earlier, these latter two drugs kill about 520,000 Americans annually. In contrast, marijuana has probably never killed anyone, and its use has not been associated with any cancers. Alcohol use is a risk factor for violent behavior, but marijuana use is a risk factor for mellow behavior; if everyone who now uses alcohol instead smoked marijuana, our violent crime rate would probably drop significantly! Despite some popular beliefs, marijuana is generally not physiologically addictive, it does not reduce ambition and motivation, and it does not act as a “gateway drug” that leads to the use of more dangerous drugs (Hanson, Venturelli, & Fleckenstein, 2012). A review of the evidence on marijuana summarized research findings as follows: “Studies of long-term marijuana smokers do not produce gross or major clinical, psychiatric, psychological, or social difference between users and nonusers, or between heavier and lighter users” (Goode, 2008, p. 247).

While not entirely safe, then, marijuana is much safer, both on an individual basis and on a societal basis, than either alcohol or tobacco. Even so, it remains an illegal drug. This fact underscores our earlier observation that the legality or illegality of drugs has no logical basis. If the personal and social harm caused by a drug determined whether it is legal or not, then it would be logical for marijuana to be legal and for alcohol or tobacco to be illegal.

For better or worse, though, the millions of marijuana users have broken the law. In most states, marijuana possession is a crime punishable by a jail or prison term that depends on the amount of marijuana involved. Fourteen states (Alaska, California, Colorado, Connecticut, Maine, Massachusetts, Minnesota, Mississippi, Nebraska, Nevada, New York, North Carolina, Ohio, Oregon) have decriminalized simple possession of small amounts of marijuana: They treat possession as a minor offense similar to a traffic violation and punish it with only a small fine. Most of these states decriminalized the drug in the 1970s after a national commission with members appointed by the US Congress and by President Richard Nixon recommended taking this action. There is no evidence that marijuana use in these states increased compared to use in the states that have not decriminalized marijuana (Beckett & Herbert, 2008). In fact, marijuana use in the nation declined sharply in the 1980s, the first decade after decriminalization began, both in the states that decriminalized pot possession and in the states that did not decriminalize it.

Cocaine

Cocaine produces a high that is considered more pleasurable than that for any other drug. According to sociologist Erich Goode (2008, p. 288), “Cocaine’s principal effects are exhilaration, elation, and euphoria—voluptuous, joyous feelings accompanied by a sense of grandiosity.” As a stimulant, cocaine also increases energy, alertness, and a sense of self-confidence. It is not physiologically addictive, but it is considered psychologically addictive: The high it produces is so pleasurable that some users find they need to keep using it.



Cocaine is a particularly addictive drug because of the high degree of pleasurable feelings it causes. Nightlife of Revelry – Cocaine – CC BY 2.0.

Cocaine is made from coca plants grown in South America. It most often appears in a powdered form that is sniffed (or, to use the more common term for this method, snorted). The high it produces takes some time to occur but may last up to thirty minutes once it does arrive. A more potent form, crack cocaine (or, more commonly, crack), is made by heating a mixture of powdered cocaine, baking soda, and water. A user then heats the mixture that remains and breathes in the vapors that result. Crack produces an immediate, intense high and is a relatively inexpensive drug. These features made crack a very popular drug when it was first introduced into US cities in the 1980s (Faupel et al. 2010). Street gangs fought each other to control its distribution and sale, much as organized crime gangs fought each other over alcohol distribution and sale during Prohibition.

Cocaine and crack use has declined since the 1970s and 1980s, but, as Table 7.5 “Prevalence of Illegal Drug Use, Ages 18–20, 2010*” showed, almost 15 percent of the public has used cocaine at least once; this number translates to some 37 million Americans. Still, past-year use is only 1.8 percent, and past-month (current) use is only 0.6 percent. Cocaine use thus must be considered rare in percentage terms. At the same time, these percentages translate to 4.5 million and 1.5 million Americans, respectively. These are not small numbers. Moreover, past-year and past-month cocaine use is higher among young people, as Table 7.5 “Prevalence of Illegal Drug Use, Ages 18–20, 2010*” showed. Further, crack use remains a problem in the nation’s urban areas.

In terms of health risks, cocaine is a much more dangerous drug than marijuana. As a stimulant, cocaine speeds up the central nervous system. Because it does so much more intensely than most other stimulants, its use poses special dangers for the cardiovascular system (National Institute on Drug Abuse, 2011). In particular, it can disrupt the heart’s normal rhythm and cause ventricular fibrillations, and it can speed up the heart and raise blood pressure. An overdose of cocaine can thus be deadly, and long-term use produces an increased risk of stroke, seizure, and heart disease. Because cocaine also constricts blood vessels in the brain, long-term use raises the risk of attention deficit, memory loss, and other cognitive problems. Long-term abuse has also caused panic attacks, paranoia, and even psychosis.

Heroin

Heroin is derived from opium (and more immediately from morphine, an opium derivative) and is almost certainly the most notorious opiate. It was one of the popular opiate drugs that, as discussed earlier, were used so widely during the late nineteenth century. Heroin was first marketed as a painkiller and cough suppressant by the company that makes Bayer aspirin. As the United States became more concerned about opium use, Bayer Laboratories discontinued heroin marketing in 1910, and heroin, like other opiates, was banned under the 1914 Harrison Narcotic Act.

Although Table 7.4 “Prevalence of Illegal Drug Use, Ages 12 and Older, 2010*” shows that its use is minuscule in percentage terms, these percentages translate to 600,000 people who have used heroin in the past year, and 240,000 who have used in the past month. Because these users are concentrated in the nation’s large cities, heroin, like crack, is a special problem for these areas.

Like other narcotics, heroin use produces a feeling of euphoria. After it is injected, “the user feels a flash, a rush, which has been described as an intense, voluptuous, orgasmlike sensation. Following this is the feeling of well-being, tranquility, ease, and calm,

the sensation that everything in the user's life is just fine. Tensions, worries, problems, the rough edges of life—all seem simply to melt away" (Goode, 2008, pp. 308–309).

Although heroin use is uncommon, it continues to capture the public's concern more than perhaps any other illegal drug. As sociologist Goode (2008, pp. 307–308) has observed,

For decades, it was the most feared, the most dreaded, the "hardest" drug; heroin has virtually defined the drug problem. In spite of being somewhat overshadowed since the mid-1980s by cocaine, and specifically crack, heroin probably remains the single substance the American public is most likely to point to as an example of a dangerous drug. Until recently, disapproval of any level of heroin use was greater than for any other drug. And, until recently, heroin addicts were the most stigmatized of all drug users. Heroin is the epitome of the illicit street drug. Its association in the public mind with street crime, even today, is probably stronger than for any other drug. The stereotype of the junkie is that he or she is by nature a lowlife, an outcast, a "deviant," a dweller in the underworld, an unsavory, untrustworthy character to be avoided at any cost.

Users typically take heroin into their body by injecting it into a vein. This mode of administration is undoubtedly a major reason for the public's very negative image of heroin users. Indeed, the image of a heroin addict "shooting up" is one that has appeared in many movies and television shows past and present. Many heroin addicts share their needles, a practice that increases their risk of contracting HIV and hepatitis.

The public's image and concern about heroin is partly deserved in some ways and partly undeserved in other ways. Like other opiates, heroin is extremely physiologically addictive, although not as addictive as nicotine. But also like other opiates, heroin does not damage body organs. The emaciated look we often associate with heroin users stems not from the drug itself but from the low-caliber lifestyles that heroin addicts tend to live and their decisions to spend the little money they have on heroin rather than on food and a healthier lifestyle. An overdose of heroin can certainly kill, just as overdoses of other drugs can kill. One reason heroin overdoses occur is that heroin users cannot know for sure the purity of the heroin they buy illegally and thus may inject an unsafe dose to get high.

Prescription Drug Abuse

Table 7.4 "Prevalence of Illegal Drug Use, Ages 12 and Older, 2010*" showed that about one-fifth of Americans have used prescription drugs for nonmedical purposes. This type of use is illegal. It constitutes the most widespread illegal drug use other than marijuana use and has grown in recent years, especially among adolescents. The prescription drugs that are most often abused are those containing narcotics, tranquilizers, and stimulants; two of the most common brands that are abused are OxyContin and Vicodin. Because prescription drugs are beneficial for so many people even if they are abused, our nation faces a special difficulty in dealing with the abuse of these drugs. As the head of the National Institute on Drug Abuse explains, "The challenges we face are much more complex because we need to address the needs of patients in pain, while protecting those at risk for substance use disorders" (Zuger, 2011, p. D1). Thus according to a news report, "These drugs must be somehow legal and illegal, encouraged yet discouraged, tightly regulated yet easily available" (Zuger, 2011, p. D1).



Many prescription drug abusers use drugs obtained from their own prescriptions or from prescriptions of friends or relatives. sharyn morrow – the husband's vicodin – CC BY-NC-ND 2.0.

Most prescription drug abusers have their own prescriptions or obtain their drugs from friends, acquaintances, or relatives who have their own prescriptions. Whatever the source, some of these prescriptions are obtained legitimately—for actual medical

conditions—and then abused, and some are obtained after feigning a medical condition. Many experts fault physicians for overprescribing painkillers and other prescription drugs.

Prescription drug abuse is thought to be growing for two reasons (National Institute on Drug Abuse, 2005). First, physicians' prescriptions for painkillers and other drugs continue to rise, creating a greater supply of prescription drugs that can be abused. Second, online pharmacies and pain clinics have made it easier to obtain prescription drugs, with or without an actual prescription.

The Note 7.14 "Applying Social Research" box discusses the roots of adolescent prescription drug abuse in family and school factors. The importance of these factors reinforces the sociological view that the origins of drug use often lie beyond the individual and in the social environment.

Applying Social Research

Prescription Drug Abuse by Adolescents

Despite the importance of prescription drug abuse, social science research on its causes is relatively sparse. In one of the first studies to examine the social origins of adolescent prescription drug abuse, sociologist Jason A. Ford analyzed data on adolescents in the national survey conducted by the Substance Abuse and Mental Health Services Administration that is discussed elsewhere in this chapter. Drawing on the large body of work that attributes drug use in part to weak social bonds, Ford reasoned that prescription drug abuse should be higher among adolescents who have weaker bonds to their parents and also weaker bonds to their schools.

For his measure of parental bonds, Ford used several questions that asked adolescents about their relationship with their parents, including whether parents feel proud of them and praise them for doing a good job, and whether their parents help them with their homework and limit their time out with friends on a school night. For his measure of school bonds, he used several questions that asked adolescents such things as whether they liked going to school and whether they found their schooling meaningful and important. His measure of prescription drug abuse relied on the adolescents' self-reports of whether they had used any prescription drug for nonmedical purposes in the past year.

Controlling for gender, race, and other factors, Ford found support for his hypotheses: prescription drug abuse was higher among adolescents with weaker bonds to their parents and also weaker bonds to their schools.

These results have important implications for efforts to reduce prescription drug abuse by adolescents. They suggest that efforts by our society to strengthen families and to improve our schools may well have a significant, beneficial side-effect: lower prescription drug abuse by adolescents.

Source: Ford, 2009

Key Takeaways

- The distinction between legal drugs and illegal drugs has no logical basis; legal drugs cause much more harm than illegal drugs.
- Alcohol and tobacco kill more than 500,000 Americans annually. Binge drinking on campuses results in accidents and assaults involving several hundred thousand college students annually.
- Marijuana is by far the most commonly used illegal drug. The low prevalence of other illegal drugs still amounts to millions of people using these drugs annually.

For Your Review

1. Do you agree or disagree that the distinction between legal drugs and illegal drugs is not logical? Explain your answer.
2. Do you agree that binge drinking is a problem that campuses should address, or do you think that it's a relatively harmless activity that lets students have some fun? Explain your answer.

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18.3: Social Patterning of Drug Use

Learning Objectives

Upon completing this section, you should be able to:

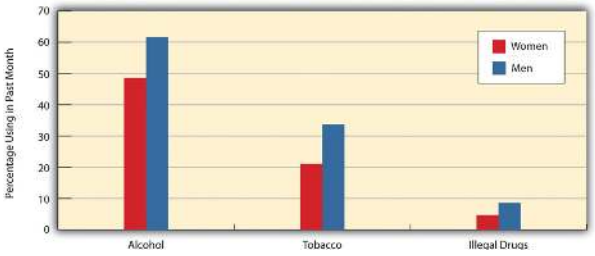
1. Outline the nature of gender differences in drug use.
2. Understand whether racial and ethnic differences in drug use exist.
3. Explain whether education and religiosity are related to drug use.

It is a sociological truism that our sociodemographic backgrounds—gender, race and ethnicity, social class, and so forth—influence many of our behaviors and attitudes. Drug use is no different. By examining the social patterning of drug use, we can see which kinds of people, in terms of their sociodemographic backgrounds, are more or less at risk for using drugs. And by understanding these sociodemographic differences, we begin to understand why some people are more likely than others to use drugs. Our examination of these differences will rely heavily on data from the SAMHSA survey discussed earlier and focus on past-month differences in alcohol, tobacco, and illegal drug use (all illegal drugs combined).

Gender

In the study of crime and deviance, gender is an important predictor: Males are more likely than females to commit the more serious forms of crime and deviance, such as homicide, robbery, and burglary. This pattern generally holds true for drug use of various types. Figure 7.2 “Gender and Prevalence of Alcohol, Tobacco, and Illegal Drug Use, Ages 26 and Older, 2010 (Percentage Using in Past Month)” shows that men are more likely than women to use alcohol, tobacco, and illegal drugs. In related data, men are also more than twice as likely as women to engage in binge drinking (30.7 percent compared to 13.8 percent) and heavy drinking (9.7 percent compared to 2.8 percent) as defined earlier.

Figure 7.2 Gender and Prevalence of Alcohol, Tobacco, and Illegal Drug Use, Ages 26 and Older, 2010 (Percentage Using in Past Month)



Source: Substance Abuse and Mental Health Services Administration. (2011). *Results from the 2010 national survey on drug use and health: Summary of national findings*. Rockville, MD: Author.

Why do these gender differences exist? A common thread underlines gender differences in criminal behavior and in drug use of various kinds, and that is *masculinity* (Lindsey, 2011). Compared to girls, boys are raised to be more active, assertive, and daring, and to be less concerned about the effects of their behavior on others. As they grow older, these traits make them more likely to use drugs and also to commit various types of crimes. Ironically, the way that most parents raise their sons helps make their sons more likely than their daughters to drink, smoke, and use illegal drugs once they reach adolescence and in the many decades of their adulthood.



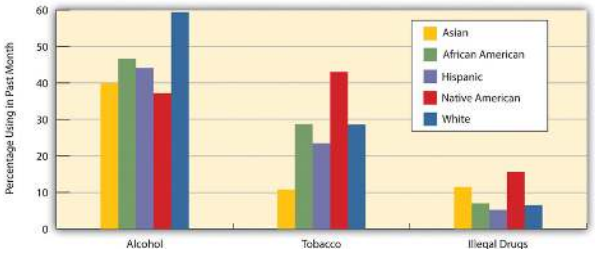
On the average, males drink alcohol more often and more heavily than females, and they are also more likely to use other types of drugs. David, Bergin, Emmett, and Elliott – IMG_3110 – CC BY 2.0.

In an important exception to the general gender difference just discussed, females are more likely than males to use prescription drugs for nonmedical reasons (Ford, 2009). The reasons for this counterintuitive finding are unclear, but scholars speculate that because girls and women obtain more prescription drugs than do boys and men, their greater nonmedical use of prescription drugs reflects the fact that they have more access to these drugs in the first place.

Race and Ethnicity

Racial and ethnic differences in drug use of various types exist to some extent but are less clear-cut than the gender differences we just examined (see Figure 7.3 “Race/Ethnicity and Prevalence of Alcohol, Tobacco, and Illegal Drug Use, Ages 26 and Older, 2010 (Percentage Using in Past Month)”). For alcohol use, whites have the highest rate of drinking, and Native Americans, despite the popular image that they have alcohol problems, have the lowest rate. For tobacco use, Native Americans have the highest rate of use, and Asians have the lowest rate. For illegal drugs, Native Americans again have the highest rate of use, and Hispanics have the lowest rate. Note that African Americans have roughly the same illegal drug use rate as whites, and have lower rates of alcohol and tobacco use than whites do. Although many people believe that African Americans are more likely than whites to use drugs, research data show that this belief is a myth.

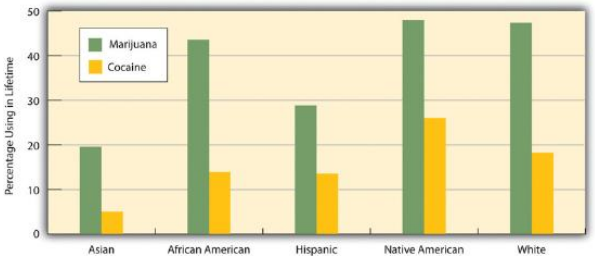
Figure 7.3 Race/Ethnicity and Prevalence of Alcohol, Tobacco, and Illegal Drug Use, Ages 26 and Older, 2010 (Percentage Using in Past Month)



Source: Substance Abuse and Mental Health Services Administration. (2011). *Results from the 2010 national survey on drug use and health: Summary of national findings*. Rockville, MD: Author.

The illegal drugs category includes many types of drugs. We do not have space to illustrate racial/ethnic differences in the use of each of these drugs, but we will examine differences in marijuana and cocaine (including crack) use. Figure 7.4 “Race/Ethnicity and Prevalence of Marijuana and Cocaine Use, Ages 26 and Older, 2010 (Percentage Using in Lifetime)” shows these differences for lifetime use. Despite some minor differences, African Americans, Native Americans, and whites have the highest lifetime use of marijuana, while Asians and Hispanics have the lowest use. Turning to cocaine, Native Americans have the highest lifetime use, and Asians have the lowest use. Note again that African Americans have a lower rate of lifetime use than whites; this racial difference will be relevant for our discussion toward the end of the chapter of the racial impact of the legal war on drugs since the 1970s.

Figure 7.4 Race/Ethnicity and Prevalence of Marijuana and Cocaine Use, Ages 26 and Older, 2010 (Percentage Using in Lifetime)

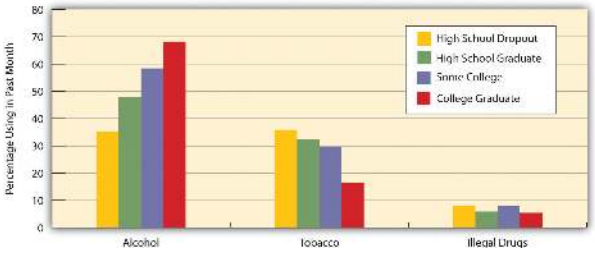


Source: Substance Abuse and Mental Health Services Administration. (2011). *Results from the 2010 national survey on drug use and health: Summary of national findings*. Rockville, MD: Author.

Education

Education differences in drug use depend on the type of drug (see Figure 7.5 “Education and Prevalence of Alcohol, Tobacco, and Illegal Drug Use, Ages 26 and Older, 2010 (Percentage Using in Past Month)”). For alcohol, higher levels of education are associated with a higher likelihood of drinking. One possible reason for this association is that people with lower levels of education are more likely to be religious, and people who are religious are less likely to drink. For tobacco, higher levels of education are associated with lower levels of tobacco use. In particular, college graduates are much less likely to use tobacco than people without a college degree. For illegal drugs, there is no clear association between education and use of these drugs, although college graduates report the lowest past-month use.

Figure 7.5 Education and Prevalence of Alcohol, Tobacco, and Illegal Drug Use, Ages 26 and Older, 2010 (Percentage Using in Past Month)

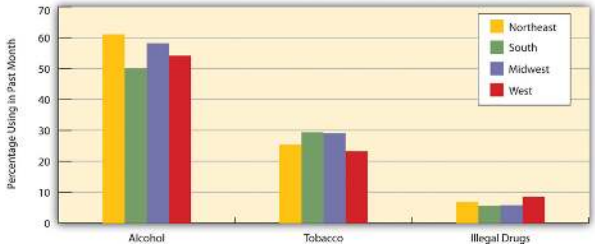


Source: Substance Abuse and Mental Health Services Administration. (2011). *Results from the 2010 national survey on drug use and health: Summary of national findings*. Rockville, MD: Author.

Region of Country

The regions of the United States differ in many attitudes and behaviors, and one of these behaviors is drug use (see Figure 7.6 “Region of Country and Prevalence of Alcohol, Tobacco, and Illegal Drug Use, Ages 26 and Older, 2010 (Percentage Using in Past Month)”). The regional differences are not large, but the South has lowest rate of alcohol use, in part reflecting the fact that it is the most religious region in the nation. The South and Midwest have the highest rates of tobacco use, while the West has the lowest rate, befitting its image as a “healthy” region. However, the West also has the highest rate of illegal drug use, although its use is only slightly higher than the other regions’ use.

Figure 7.6 Region of Country and Prevalence of Alcohol, Tobacco, and Illegal Drug Use, Ages 26 and Older, 2010 (Percentage Using in Past Month)

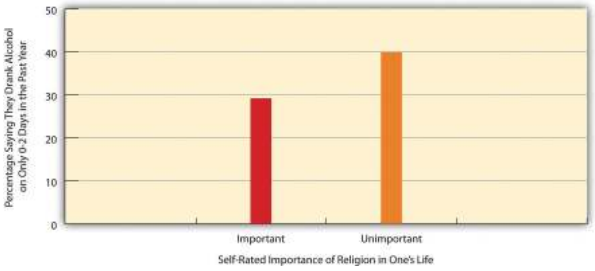


Source: Substance Abuse and Mental Health Services Administration. (2011). *Results from the 2010 national survey on drug use and health: Summary of national findings*. Rockville, MD: Author.

Religiosity

A growing number of studies finds that religiosity—how religious someone is—affects how often people use various drugs: The more religious people are, the lower their drug use; conversely, the less religious they are, the higher their drug use (Desmond, Soper, & Purpura, 2009). We can see evidence of this relationship in Figure 7.7 “Religiosity and Drinking among Youths Ages 17–18 (Percentage Saying They Drank Alcohol on Only 0–2 Days in the Past Year)”, which presents data for a nationwide sample of youths ages 17–18. Those who say religion is important in their lives report less drinking (i.e., on only 0–2 days in the past year) than those who say religion is unimportant in their lives.

Figure 7.7 Religiosity and Drinking among Youths Ages 17–18 (Percentage Saying They Drank Alcohol on Only 0–2 Days in the Past Year)



Source: National Longitudinal Study of Adolescent Health, Wave I. (2012). Retrieved from http://www.icpsr.umich.edu/cgi-bin/S...sdr+21600-0001.

Key Takeaways

- Drug use is socially patterned: Aspects of our sociodemographic backgrounds affect our likelihood of using various drugs.
- Perhaps the clearest social pattern involves gender, with males more likely than females to use and abuse alcohol, tobacco, and illegal drugs.
- Despite common beliefs, the rate of illegal drug use is lower for African Americans than for whites.

For Your Review

1. The text discusses five social patterns of drug use: gender, race/ethnicity, education, region of country, and religiosity. Taking into account these five sets of patterns, write a short essay in which you use this information to understand your own level of use (or nonuse) of alcohol, tobacco, and illegal drugs.
2. Did it surprise you to read that illegal drug use is lower among African Americans than among whites? Why or why not?

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18.4: Explaining Drug Use

Learning Objectives

Upon completing this section, you should be able to:

1. Understand the possible biological origins of drug addiction.
2. Explain why longitudinal research on personality traits and drug use is important.
3. Outline the aspects of the social environment that may influence drug use.

To know how to reduce drug use, we must first know what explains it. The major explanations for drug use come from the fields of biology, psychology, and sociology.

Biological Explanations

In looking at drug use, the field of biology focuses on two related major questions. First, how and why do drugs affect a person's behavior, mood, perception, and other qualities? Second, what biological factors explain why some people are more likely than others to use drugs?

Regarding the first question, the field of biology has an excellent understanding of how drugs work. The details of this understanding are beyond the scope of this chapter, but they involve how drugs affect areas in the brain and the neurotransmitters that cause a particular drug's effects. For example, cocaine produces euphoria and other positive emotions in part because it first produces an accumulation of dopamine, a neurotransmitter linked to feelings of pleasure and enjoyment.



Research on identical twins suggests that alcoholism has a genetic basis. Michael Dorausch – Identical Twins Jedward – CC BY-SA 2.0.

Regarding the second question, biological research is more speculative, but it assumes that some people are particularly vulnerable to the effects of drugs. These people are more likely to experience very intense effects and to become physiologically and/or psychologically addicted to a particular drug. To the extent this process occurs, the people in question are assumed to have a biological predisposition for drug addiction that is thought to be a genetic predisposition.

Most research on genetic predisposition has focused on alcohol and alcoholism (Hanson et al., 2012). Studies of twins find that identical twins are more likely than fraternal twins (who are not genetically identical) to both have alcohol problems or not to have them. In addition, studies of children of alcoholic parents who are adopted by nonalcoholic parents find that these children are more likely than those born to nonalcoholic parents to develop alcohol problems themselves. Although a genetic predisposition for alcoholism might exist for reasons not yet well understood, there is not enough similar research on other types of drug addiction to

assume that a genetic predisposition exists for these types. Many nonbiological factors also explain the use of, and addiction to, alcohol and other drugs. We now turn to these factors.

Psychological Explanations

Psychological explanations join biological explanations in focusing on why certain individuals are more likely than others to use drugs and to be addicted to drugs (Hanson et al., 2012). Some popular psychological explanations center on personality differences between drug users and nonusers. These explanations assume that users have personality traits that predispose them to drug use. These traits include low self-esteem and low self-confidence, low trust in others, and a need for thrills and stimulation. In effect, drug users have inadequate personalities, or personality defects, that make them prone to drug use, and once they start using drugs, their personality problems multiply.

One problem with research on personality explanations is methodological: If we find personality differences between drug users and nonusers, should we conclude that personality problems cause drug use, or is it possible that drug use causes personality problems? Most of the research on personality and drug use cannot answer this question adequately, since it studies drug users and nonusers at one point in time (*cross-sectional research*). To answer this question adequately, *longitudinal research*, which examines the same people over time, is necessary. Among initial drug abstainers at Time 1, if those with the personality traits mentioned earlier turn out to be more likely than those without the traits to be using drugs at Time 2, then we can infer that personality problems affect drug use rather than the reverse. Longitudinal research on personality and drug use that studies adolescents and college students does indeed find this causal sequence (Sher, Bartholow, & Wood, 2000). However, some scholars still question the importance of personality factors for drug use and addiction (Goode, 2012). They say these factors have only a small effect, if that, and they cite research questioning whether personality differences between users and nonusers in fact exist (Feldman, Boyer, Kumar, & Prout, 2011).

Other psychological explanations are based on the classic concept from behavioral psychology of *operant conditioning*—the idea that people and animals are more likely to engage in a behavior when they are rewarded, or reinforced, for it. These explanations assume that people use drugs because drugs are positive reinforcers in two respects. First, drugs provide pleasurable effects themselves and thus provide *direct reinforcement*. Second, drug use often is communal: People frequently use drugs (alcohol is certainly a prime example, but so are many other drugs) with other people, and they enjoy this type of social activity. In this manner, drug use provides *indirect reinforcement*.

Sociological Explanations

Sociological explanations emphasize the importance of certain aspects of the social environment—social structure, social bonds to family and school, social interaction, and culture—or drug use, depending on the type of drug. For drugs like heroin and crack that tend to be used mostly in large urban areas, the social structure, or, to be more precise, social inequality, certainly seems to matter. As sociologist Elliott Currie (1994, p. 3) has observed, the use of these drugs by urban residents, most of them poor and of color, reflects the impact of poverty and racial inequality: "Serious drug use is not evenly distributed: it runs 'along the fault lines of our society.' It is concentrated among some groups and not others, and has been for at least half a century." This fact helps explain why heroin use grew in the inner cities during the 1960s, as these areas remained poor even as the US economy was growing. Inner-city youths were attracted to heroin because its physiological effects helped them forget about their situation and also because the heroin subculture—using an illegal drug with friends, buying the drug from dealers, and so forth—was an exciting alternative to the bleakness of their daily lives. Crack became popular in inner cities during the 1980s for the same reasons.

Social bonds to families and schools also make a difference. Adolescents with weak bonds to their families and schools, as measured by such factors as the closeness they feel to their parents and teachers, are more likely to use drugs of various types than adolescents with stronger bonds to their families and schools. Their weaker bonds prompt them to be less likely to accept conventional norms and more likely to use drugs and engage in other delinquent behavior.

Regarding social interaction, sociologists emphasize that *peer influences* greatly influence one's likelihood of using alcohol, tobacco, and a host of other drugs (Hanson et al., 2012). Much and probably most drug use begins during adolescence, when peer influences are especially important. When our friends during this stage of life are drinking, smoking, or using other drugs, many of us want to fit in with the crowd and thus use one of these drugs ourselves. In a related explanation, sociologists also emphasize that society's "drug culture" matters for drug use. For example, because we have a culture that so favors alcohol, many people drink

alcohol. And because we have a drug culture in general, it is no surprise, sociologically speaking, that drug use of many types is so common.

To the extent that social inequality, social interaction, and a drug culture matter for drug use, sociologists say, it is a mistake to view most drug use as stemming from an individual's biological or psychological problems. Although these problems do play a role for some individuals' use of some drugs, drug use as a whole stems to a large degree from the social environment and must be understood as a social problem, and not just as an individual problem.

Beyond these general explanations of why people use drugs, sociological discussions of drug use reflect the three sociological perspectives introduced in Chapter 1 "Understanding Social Problems"—functionalism, conflict theory, and symbolic interactionism—as we shall now discuss. Table 7.6 "Theory Snapshot" summarizes this discussion.

Table 7.6 Theory Snapshot

Theoretical perspective	Contributions to understanding of drug use
Functionalism	Drug use is functional for several parties in society. It provides drug users the various positive physiological effects that drugs have; it provides the sellers of legal or illegal drugs a source of income; and it provides jobs for the criminal justice system and the various other parties that deal with drug use. At the same time, both legal drugs and illegal drugs contribute to dysfunctions in society.
Conflict theory	Much drug use in poor urban areas results from the poverty, racial inequality, and other conditions affecting people in these locations. Racial and ethnic prejudice and inequality help determine why some drugs are illegal as well as the legal penalties for these drugs. The large multinational corporations that market and sell alcohol, tobacco, and other legal drugs play a powerful role in the popularity of these drugs and lobby Congress to minimize regulation of these drugs.
Symbolic interactionism	Drug use arises from an individual's interaction with people who engage in drug use. From this type of social interaction, an individual learns how to use a drug and also learns various attitudes that justify drug use and define the effects of a drug as effects that are enjoyable.

Functionalism

Recall that functionalist theory emphasizes the need for social stability, the functions that different aspects of society serve for society's well-being, and the threats (or dysfunctions) to society's well-being posed by certain aspects of society. In line with this theory, sociologists emphasize that drug use may actually be functional for several members of society. For the people who use legal or illegal drugs, drug use is functional because it provides them the various positive physiological effects that drugs have. For the people who sell legal or illegal drugs, drug use is functional because it provides them a major source of income. Illegal drug use is even functional for the criminal justice system, as it helps provide jobs for the police, court officials, and prison workers who deal with illegal drugs. Legal and illegal drugs also provide jobs for the social service agencies and other organizations and individuals whose work focuses on helping people addicted to a drug. At the same time, drugs, whether legal or illegal, have the many dysfunctions for society that this chapter discussed earlier, and this fact must not be forgotten as we acknowledge the functions of drugs.

Conflict Theory

Conflict theory stresses the negative effects of social inequality and the efforts of the elites at the top of society's hierarchy to maintain their position. This theory helps us understand drugs and drug use in at least three respects. First, and as noted just earlier,

much drug use in poor urban areas results from the poverty, racial inequality, and other conditions affecting people in these locations. They turn to illegal drugs partly to feel better about their situation, and partly because the illegal drug market is a potentially great source of income that does not require even a high school degree.

Second, conflict theory emphasizes that racial and ethnic prejudice and inequality help determine why some drugs are illegal as well as the criminal penalties for these drugs. For example, the penalties for crack are much harsher, gram for gram, than those for powder cocaine, even though the two drugs are pharmacologically identical. Crack users are primarily poor African Americans in urban areas, while powder cocaine users are primarily whites, many of them at least fairly wealthy. These facts prompt many observers to say that the harsher penalties for crack are racially biased (Tonry, 2011). Other evidence for this argument of conflict theory is seen in the history of the illegality of opium, cocaine, and marijuana. As we discussed earlier, racial and ethnic prejudice played an important role in why these common drugs in the nineteenth century became illegal: prejudice against Chinese immigrants for opium, prejudice against African Americans for cocaine, and prejudice against Mexican Americans for marijuana.

Third, conflict theory emphasizes the huge influence that multinational corporations have in the marketing and sale of the legal drugs—alcohol, tobacco, and many prescription drugs—that often have harmful individual and societal consequences. To maximize their profits, these companies do their best, as noted earlier, to convince Americans and people in other nations to use their products. They also spend billions of dollars to lobby Congress. As also mentioned earlier, the tobacco industry hid for years evidence of the deadly effects of its products. All these efforts illustrate conflict theory's critical view of the role that corporations play in today's society.

Symbolic Interactionism

Symbolic interactionism focuses on the interaction of individuals and on how they interpret their interaction. Given this focus, symbolic interactionism views social problems as arising from the interaction of individuals. As such, it understands drug use as a behavior arising from an individual's interaction with people who engage in drug use. From this type of social interaction, an individual learns how to use a drug and also learns various attitudes that justify drug use and define the effects of a drug as effects that are enjoyable.

A study of drug use that reflects this approach is Howard S. Becker's (1953) classic article, "Becoming a Marihuana User." Becker wrote that someone usually begins smoking marijuana in the presence of friends who are experienced marijuana users. This social interaction, he argued, is critical for new users to wish to continue using marijuana. To want to do so, they must learn three behaviors or perceptions from the experienced users who are "turning them on" to marijuana use. First, new users must learn how to smoke a joint (marijuana cigarette) by deeply inhaling marijuana smoke and holding in the smoke before exhaling. Second, they must perceive that the effects they feel after smoking enough marijuana (spatial distortion, hunger pangs, short-term memory loss) signify that they are *stoned* (under the influence of marijuana); their friends typically tell them that if they are feeling these effects, they are indeed stoned. Third, they must learn to define these effects as pleasurable; if people suddenly experience spatial distortion, intense hunger, and memory loss, they might very well worry they are having huge problems! To prevent this from happening, their friends say things to them such as, "Doesn't that feel great!" This and similar comments help reassure the new users that the potentially worrisome effects they are experiencing are not only bad ones but in fact very enjoyable ones.

? Exercise 18.4.1

Which sociological perspective is likely to argue that drug use in poor urban areas results from the poverty, racial inequality, and other conditions affecting people in these locations.

a) conflict

b) functionalism

c) interactionism

Answer

Correct Answer: A

? Exercise 18.4.2

Which sociological perspective is likely to argue that drug use is functional for several parties in society.

a) conflict

b) functionalism

c) interactionism

Answer

Correct Answer: B

Key Takeaways

- Biological theories assume that some people are especially vulnerable to drug addiction for genetic reasons.
- A popular set of psychological theories assumes that drug addiction results from certain personality traits and problems.
- Sociological theories attribute drug use to various aspects of the social environment, including peer influences, weak social bonds, and the larger drug culture.

For Your Review

1. When you think about the reasons for drug use and addiction, do you think biological factors, psychological factors, or the social environment play the most important role? Explain you answer.
2. Write a brief essay in which you discuss a time when your friends influenced you, or someone else you know, to use a legal or illegal drug.

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18.5: Drug Policy and the War on Illegal Drugs

Learning Objectives

Upon completing this section, you should be able to:

1. Explain whether the DARE program is effective.
2. Outline the goals and examples of a harm reduction approach to drug use.
3. List the problems arising from the current legal war on illegal drugs.

For many decades, the United States has used several strategies to try to deal with drugs. These strategies generally fall into four categories: treatment, prevention, harm reduction, and, for certain drugs, criminalization and the use of the criminal justice system, or, as we will call it, the war on illegal drugs. We now turn to these strategies.

Treatment

Treatment programs are intended for people who already are using drugs, perceive they have a drug problem, and want to reduce or eliminate their drug use. This strategy is probably familiar to most readers, even if they have not used drugs themselves or at least have not had the benefit of a treatment program. Treatment programs often involve a group setting, but many drug users also receive individual treatment from a psychiatrist, psychologist, or drug counselor. Perhaps the most famous treatment program is Alcoholics Anonymous, a program that involves alcoholics meeting in a group setting, acknowledging their drinking problem and its effects on family members and other loved ones, and listening to each other talk about their situations. Other group settings are residential settings, sometimes called *detox units*. In these settings, people check themselves into an institution and stay there for several weeks until they and the professionals who treat them are satisfied. Perhaps the most famous residential treatment program is the Betty Ford Center in Rancho Mirage, California; this center was established by and named after an acknowledged alcoholic who was the wife of President Gerald Ford.



The Betty Ford Center is a residential detox unit for people with alcohol and other drug problems. Image courtesy of Betty Ford Center, http://commons.wikimedia.org/wiki/File:BETTYFORD.jpg.

In addition to or in conjunction with group treatment programs, individual treatment for drug addiction may involve the use of "good" drugs designed to help wean addicts off the drug to which they are addicted. For example, nicotine gum, patches, and other products are designed to help cigarette smokers stop smoking.

The various forms of treatment can be very effective for some addicts and less effective or not effective at all for other addicts; most treatment programs have a high failure rate (Goode, 2012). A sociological perspective suggests that however effective treatment might be for some people, the origins of drug use ultimately lie in the larger society—its social structure, social interaction, and the drug culture—and that these roots must be addressed for serious reductions in drug use to occur.

Prevention

Because it is always best to try to prevent a problem before it begins, an important strategy to deal with drug use involves prevention. The major prevention strategies involve drug education or drug testing (Faupel et al., 2010). Many education-based

prevention programs focus on children and adolescents. This focus reflects the fact that use of most drugs begins during adolescence, and that if adolescents do not begin using drugs during this period of their lives, they are much less likely to do so when they become adults. Some education strategies follow what is called an *informational model*: they involve public-service advertising, the distribution of drug pamphlets in medical offices, and other such efforts. Several studies question the effectiveness of strategies based on this model (Faupel et al., 2010).

Other education programs take place in the secondary school system and on college campuses. The most famous such program is almost certainly DARE (Drug Abuse Resistance Education), which involves police officers speaking to middle-school children. DARE programs have been carried out in more than 7,000 schools across the nation. However, several studies find that DARE programs do not generally reduce subsequent drug use among the children who attend them compared to children who do not attend them (Faupel et al., 2010).

Drug testing is very common in today's society, and you may well have been required to have a drug test as part of an application for a job, involvement in a school sport, or other activity. At least half of US workplaces now perform required drug tests. Drug testing is expensive, and many critics say it is not cost-effective in view of the low prevalence of illegal drug use in the United States (Faupel et al., 2010).

Harm Reduction

A third strategy involves harm reduction. As this term implies, this strategy attempts to minimize the harm caused by drugs. It recognizes that many people will use drugs despite efforts to prevent or persuade them from doing so and despite any punishment they might receive for using illegal drugs. Our nation is currently using a harm reduction approach with regard to alcohol and tobacco. It recognizes that tens of millions of people use these products, and designated-driving programs and other efforts try to minimize the considerable harm these two drugs cause.

A specific harm reduction strategy with regard to illegal drugs is the provision of clean, sterile needles for people who inject themselves with heroin, cocaine/crack, or other drugs. Many of these users share needles, and this sharing spreads HIV, hepatitis, and other diseases. If they have a supply to sterile needles, the reasoning goes, the transmission of these diseases will be reduced even if use of the drugs with the aid of the needles does not reduce. Critics say the provision of sterile needles in effect says that drug use is OK and may even encourage drug use. Proponents reply that needle-based drug use will occur whether or not sterile needles are provided, and that the provision of sterile needles does more good than harm. Other nations have adopted this type of harm reduction much more extensively than the United States.

Another harm reduction strategy involves the use of drug courts, which began in the 1990s and now number more than 2,500 across the United States. In these courts, drug offenders who have been arrested and found guilty are sentenced to drug treatment and counseling rather than to jail or prison. Evaluation studies show that the courts save much money compared to imprisoning drug offenders and that they are more effective than imprisonment in reducing the offenders' drug habit (Stinchcomb, 2010).

People Making a Difference

Law Enforcement against Prohibition

Law Enforcement Against Prohibition (LEAP) is an organization of current and former police and other criminal justice professionals, including prosecutors, judges, and FBI agents, who advocate for the legalization of illegal drugs. Because many of these professionals were on the front lines in the war against drugs and often put their lives in danger, their views about drug policy cannot be dismissed lightly.

One of their members is MacKenzie Allen, a 65-year-old deputy sheriff who worked in Los Angeles and Seattle, including time as an undercover agent who bought illegal drugs and made countless arrests for drug offenses. Although Allen strongly disapproves of drug use, his many years in law enforcement led him to realize that the drug problem is best understood as a public health problem, not a legal problem. He notes that the United States has lowered cigarette use through public education and without outlawing cigarettes. "Can you imagine the mayhem had we outlawed cigarettes?" he writes. "Can you envision the 'cigarette cartels' and the bloodbath that would follow? Yet, thanks to a public awareness campaign we've made a huge dent in tobacco use without arresting a single cigarette smoker."

Allen adds that most of the problems associated with illegal drug use are actually the result of the laws against drugs. These laws create a huge illegal market, much of it involving violent cartels, he says, that promises strong profits for the manufacturers and sellers of illegal drugs. He is also critical of other aspects of the war on drugs:

If the colloquial definition of insanity is doing the same thing over and over, expecting a different result, what does that say about our "War on Drugs"? We've been pursuing this strategy for forty years. It has cost a trillion taxpayer dollars, thousands of lives (both law enforcement and civilians) and destroyed hundreds of thousands more by incarceration. Moreover, it undermines the safety of our communities by overcrowding our jails and prisons, forcing them to give early release to truly violent offenders.

Another LEAP member is Joseph D. McNamara, the former police chief of San Jose, California. McNamara also criticizes the violence resulting from the laws against drugs. "Like an increasing number of law enforcers," he writes specifically about marijuana, "I have learned that most bad things about marijuana—especially the violence made inevitable by an obscenely profitable black market—are caused by the prohibition, not by the plant." He continues, "Al Capone and his rivals made machine-gun battles a staple of 1920s city street life when they fought to control the illegal alcohol market. No one today shoots up the local neighborhood to compete in the beer market…How much did the [Mexican] cartels make last year dealing in Budweiser, Corona or Dos Equis? Legalization would seriously cripple their operations."

As these statements indicate, the legal war on drugs has had many costs. It is difficult to know what to do about illegal drugs, but in bringing these costs to the attention of elected officials and the American public, Law Enforcement Against Prohibition is making a difference. For further information about LEAP, visit copssaylegalizedrugs.com.

Sources: Allen, 2001; Law Enforcement Against Prohibition, 2011; McNamara, 2010

The War on Illegal Drugs

The most controversial drug strategy involves the criminalization of many drugs and the use of the police and the rest of the criminal justice system to apprehend and punish the users, manufacturers, and sellers of illegal drugs. As the brief history of drug use at the beginning of this chapter indicated, the United States has banned certain drugs since the late nineteenth century, and it accelerated this effort during the 1970s and 1980s as concern grew about heroin, crack, and other drugs.

In judging the war on illegal drugs, two considerations should be kept in mind (Meier & Geis, 2007). One consideration is the *philosophical* question of the extent to which the government in a free society should outlaw behaviors that may be harmful even if people (let's assume we are talking about legal adults) want to engage in them. Americans do all kinds of things that may harm themselves and that may directly or indirectly harm other people. For example, many Americans eat high amounts of candy, ice cream, potato chips, hamburgers, and other "fat food" that causes obesity, great harm to individual health, premature death and bereavement, and tens of billions of dollars in health costs and lost productivity annually. Although obesity almost certainly causes more harm overall than illegal drugs, no one is about to say that the use of "fat food" should be banned or restricted, although some schools and workplaces have removed candy and soda machines. Americans also engage in many other activities that can be very harmful, including downhill skiing, contact sports, skydiving, and any number of other activities, but no one is about to say that we should be prohibited from engaging in these efforts. Where is the logic, then, in allowing all these behaviors and in not allowing the use of certain drugs? A philosophical argument can be made that all drug use should, in fact, be allowed in a free society (Husak, 2002), and perhaps this is an issue that you and your classmates will want to discuss.

The second consideration is the *social science* question of whether laws against drugs do more good than harm, or more harm than good. In a rational society, if a law or policy does more good than harm, then we should have the law or policy. However, if it does more harm than good, however much good it might do, then we should not have it, because the harm outweighs the good.

In considering this issue, critics of drug laws say they do much more harm than good, and they often cite Prohibition as an example of this dynamic. Prohibition was repealed because our society decided it was doing much more harm than good and was thus a "triumphant failure," as one author has called this period of our history (Okrent, 2011, p. 67). Prohibition caused several harms: (1) the rise of organized crime to earn illegal profits from the manufacture, distribution, and sale of alcohol; (2) the violence and murder among organized crime gangs that fought each other over drug "turf"; (3) the wounding and death of innocent bystanders from gunfights between organized crime gangs; (4) the wounding and murder of police officers who enforced Prohibition; (5) rampant corruption among police officers and political officials who took money from organized crime to ignore violations of Prohibition; and (6) the expenditure of much time, money, and energy by the criminal justice system to enforce Prohibition.

Prohibition did reduce drinking and the violence associated with drinking. But some scholars say that the organized crime violence caused by Prohibition was so common and deadly that the homicide rate grew during Prohibition rather than lessening (Jensen, 2000), though other scholars dispute this finding (Owens, 2011). In yet another problem, many people during Prohibition became sick and/or died from drinking tainted liquor. Because alcohol was no longer regulated, illegal alcohol often contained, by accident or design, dangerous substances. As an example, 15,000 people in the Midwest became sick with a severe neurological problem after drinking an illegal alcohol laced with a paint thinner chemical (Genzlinger, 2011).

Critics of today's war on illegal drugs say that it has reproduced the same problems that Prohibition produced. Among these problems are the following:

- Drug gangs and individual drug sellers engage in deadly fights with each other and also kill or wound police officers and other law enforcement personnel who fight the war on drugs.
- Many innocent bystanders, including children, are wounded or killed by stray bullets.
- Many police officers take bribes to ignore drug law violations and/or sell drugs confiscated from dealers.
- The criminal justice system and other agencies spend much time, money, and energy in the war against illegal drugs, just as they did during Prohibition. Enforcing drug laws costs about $50 billion annually (McVay, n.d.). Police and other law enforcement personnel make more than 1.6 million arrests for drug offenses annually, including about 850,000 arrests for marijuana possession (Federal Bureau of Investigation, 2011). Some 500,000 people are in prison or jail for drug offenses.
- The drug war has focused disproportionately on African Americans and Latinos and greatly increased their numbers who have gone to jail or prison. Even though illegal drug use is more common among whites than among blacks, the arrest rate for drug offenses is ten times higher for African Americans than the rate for whites (Blow, 2011). Partly because of the drug war, about one-third of young African American men have prison records.
- Most of the 17,000 annual deaths from illegal drug use stem from the fact that the drugs are illegal. Because they are illegal, they may contain dangerous substances that can be fatal, just as in Prohibition. In addition, some illegal drug users overdose because they underestimate the purity of a drug.
- 

  One of the harms associated with the war on drugs is that police officers die in the line of duty when they are killed by drug sellers or users. Greg Matthews – Riverside Police Officer Memorial Service – CC BY-ND 2.0.

  Because of all these problems, drug law critics say, the United States should legalize marijuana, the most benign illegal drug, and seriously consider legalizing some or all other illegal drugs.

Proponents of the drug war reply that if drugs were legalized or decriminalized (still against the law, but violations would be treated like traffic offenses), many more people would use the newly legal drugs, and the problems these drugs cause would increase. Responding to this argument, drug law critics say it is not at all certain that drug use would increase if drugs were legalized. To support their view, they cite two pieces of evidence.

First, illegal drugs are relatively easy to obtain and use without fear of arrest. If people have decided not to use illegal drugs now, it is unlikely they will use them if the drugs were legalized. Support for this argument comes from national data on high school seniors (Johnston, O'Malley, Bachman, & Schulenberg, 2011). In 2010, 82 percent of seniors said they could easily obtain marijuana, and 35.5 percent said they could easily obtain cocaine. Despite these numbers, only 35 percent had used marijuana in the past year, and only 3 percent had used cocaine in the past year.

Second, marijuana use in the United States decreased in the 1970s and 1980s after several states decriminalized it. As we noted earlier, marijuana use also declined in the Netherlands after they decriminalized the drug in the 1970s. Moreover, even though use of marijuana is legal in the Netherlands, its rate of marijuana use is no higher than the rate of marijuana use in the United States (Drug Policy Alliance, 2012). In another international comparison, Portugal decriminalized possession of all drugs in 2001; after it did so, teenage drug use declined (see Note 7.28 "Lessons from Other Societies").

At this point, it is impossible to know how much, if at all, the use of illegal drugs would rise if they were legalized. Critics of the drug war say that even if the use of drugs did rise, the benefits of legalizing or decriminalizing them would still outweigh the disadvantages (Feiling, 2010).

Lessons from Other Societies

What Happened after the Netherlands and Portugal Decriminalized Drugs?

As the United States ponders its drug policy, the experience of the Netherlands and Portugal provides some provocative lessons.

The Netherlands decriminalized drugs in 1976. Under the Netherlands' policy, although criminal penalties remain for possessing hard drugs (cocaine, heroin, etc.) and large quantities of marijuana, drug users are not normally arrested for possessing drugs, but they must receive drug treatment if they are arrested for another reason. Drug sellers are not normally arrested for selling small amounts of drugs, but they may be arrested for selling them in large. Marijuana use in the Netherlands dropped in the immediate years after it was decriminalized. Although it increased somewhat since then, as in some other nations, it remains much lower than the US rate. According to the Netherlands Ministry of Foreign Affairs, 23 percent of Dutch residents ages 15–64 have used cannabis at least once in their lives, compared to 40 percent of Americans ages 12 and older (2005 figures). Dutch use of cocaine and heroin also remains much lower than American use. Reflecting the Netherlands' experience, most of the nations in Western Europe have also decriminalized marijuana possession and use, and their rates of marijuana use also remain lower than the US rate.

In 2001, Portugal became the first European nation to remove all criminal penalties for drug possession. Portugal took this step because it reasoned that fear of arrest keeps drug addicts from seeking help and because it recognized that drug treatment costs far less than imprisonment. Anyone convicted of drug possession is sent for drug treatment, but the person may refuse treatment without any penalty.

In the first five years after Portugal decriminalized all drug possession, teenaged illegal drug use declined, new HIV infections from sharing needles declined, and the prison population also declined. Meanwhile, the number of drug addicts receiving treatment increased by 41 percent. A researcher who reported these trends commented, "Judging by every metric, decriminalization in Portugal has been a resounding success. It has enabled the Portuguese government to manage and control the drug problem far better than virtually every other Western country does." A Portuguese drug official agreed, "The impact [of drugs] in the life of families and our society is much lower than it was before decriminalization," and noted that police are now freer to spend more time and energy on high-level dealers. Adult drug use in Portugal has risen slightly since 2001, but so has adult drug use in other European nations that did not decriminalize drugs. Portugal's increase has not been higher than these other nations' increase.

Although the Netherlands, Portugal, and other Western European nations certainly differ from the United States in many ways, their experience strongly suggests that decriminalization of drugs may cause much more good than harm. If so, the United States has important lessons to learn from their experiences.

Sources: Hughes & Stevens, 2010; Netherlands Ministry of Foreign Affairs, 2008; Reinarman & Hendrien, 2004; Szaalavitz, 2009; Tracey & Jahromi, 2010

Key Takeaways

- To deal with drugs, the United States has used several strategies, including treatment, prevention, harm reduction, and the legal war on illegal drugs.
- According to its critics, the war on illegal drugs has done much more harm than good and in this respect is repeating the example of Prohibition.

For Your Review

1. Do you think the United States should make sterile needles and syringes freely available to people who are addicted to drugs that are injected? Why or why not?

2. Do you agree or disagree that the war on illegal drugs is doing more harm than good? Explain your answer.

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18.6: Addressing the Drug Problem and Reducing Drug Use

Learning Objectives

Upon completing this section, you should be able to:

1. Explain the problems associated with arresting hundreds of thousands of people for drug possession.
2. List any three specific measures that may help deal with the drug problem.

As you may have already noticed and will notice again, the other chapters in this book usually present a fairly optimistic assessment when they discuss prospects for addressing the social problem discussed in each chapter. They point to the experience of other nations that do a good job of addressing the social problem, they cite social science evidence that points to solutions for addressing the problem, and they generally say that the United States could address the problem if it had the wisdom to approach it appropriately and to spend sufficient sums of money.

This chapter will not end with an optimistic assessment for addressing the drug problem. The reason for this lack of optimism is that what's past is prologue: People have enthusiastically used drugs since prehistoric times and show no signs of reducing their drug use. Many and perhaps most scholars think the legal war on drugs has had little, if any, impact on drug use (Walker, 2011), and many scholars recognize that this war brought with it the many disadvantages cited in the previous section. As Kleiman et al. (2011, p. xvi) observe, "Our current drug policies allow avoidable harm by their ineffectiveness and create needless suffering by their excesses."

A growing number of people in the political world agree. In 2011, the Global Commission on Drug Policy issued a major report on the world's antidrug efforts. The commission comprised nineteen members, including a former United Nations secretary general, a former US secretary of state, a former chair of the US Federal Reserve, and former presidents or prime ministers of Brazil, Colombia, Greece, Mexico, and Switzerland. The commission's report called for a drastic rethinking of current drug policy: "The global war on drugs has failed, with devastating consequences for individuals and societies around the world…Fundamental reforms in national and global drug control policies are urgently needed" (Global Commission on Drug Policy, 2011, p. 3). Decriminalization and even legalization of illegal drugs should be seriously considered, the report concluded.

Given this backdrop, many drug experts question whether our current drug policies make sense. They add that the best approach our society could take would be to expand the prevention, treatment, and harm reduction approaches discussed earlier; because drugs will always be with us, our society should do what it can to minimize the many harms that drugs cause. Thus drug education prevention and drug treatment programs should be expanded, sterile needles should be made available for drug addicts who inject their drugs, and drug courts should be used for a greater number of drug offenders.

Beyond these approaches, some experts say marijuana use should be decriminalized and that decriminalization of other drugs should be seriously considered. If marijuana were not only decriminalized but also legalized and taxed, it is estimated that this new tax revenue would amount to $8.7 billion annually and that about $8.7 billion annually would also be saved in reduced law enforcement costs, for a total of more than $17 billion in new funds that could be used for drug prevention, drug treatment, and other needs (Kristof, 2010). Many Americans agree with these experts: In a 2011 Gallup poll, 50 percent of the public favored legalizing marijuana, while 46 percent opposed legalizing it (Graves, 2011).

More generally, these experts say, it makes little sense to arrest more than 1.3 million people each year for drug possession and to put many of them in jail or prison. We do not arrest and imprison alcoholics and cigarette smokers; instead we try to offer them various kinds of help, and we should do the same for people who are addicted to other kinds of drugs. If arrest and imprisonment must continue, these measures should be reserved for sellers of large quantities of illegal drugs, not for the people who use the drugs or for those who sell only small quantities. When low-level drug dealers are imprisoned, they are simply replaced on the street by new dealers. Providing low-level dealers with alternative sentencing would reduce the number of imprisoned dealers over time by several hundred thousand annually without making illegal drugs more available.

In addition to all these measures, several other steps might well reduce certain kinds of drug use or at least reduce the harm that both drugs and our current drug policies cause (Kleiman et al., 2011). These steps include the following:

1. **Providing legally prescribed heroin and/or substitute opiates, including methadone, for heroin addicts.** This provision has proven effective in several other nations.

2. **Encouraging primary care physicians and other health-care providers to screen more carefully for substance abuse.**
3. **Basing drug sentencing less on the quantity of illegal drugs sold and more on the level of violence in which some drug sellers engage.**
4. **Abandoning DARE.** According to Kleiman et al. (2011, p. 201), "the continued dominance in school-based drug education of DARE—a program that has never been shown to actually reduce drug use—is a scandal." They instead recommend school-based programs that help children develop self-control and prosocial behavior, as these programs have also been shown to reduce children's subsequent drug use.
5. **Following the psychological principle of operant conditioning by providing drug addicts small cash payments for clean drug tests, as these rewards have been shown to be effective.**
6. **Fully reintegrating former drug dealers and recovering drug addicts into society.** They should have full access to public housing, educational loans, and other benefits, and they should be allowed to vote in states that now do not let them vote.
7. **Raising alcohol taxes.** According to Kleiman et al. (2011), tripling the alcohol tax would especially reduce drinking by heavy drinkers and by minors, and it would reduce the number of homicides by 1,000 annually and the number of motor vehicle accidents by 2,000 annually. The new tax money could also help fund alcohol treatment and prevention programs. "In the entire field of drug-abuse control," Kleiman et al. (2011, p. 204) write, "there is no bargain as attractive as a higher alcohol tax."
8. **Prohibiting alcohol sales to anyone who has engaged in drunk driving or who has committed violence under the influence of alcohol.** For this ban to work, everyone who wants to buy alcohol would have to show an ID, and those prohibited from buying alcohol would have that indicated on their ID. This ban would certainly be unpopular among the many drinkers who drink responsibly, but it would reduce the great harm that alcohol causes.
9. **Allowing marijuana users to grow their own cannabis or to buy it from small growers.** This would reduce the sales of cannabis, and thus its profits, from the organized crime groups and the Mexican cartels that now provide much of the marijuana used in the United States.
10. **Raising the cigarette tax.** Some states already have high cigarette taxes, but several states have low cigarette taxes. Raising the taxes in the low-tax states would reduce cigarette smoking in these states. The new tax revenue could be used to fund treatment programs that help reduce smoking.

Key Takeaways

- Critics of the war on drugs say that people who use illegal drugs should be treated, not arrested, just as people who use alcohol and tobacco are treated, if they seek treatment, rather than arrested.
- Specific measures that could help address the drug problem include providing legally prescribed heroin or substitute opiates for heroin addicts and raising the alcohol tax.

For Your Review

1. Do you think that alcohol taxes should be raised? Why or why not?
2. Do you favor decriminalization of marijuana? Explain your answer.

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18.7: End-of-Chapter Material

Summary

1. Humans have used drugs of various types since prehistoric times. Alcohol has been a common drug in the United States since the colonial period, and opium, marijuana, and heroin were common legal drugs in the late nineteenth century.
2. The distinction between legal and illegal drugs lacks a logical basis. Alcohol and tobacco kill many more people than all illegal drugs combined.
3. The use of several drugs is socially patterned. Males are more likely than females to use drugs, and religious people are less likely to use them than those who are less religious. The differences that race/ethnicity, education, and region of country make for drug use depends on the type of drug.
4. Biological theories assume that drug addiction results from a genetic predisposition, while psychological theories attribute drug use to certain personality traits and to positive reinforcement.
5. Sociological theories attribute drug use to peer and cultural influences. A sociological perspective suggests that the ultimate roots of drug use lie in the social environment rather than inside the individual.
6. Major approaches to dealing with drugs include treatment, prevention, harm reduction, and the use of the criminal justice system for illegal drugs. Critics of the war on drugs say that it does more harm than good, and they urge that serious consideration be given to decriminalizing marijuana and perhaps other drugs.

Using What You Know

A college friend of yours seems to drink a lot most nights and even goes to class some mornings hung over. You've become so concerned that you've suggested to your friend when you've been out for the evening to just have a couple drinks. Your friend has just laughed you off. What, if anything, do you do?

What You Can Do

To help deal with the societal and individual problems caused by alcohol and other drugs, you may wish to do any of the following:

1. Volunteer for a local agency that helps teenagers or adults who have a problem with alcohol or other drugs.
2. Start or join in efforts on your campus to encourage responsible drinking.
3. Start a group to encourage your state to raise taxes on alcohol and cigarettes.

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CHAPTER OVERVIEW

19: Crime

19.1: The Problem of Crime
19.2: Types of Crime
19.3: Who Commits Crime?
19.4: Explaining Crime
19.5: The Criminal Justice System
19.6: Reducing Crime
19.7: End-of-Chapter Material

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19.1: The Problem of Crime

Learning Objectives

Upon completing this section, you should be able to:

1. Understand the extent of public concern about crime.
2. Explain how the news media contribute to myths about crime.
3. Describe how crime in the United States is measured.

Put most simply, crime is behavior that is prohibited by the criminal law because it is considered especially harmful or offensive. This simple definition, however, raises many questions:

- Who decides what is offensive or harmful?
- Are some harmful behaviors not considered crimes, and are some crimes not that harmful?
- Are some people more likely than others to be considered criminals because of their gender, race and ethnicity, social class, age, or other aspect of their social backgrounds?

These questions lie at the heart of the sociological study of deviance, of which crime is a special type. Deviance is behavior that violates social norms and arouses strong social disapproval. This definition reflects the common sociological view that deviance is not a quality of a behavior itself but rather the result of what other people think about the behavior. This view is reflected in an often-cited quote from sociologist Howard S. Becker (1963, p. 9), who wrote several decades ago that "deviance is not a quality of the act the person commits, but rather a consequence of the application by others of rules or sanctions to an 'offender.' The deviant is one to whom that label has been successfully applied; deviant behavior is behavior that people so label."

This definition reminds us that some harmful behaviors, such as white-collar crime, may not be considered deviant and fail to result in severe legal punishment, perhaps because wealthy individuals perform them. It also reminds us that some less harmful behaviors, such as prostitution, may be considered very deviant because the public deems the behavior immoral and because poor people engage in them. As these possibilities suggest, the application of a criminal label to an offender is *problematic*: People arrested and/or convicted of a crime may not have engaged in a very harmful behavior or even in the behavior of which they are suspected, and people with no criminal record have in fact engaged in harmful and even criminal behavior.

Public Concern about Crime

The American public is clearly concerned about crime. Two-thirds of the public said in a 2011 Gallup poll that crime had risen from the previous year. More than a third, 38 percent, said they would be "afraid to walk alone at night" within one mile of their residence; this figure translates to more than 86 million adults. In the same poll, 47 percent (or about 114 million adults) said they worry about their homes being burglarized, and 44 percent said they worry about thefts of or from their motor vehicles. Corresponding figures for other crimes were: experiencing identity theft, 67 percent; getting mugged, 34 percent; getting attacked while driving your car, 19 percent; being sexually assaulted, 22 percent (including 37 percent of women); and getting murdered, 20 percent (among the lowest figures in this list, but one that still amounts to 42 million adults worrying about being murdered).

Although the public is concerned about crime, at least some of this concern might exceed what the facts about crime would justify. For example, although most of the public, as we just noted, thinks the crime rate has been rising, this rate has actually been declining since the early 1990s. And although one-fifth of the public worries about getting murdered, homicides comprise less than one-tenth of 1 percent of all violent and property crime (*street crime*); only about 7 of every 100,000 Americans, or 0.007 percent, are murdered every year; homicide does not rank among the top ten causes of death (which include heart disease and cancer); and the number of homicides is much lower than the number of deaths from harmful behavior by corporations (such as pollution or unsafe products and workplaces). Crime is indeed a real problem, but public concern about crime may be higher than the facts warrant.

Media Myths

To the extent this is true, news media coverage of crime may be partly responsible (Robinson, 2011). For example, if the television news and newspapers suddenly have several stories about a few sensational crimes, public concern about crime may jump, even though crime in general has not risen at all. Similarly, the news media have increased their crime coverage even when crime is

falling, as happened during the early 1990s when the major US television networks more than doubled their nightly news stories about crime even though crime had been declining (Freeman, 1994).

The news media, in fact, distort the amount and nature of crime in several ways (Surette, 2011). First, they overdramatize crime by reporting it in many news stories. Crime dominates news coverage in many newspapers and television newscasts, and, as just noted, the media may devote much coverage to a few sensational crimes and create the false impression that a "crime wave" is occurring when the crime rate may even be declining.

Second, the media devote particularly heavy coverage to violent crime, reflecting the common saying that "if it bleeds, it leads." For example, more than 25 percent of the crime stories on evening newscasts and in newspapers concern homicide, even though homicide comprises less than 1 percent of all crime (Feld, 2003). Similarly, the vast majority of crime stories feature violent crime, even though violent crime comprises only about 12–14 percent of all street crimes combined. Media attention to violent crime thus gives the public the false impression that most crime is violent when in fact most crime involves a theft of some sort (*property crime*).



The news media feature violent crime, even though violent crime comprises only a small portion of all crime. Darla Hueske – did not cross – CC BY-ND 2.0.

Third, the media tend to highlight crimes committed by African Americans or other people of color and crimes with white victims. A greater percentage of crime stories involve people of color as offenders than is true in arrest statistics. A greater percentage of crime stories also involve whites as victims than is actually true, and newspaper stories of white-victim crimes are longer than those of black-victim crimes. Crimes in which African Americans are the offenders and whites are the victims also receive disproportionate media coverage even though most crimes involve offenders and victims of the same race. In all these ways, the news media exaggerate the extent to which people of color commit crimes and the extent to which whites are victims of crimes.

Fourth, the media also tend to highlight crimes committed by youths. In one study of thousands of local newscast stories, about two-thirds of the stories about violence depicted youthful offenders, even though teenagers commit only about 14–16 percent of violent crime (Jackson, 1997). In a related problem, media stories involving teenagers are much more likely to show them committing crime or other antisocial acts than committing good deeds or other positive behavior. In these ways, the news media convey a false impression that leads the public to believe both that youths commit much of our violent crime and that youth violence has been rising even though it has actually declined since the early 1990s.

Measuring Crime

It is surprisingly difficult to know how much crime occurs. Crime is not like the weather, when we all can see whether it is raining, snowing, or sunny. Usually when crime occurs, only the criminal and the victim, and sometimes an occasional witness, know about it. We thus have an incomplete picture of the crime problem, but because of various data sources we still have a pretty good understanding of how much crime exists and of who is most likely to commit it and be victimized by it.

The government's primary source of crime data is the Uniform Crime Reports (UCR), published annually by the Federal Bureau of Investigation. The FBI gathers its data from police departments around the country who tell the FBI about crimes that have come to their attention. The police also tell the FBI whether someone is arrested for the crime and, if so, the person's age, gender, and race. The FBI gathers all these UCR data and reports them in an annual volume called *Crime in the United States* (Federal Bureau of Investigation, 2011).

Most UCR data concern the so-called Part I Crimes, eight felonies that the FBI considers the most serious. Four of these are violent crimes—homicide, rape, aggravated assault, and robbery—and four are property crimes—burglary, larceny (e.g., shoplifting, pick-pocketing, purse-snatching), motor vehicle theft, and arson.

According to the FBI, 1,246,248 violent crimes and 9,082,887 property crimes occurred in 2010, for a total of about 10.3 million. This is the nation's official crime count, and by any standard it is a lot of crime. However, this number is much lower than it should be because *more than half of all crime victims do not report their crimes to the police*, and the police thus do not know about them. These unreported crimes represent "hidden" crimes or, as they are often called, the dark figure of crime. Thus the true crime problem is much greater than suggested by the UCR.

This underreporting of crime represents a major problem for the UCR's validity. Several other problems exist. First, the UCR excludes white-collar crimes and thus diverts attention away from their harm. Second, police practices affect the number of crimes listed in the UCR. For example, the police do not record every report they hear from a citizen as a crime. Sometimes they do not have the time to do so, and sometimes they do not believe the citizen. If they do not record the report, the FBI does not count it as a crime. If the police start recording more reports or fail to record even more reports, the official crime rate will rise or fall, respectively, even though the actual number of crimes has not changed. This fact has led to crime-reporting scandals during the past two decades, as police departments in several major cities failed to record many crimes or downgraded others (e.g., calling a rape a simple assault) in an apparent effort to make it appear as if the crime rate were falling (Hart, 2004). In a third problem, if crime victims become more or less likely to report their crimes to the police (e.g., the advent of the 911 emergency number may have increased calls to the police), the official crime rate will again change, even if the actual number of crimes has not.

To get a more accurate picture of crime, the federal government began in the early 1970s to administer a survey, now called the National Crime Victimization Survey (NCVS), to tens of thousands of randomly selected US households. People in the households are asked whether they or their residence has been the victim of several different types of crimes in the past half year. Their responses are then extrapolated to the entire US population to yield fairly accurate estimates of the actual number of crimes occurring in the nation. These estimates are thought to be more accurate than the UCR's figures, even if it is true that victims sometimes might not want to tell NCVS interviewers what happened to them (Catalano, 2006).

Table 8.1 "Number of Crimes: Uniform Crime Reports (UCR) and National Crime Victimization Survey (NCVS), 2010" lists the number of street crimes as reported by the UCR and estimated by NCVS. Note that these two crime sources do not measure exactly the crimes. For example, the NCVS excludes commercial crimes such as shoplifting, while the UCR includes them. The NCVS also includes simple assaults (where someone receives only a minor injury), while the UCR excludes them. These differences notwithstanding, we can still see that the NCVS estimates about 1.8 times as many crimes as the UCR reports to us. The *dark figure* of crime is large indeed.

Table 8.1 Number of Crimes: Uniform Crime Reports (UCR) and National Crime Victimization Survey (NCVS), 2010

	UCR	NCVS
Violent crime	1,246,248	3,817,380
Property crime	9,082,887	14,908,330
Total	10,329,135	18,725,710

Source: Maguire, K. (Ed.). (2011). *Sourcebook of criminal justice statistics*. Retrieved from www.albany.edu/sourcebook/toc_3.html.

A third source of crime information is the self-report survey. Here subjects, usually adolescents, indicate on an anonymous questionnaire whether and how often they committed various offenses in, say, the past year. Typically, they also answer questions about their family relationships, school performance, and other aspects of their backgrounds. Self-report studies have yielded valuable information about delinquency and explanations of crime. Like the NCVS, they underscore how much crime is committed that does not come to the attention of the police.

Key Takeaways

- Much of the American public is concerned about crime, and many people worry about becoming a victim of various types of crime.
- The news media overdramatize the nature and amount of crime, and they give more attention to crimes involving African Americans and Latinos as offenders and whites as victims.
- The nation's major source of crime data is the Uniform Crime Reports (UCR). However, many people do not report their crimes to the police, and police practices affect the number of "official" crimes reported by the UCR.

For Your Review

1. Why do you think so many Americans are afraid of crime even though the crime rate has greatly declined since the early 1990s?
2. Why is it difficult to measure crime accurately? Why is the measurement of crime by the FBI inaccurate?

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19.2: Types of Crime

Learning Objectives

Upon completing this section, you should be able to:

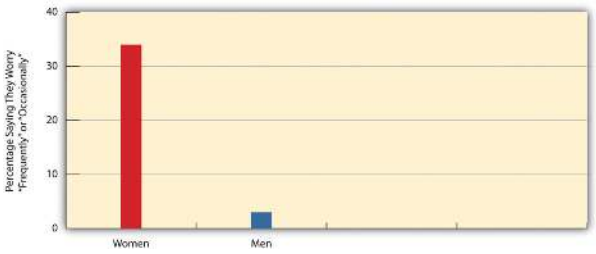
1. Describe the major aspects of homicide.
2. Discuss evidence indicating that white-collar crime is more serious than street crime.
3. Explain the major issues raised by the concept of consensual crime.

Many types of crime exist. Criminologists commonly group crimes into several major categories: (1) violent crime; (2) property crime; (3) white-collar crime; (4) organized crime; and (5) consensual or victimless crime. Within each category, many more specific crimes exist. For example, violent crime includes homicide, aggravated and simple assault, rape and sexual assault, and robbery, while property crime includes burglary, larceny, motor vehicle theft, and arson. Because a full discussion of the many types of crime would take several chapters or even an entire book or more, we highlight here the most important dimensions of the major categories of crime and the issues they raise for public safety and crime control.

Violent Crime

Even if, as our earlier discussion indicated, the news media exaggerate the problem of violent crime, it remains true that violent crime plagues many communities around the country and is the type of crime that most concerns Americans. The news story that began this chapter reminds us that violent crime is all too real for too many people; it traps some people inside their homes and makes others afraid to let their children play outside or even to walk to school. Rape and sexual assault are a common concern for many women and leads them to be more fearful of being victimized than men: In the 2011 Gallup poll mentioned earlier, 37 percent of women said they worried about being sexually assaulted, compared to only 6 percent of men (see Figure 8.1 “Gender and Worry about Being Sexually Assaulted (Percentage Saying They Worry “Frequently” or “Occasionally”).

Figure 8.1 Gender and Worry about Being Sexually Assaulted (Percentage Saying They Worry “Frequently” or “Occasionally”)



Source: Data from Maguire, K. (Ed.). (2011). *Sourcebook of criminal justice statistics*. Retrieved from www.albany.edu/sourcebook.

Research on violent crime tends to focus on homicide and on rape and sexual assault. Homicide, of course, is considered the most serious crime because it involves the taking of a human life. As well, homicide data are considered more accurate than those for other crimes because most homicides come to the attention of the police and are more likely than other crimes to lead to an arrest. For its part, the focus on rape and sexual assault reflects the contemporary women’s movement’s interest in these related crimes beginning in the 1970s and the corresponding interest of criminologists, both female and male, in the criminal victimization of women.

Certain aspects of homicide are worth noting. First, although some homicides are premeditated, most in fact are relatively spontaneous and the result of intense emotions like anger, hatred, or jealousy (Fox, Levin, & Quinet, 2012). Two people may begin arguing for any number of reasons, and things escalate. A fight may then ensue that results in a fatal injury, but one of the antagonists may also pick up a weapon and use it. About 25–50 percent of all homicides are victim-precipitated, meaning that the eventual victim is the one who starts the argument or the first one to escalate it once it has begun.

Second, and related to the first aspect, most homicide offenders and victims knew each other before the homicide occurred. Indeed, about three-fourths of all homicides involve nonstrangers, and only one-fourth involve strangers. Intimate partners (spouses, ex-spouses, and current and former partners) and other relatives commit almost 30 percent of all homicides (Messner, Deane, &

Beaulieu, 2002). Thus although fear of a deadly attack by a stranger dominates the American consciousness, we in fact are much more likely on average to be killed by someone we know than by someone we do not know.



About two-thirds of homicides involve firearms, and half involve a handgun. Geoffery Fairchild – The Robbery – CC BY 2.0.

Third, about two-thirds of homicides involve firearms. To be a bit more precise, just over half involve a handgun, and the remaining firearm-related homicides involve a shotgun, rifle, or another undetermined firearm. Combining these first three aspects, then, the most typical homicide involves nonstrangers who have an argument that escalates and then results in the use of deadly force when one of the antagonists uses a handgun.

Fourth, most homicides (as most violent crime in general) are intraracial, meaning that they occur within the same race; the offender *and* victim are of the same race. For single offender/single victim homicides where the race of both parties is known, about 90 percent of African American victims are killed by African American offenders, and about 83 percent of white victims are killed by white offenders (Federal Bureau of Investigation, 2011). Although whites fear victimization by African Americans more than by whites, whites in fact are much more likely to be killed by other whites than by African Americans. While African Americans do commit about half of all homicides, most of their victims are also African American.

Fifth, males commit about 90 percent of all homicides and females commit only 10 percent. As we discuss in Section 3.1 “Racial and Ethnic Inequality: A Historical Prelude”, males are much more likely than women to commit most forms of crime, and this is especially true for homicide and other violent crime.

Sixth, the homicide rate is much higher in large cities than in small towns. In 2010, the homicide rate (number of homicides per 100,000 population) in cities with a population at or over 250,000 was 10.0 percent, compared to only 2.5 percent in towns with a population between 10,000 and 24,999 (see Figure 8.2 “Population Size and Homicide Rate, 2010”). Thus the risk for homicide is four times greater in large cities than in small towns. While most people in large cities certainly do *not* die from homicide, where we live still makes a difference in our chances of being victimized by homicide and other crime.

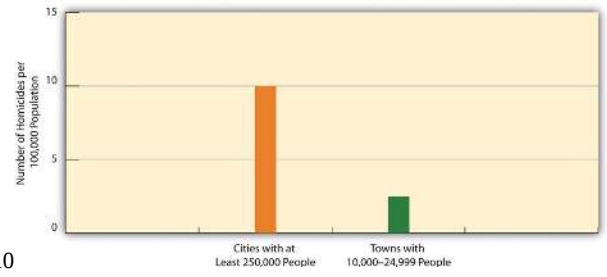


Figure 8.2 Population Size and Homicide Rate, 2010 Source: Data from Federal Bureau of Investigation. (2011). *Crime in the United States, 2010*. Washington, DC: Author.

Finally, the homicide rate rose in the late 1980s and peaked during the early 1990s before declining sharply until the early 2000s and then leveling off and declining a bit further since then. Although debate continues over why the homicide rate declined during the 1990s, many criminologists attribute the decline to a strong economy, an ebbing of gang wars over drug trafficking, and a decline of people in the 15–25 age group that commits a disproportionate amount of crime (Blumstein & Wallman, 2006). Some observers believe rising imprisonment rates also made a difference, and we return to this issue later in this chapter.

Rape and sexual assault were included in Chapter 4 "Gender Inequality"'s discussion of violence against women as a serious manifestation of gender inequality. As that chapter noted, it is estimated that one-third of women on the planet have been raped or sexually assaulted, beaten, or physically abused in some other way (Heise, Ellseberg, & Gottemoeller, 1999). While it is tempting to conclude that such violence is much more common in poor nations than in a wealthy nation like the United States, we saw in Chapter 4 "Gender Inequality" that violence against women is common in this nation as well. Like homicide, about three-fourths of all rapes and sexual assaults involve individuals who know each other, not strangers.

Property Crime

As noted earlier, the major property crimes are burglary, larceny, motor vehicle theft, and arson. These crimes are quite common in the United States and other nations and, as Table 8.1 "Number of Crimes: Uniform Crime Reports (UCR) and National Crime Victimization Survey (NCVS), 2010" indicated, millions occur annually in this country. Many Americans have installed burglar alarms and other security measures in their homes and similar devices in their cars and SUVs. While property crime by definition does not involve physical harm, it still makes us concerned, in part because it touches so many of us. Although property crime has in fact declined along with violent crime since the early 1990s, it still is considered a major component of the crime problem, because it is so common and produces losses of billions of dollars annually.

Much property crime can be understood in terms of the roles and social networks of property criminals. In this regard, many scholars distinguish between *amateur theft* and *professional theft*. Most property offenders are amateur offenders: They are young and unskilled in the ways of crime, and the amount they gain from any single theft is relatively small. They also do not plan their crimes and instead commit them when they see an opportunity for quick illegal gain. In contrast, professional property offenders tend to be older and quite skilled in the ways of crime, and the amount they gain from any single theft is relatively large. Not surprisingly, they often plan their crimes well in advance. The so-called *cat burglar*, someone who scales tall buildings to steal jewels, expensive artwork, or large sums of money, is perhaps the prototypical example of the professional property criminals. Many professional thieves learn how to do their crimes from other professional thieves, and in this sense they are mentored by the latter just as students are mentored by professors, and young workers by older workers.

White-Collar Crime

If you were asked to picture a criminal in your mind, what image would you be likely to think of first: a scruffy young male with a scowl or sneer on his face, or a handsome, middle-aged man dressed in a three-piece business suit? No doubt the former image would come to mind first, if only because violent crime and property crime dominate newspaper headlines and television newscasts and because many of us have been victims of violent or property crime. Yet white-collar crime is arguably much more harmful than street crime, both in terms of economic loss and of physical injury, illness, and even death.

What exactly is white-collar crime? The most famous definition comes from Edwin Sutherland (1949, p. 9), a sociologist who coined the term in the 1940s and defined it as "a crime committed by a person of respectability and high social status in the course of his occupation." Sutherland examined the behavior of the seventy largest US corporations and found that they had violated the law hundreds of times among them. Several had engaged in crimes during either World War I or II; they provided defective weapons and spoiled food to US troops and even sold weapons to Germany and other nations the United States was fighting.

Although white-collar crime as studied today includes auto shop repair fraud and employee theft by cashiers, bookkeepers, and other employees of relatively low status, most research follows Sutherland's definition in focusing on crime committed by people of "respectability and high social status." Thus much of the study of white-collar crime today focuses on fraud by physicians, attorneys, and other professionals and on illegal behavior by executives of corporations designed to protect or improve corporate profits (*corporate crime*).

In the study of professional fraud, health-care fraud stands out for its extent and cost (Rosoff, Pontell, & Tillman, 2010). Health-care fraud is thought to amount to more than $100 billion per year, compared to less than $20 billion for all property crime combined. For example, some physicians bill Medicare and private insurance for services that patients do not really need and may never receive. Medical supply companies sometimes furnish substandard equipment. To compensate for the economic loss it incurs, health-care fraud drives up medical expenses and insurance costs. In this sense, it steals from the public even though no one ever breaks into your house or robs you at gunpoint.

Although health-care and other professional fraud are serious, corporate crime dwarfs all other forms of white-collar crime in the economic loss it incurs and in the death, injury, and illness it causes. Corporate financial crime involves such activities as fraud, price fixing, and false advertising. The Enron scandal in 2001 involved an energy corporation whose chief executives exaggerated profits. After their fraud and Enron's more dire financial state were finally revealed, the company's stock plummeted and it finally went bankrupt. Its thousands of workers lost their jobs and pensions, and investors in its stock lost billions of dollars. Several other major corporations engaged in (or strongly suspected of doing so) accounting fraud during the late 1990s and early 2000s, but Enron was merely the most notorious example of widespread scandal that marked this period.

While corporate financial crime and corruption have cost the nation untold billions of dollars in this and earlier decades, corporate violence—actions by corporations that kill or maim people or leave them ill—is even more scandalous. The victims of corporate violence include corporate employees, consumers of corporate goods, and the public as a whole. Annual deaths from corporate violence exceed the number of deaths from homicide, and illness and injury from corporate violence affect an untold number of people every year.



The asbestos industry learned in the 1930s that asbestos was a major health hazard, but it kept this discovery a secret for more than three decades. Aaron Suggs – Asbestos – CC BY 2.0.

Employees of corporations suffer from unsafe workplaces in which workers are exposed to hazardous conditions and chemicals because their companies fail to take adequate measures to reduce or eliminate this exposure. Such exposure may result in illness, and exposure over many years can result in death. According to a recent estimate, more than 50,000 people die each year from workplace exposure (American Federation of Labor and Congress of Industrial Organizations [AFL-CIO], 2010), a figure about three times greater than the number of annual homicides. About 1,500 coal miners die each year from black lung disease, which results from the breathing of coal dust; many and perhaps most of these deaths would be preventable if coal mining companies took adequate safety measures (G. Harris, 1998). In another example, the asbestos industry learned during the 1930s that exposure to asbestos could cause fatal lung disease and cancer. Despite this knowledge, asbestos companies hid evidence of this hazard for more than three decades: They allowed their workers to continue to work with asbestos and marketed asbestos as a fire retardant that was widely installed in schools and other buildings. More than 200,000 asbestos workers and members of the public either have already died or are expected to die from asbestos exposure; most or all of these deaths could have been prevented if the asbestos industry had acted responsibly when it first discovered it was manufacturing a dangerous product (Lilienfeld, 1991).

Unsafe products also kill or maim consumers. One of the most notorious examples of deaths from an unsafe product involved the Ford Pinto, a car first sold in the early 1970s that was vulnerable to fire and explosion when hit from behind in a minor rear-end collision (Cullen, Maakestad, & Cavender, 2006). Ford knew before the Pinto went on the market that its gas tank was unusually vulnerable in a rear-end collision and determined it would take about $11 per car to fix the problem. It then did a cost-benefit analysis to determine whether it would cost more to fix the problem or instead to settle lawsuits after Pinto drivers and passengers died or were burned and injured in rear-end collisions. This analysis indicated that Ford would save about $87 million if it did *not* fix the problem and instead paid out compensation after Pinto drivers and passengers died or got burned. Because Ford made this decision, about five hundred people eventually died in Pinto rear-end collisions and many others were burned.

The toll of white-collar crime, both financial and violent, is difficult to estimate, but by all accounts it exceeds the economic loss and death and injury from all street crime combined. White-collar crime is thought to involve an annual economic loss of more than $700 billion annually from corporate fraud, professional fraud, employee theft, and tax evasion and an annual toll of at least

100,000 deaths from workplace-related illness or injury, unsafe products, and preventable environmental pollution. These figures compare to an economic loss of less than $20 billion from property crime and a death toll of about 17,000 from homicide (Barkan, 2012). By any measure, the toll of white-collar crime dwarfs the toll of street crime, even though the latter worries us much more than white-collar crime. Despite the harm that white-collar crime causes, the typical corporate criminal receives much more lenient punishment, if any, than the typical street criminal (Rosoff et al., 2010).

Organized Crime

Organized crime refers to criminal activity by groups or organizations whose major purpose for existing is to commit such crime. When we hear the term "organized crime," we almost automatically think of the so-called Mafia, vividly portrayed in the *Godfather* movies and other films, that comprises several highly organized and hierarchical Italian American "families." Although Italian Americans have certainly been involved in organized crime in the United States, so have Irish Americans, Jews, African Americans, and other ethnicities over the years. The emphasis on Italian domination of organized crime overlooks these other involvements and diverts attention from the actual roots of organized crime.

What are these roots? Simply put, organized crime exists and even thrives because it provides goods and/or services that the public demands. Organized crime flourished during the 1920s because it was all too ready and willing to provide an illegal product, alcohol, that the pubic continued to demand even after Prohibition began. Today, organized crime earns its considerable money from products and services such as illegal drugs, prostitution, pornography, loan sharking, and gambling. It also began long ago to branch out into legal activities such as trash hauling and the vending industry.

Government efforts against organized crime since the 1920s have focused on arrest, prosecution, and other law-enforcement strategies. Organized crime has certainly continued despite these efforts. This fact leads some scholars to emphasize the need to reduce public demand for the goods and services that organized crime provides. However, other scholars say that reducing this demand is probably a futile or mostly futile task, and they instead urge consideration of legalizing at least some of the illegal products and services (e.g., drugs and prostitution) that organized crime provides. Doing so, they argue, would weaken the influence of organized crime.

Consensual Crime

Consensual crime (also called *victimless crime*) refers to behaviors in which people engage voluntarily and willingly even though these behaviors violate the law. Illegal drug use, discussed in Chapter 7 "Alcohol and Other Drugs", is a major form of consensual crime; other forms include prostitution, gambling, and pornography. People who use illegal drugs, who hire themselves out as prostitutes or employ the services of a prostitute, who gamble illegally, and who use pornography are all doing so because they want to. These behaviors are not entirely victimless, as illegal drug users, for example, may harm themselves and others, and that is why the term *consensual crime* is often preferred over *victimless crime*. As just discussed, organized crime provides some of the illegal products and services that compose consensual crime, but these products and services certainly come from sources other than organized crime.

This issue aside, the existence of consensual crime raises two related questions that we first encountered in Chapter 7 "Alcohol and Other Drugs". First, to what degree should the government ban behaviors that people willingly commit and that generally do not have unwilling victims? Second, do government attempts to ban such behaviors do more good than harm or more harm than good? Chapter 5 "Alcohol and Other Drugs"'s discussion of these questions focused on illegal drugs, and in particular on the problems caused by laws against certain drugs, but similar problems arise from laws against other types of consensual crime. For example, laws against prostitution enable pimps to control prostitutes and help ensure the transmission of sexual diseases because condoms are not regularly used.

Critics of consensual crime laws say we are now in a new prohibition and that our laws against illegal drugs, prostitution, and certain forms of gambling are causing the same problems now that the ban on alcohol did during the 1920s and, more generally, cause more harm than good. Proponents of these laws respond that the laws are still necessary as an expression of society's moral values and as a means, however imperfect, of reducing involvement in harmful behaviors.

Key Takeaways

- Most homicides are committed for relatively emotional, spontaneous reasons and between people who knew each other beforehand.
- White-collar crime involves more death, injury, and economic loss than street crime, but the punishment of white-collar crime is relatively weak.
- Consensual crime raises two related issues: (a) To what extent should the government prohibit people from engaging in behavior in which there are no unwilling victims, and (b) do laws against consensual crime do more good than harm or more harm than good?

For Your Review

1. If homicide is a relatively emotional, spontaneous crime, what does that imply for efforts to use harsh legal punishment, including the death penalty, to deter people from committing homicide?
2. Do you think consensual crimes should be made legal? Why or why not?

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19.3: Who Commits Crime?

Learning Objectives

Upon completing this section, you should be able to:

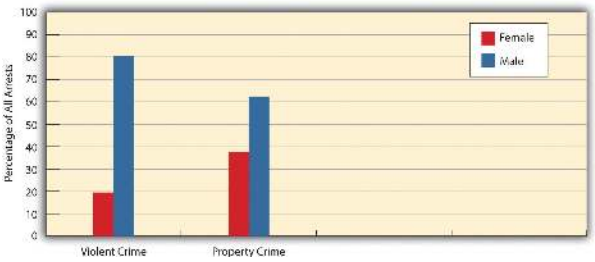
1. Explain why males commit more crime than females.
2. Discuss whether social class differences exist in crime rates.
3. Discuss whether racial/ethnic differences exist in crime rates.

While people from all walks of life commit street crime, some people are still more likely than others to break the law because of their social backgrounds. These social backgrounds include their gender, age, social class, urban/rural residence, and race and ethnicity. Despite their inaccuracies, the three data sources discussed in the first section of this chapter all provide a similar picture of what kinds of people, in terms of their social backgrounds, are more or less likely to commit street crime. We briefly discuss each background in turn.

Gender

Simply put, males commit much more crime than females. In UCR data, men comprise about 81 percent of all arrests for violent crime and about 63 percent of all arrests for property crime. (See Figure 8.3 “Gender and Arrest (Percentage of All Arrests)”.) In the NCVS, victims report that males commit most of the violent crimes they experienced, and self-report studies find that males far outpace females in the commission of serious street offenses. When it comes to breaking the law, crime is a man’s world.

Figure 8.3 Gender and Arrest (Percentage of All Arrests)



Source: Data from Federal Bureau of Investigation. (2011). *Crime in the United States, 2010*. Washington, DC: Author.

The key question is why such a large gender difference exists. Some scholars attribute this difference to biological differences between the sexes, but most criminologists attribute it to sociological factors. One of these is gender role socialization: Despite greater recognition of gender roles, we continue to raise our boys to be assertive and aggressive, while we raise our girls to be gentle and nurturing (Lindsey, 2011). Such gender socialization has many effects, and one of these is a large gender difference in criminal behavior. A second factor is opportunity. Studies find that parents watch their daughters more closely than they watch their sons, who are allowed to stay out later at night and thus have more opportunity to break the law.



Males have higher crime rates than females. An important reason for this gender difference is that boys are socialized to be assertive and aggressive, while girls are socialized to be gentle and nurturing. Philippe Put – Fight – CC BY 2.0.

Age

Age also makes a difference in criminal behavior: Offending rates are highest in the late teens and early twenties and decline thereafter. Accordingly, people in the 15–24 age range account for about 40 percent of all arrests even though they comprise only about 14 percent of the population.

Several factors again seem to account for this pattern (Shoemaker, 2010). First, peer relationships matter more during this time of one's life than later, and peers are also more likely during this period than later to be offenders themselves. For both reasons, our peer relationships during our teens and early twenties are more likely than those in our later years to draw us into crime. Second, adolescents and young adults are more likely than older adults to lack full-time jobs; for this reason, they are more likely to need money and thus to commit offenses to obtain money and other possessions. Third, as we age out of our early twenties, our ties to conventional society increase: Many people marry, have children, and begin full-time employment, though not necessarily in that order. These events and bonds increase our stakes in conformity, to use some social science jargon, and thus reduce our desire to break the law (Laub, Sampson, & Sweeten, 2006).

Social Class

Findings on social class differences in crime are less clear than they are for gender or age differences. Arrests statistics and much research indicate that poor people are much more likely than wealthier people to commit street crime. However, some scholars attribute the greater arrests of poor people to social class bias against them. Despite this possibility, most criminologists would probably agree that social class differences in criminal offending are "unmistakable" (Harris & Shaw, 2000, p. 138). Reflecting this conclusion, one sociologist has even noted, with tongue only partly in cheek, that social scientists know they should not "stroll the streets at night in certain parts of town or even to park there" and that areas of cities that frighten them are "not upper-income neighborhoods" (Stark, 1987, p. 894). Thus social class does seem to be associated with street crime, with poor individuals doing more than their fair share.

Explanations of this relationship center on the effects of poverty, which, as the next section will discuss further, is said to produce anger, frustration, and economic need and to be associated with a need for respect and with poor parenting skills and other problems that make children more likely to commit antisocial behavior when they reach adolescence and beyond. These effects combine to lead poor people to be more likely than wealthier people to commit street crime, even if it is true that most poor people do not commit street crime at all.

Although the poor are more likely than the wealthy to commit street crime, it is also true that the wealthy are much more likely than the poor to commit white-collar crime, which, as argued earlier, can be much more harmful than street crime. If we consider both street crime and white-collar crime, then there does not appear to be a social class-crime relationship, since the poor have higher rates of the former and the wealthy have higher rates of the latter.

Urban versus Rural Residence

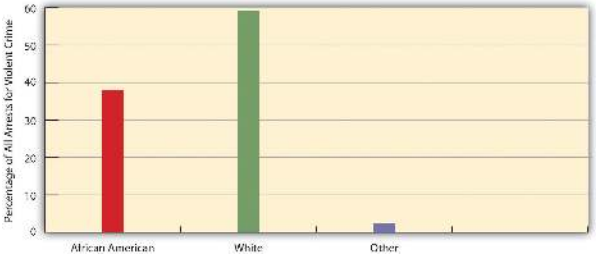
Where we live also makes a difference for our likelihood of committing crime. We saw earlier that big cities have a much higher homicide rate than small towns. This trend exists for violent crime and property crime more generally. Urban areas have high crime rates in part because they are poor, but poverty by itself does not completely explain the urban-rural difference in crime, since many rural areas are poor as well. A key factor that explains the higher crime rates of urban areas is their greater population density (Stark 1987). When many people live close together, they come into contact with one another more often. This fact means that teenagers and young adults have more peers to influence them to commit crime, and it also means that potential criminals have more targets (people and homes) for their criminal activity. Urban areas also have many bars, convenience stores, and other businesses that can become targets for potential criminals, and bars, taverns, and other settings for drinking can obviously become settings where tempers flare and violence ensues.

Race and Ethnicity

In discussing who commits crime, any discussion of race and ethnicity is bound to arouse controversy because of the possibility of racial and ethnic stereotyping. But if we can say that men and younger people have relatively high crime rates without necessarily sounding biased against individuals who are male or younger, then it should be possible to acknowledge that certain racial and ethnic groups have higher crime rates without sounding biased against them.

Keeping this in mind, race and ethnicity do seem to be related to criminal offending. In particular, much research finds that African Americans and Latinos have higher rates of street crime than non-Latino whites. For example, although African Americans comprise about 13 percent of the US population, they account for about 39 percent of all arrests for violent crime (see Figure 8.4 “Race and Arrest for Violent Crime (Percentage of All Violent Crime Arrests)”).

Figure 8.4 Race and Arrest for Violent Crime (Percentage of All Violent Crime Arrests)



Source: Data from Federal Bureau of Investigation. (2011). *Crime in the United States, 2010*. Washington, DC: Author.

Latinos also have higher crime rates than non-Latino whites, but lower rates than those for African Americans. Although racial and ethnic bias by the criminal justice system may account for some of these racial/ethnic differences in offending, most criminologists agree that such differences do in fact exist for serious street crimes (Walker, Spohn, & DeLone, 2012).

Why do these differences exist? A racist explanation would attribute them to biological inferiority of the groups, African Americans and Latinos, with the relatively high rates of offending. Such explanations were popular several generations ago but fortunately lost favor as time passed and attitudes changed. Today, scholars attribute racial/ethnic differences in offending to several sociological factors (Unnever & Gabbidon, 2011). First, African Americans and Latinos are much poorer than whites on the average, and poverty contributes to higher crime rates. Second, they are also more likely to live in urban areas, which, as we have seen, also contribute to higher crime rates. Third, the racial and ethnic discrimination they experience leads to anger and frustration that in turn can promote criminal behavior. Although there is less research on Native Americans’ criminality, they, too, appear to have higher crime rates than whites because of their much greater poverty and experience of racial discrimination (McCarthy & Hagan, 2003).

In appreciating racial/ethnic differences in street crime rates, it is important to keep in mind that whites commit most white-collar crime, and especially corporate crime, as it is white people who lead and manage our many corporations. Just as social class affects the type of crime that people do, so do race and ethnicity. Wealthy, white people commit much crime, but it is white-collar crime they tend to commit, not street crime.

Key Takeaways

- Males commit more street crime than females, in part because of gender role socialization that helps make males more assertive and aggressive.
- Young people commit a disproportionate amount of street crime, in part because of the influence of their peers and their lack of stakes in conformity.
- The disproportionate involvement of African Americans and Latinos in street crime arises largely from their poverty and urban residence.

For Your Review

1. If we say that males commit more crime than females, does that imply that we are prejudiced against males? Why or why not?
2. Write a brief essay that outlines social class and racial/ethnic differences in street crime and explains the reasons for these differences.

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19.4: Explaining Crime

Learning Objectives

Upon completing this section, you should be able to:

1. Understand social structure theories of crime.
2. Explain the social bonding theory of crime.
3. Describe the general assumptions of conflict theories of crime.

If we want to be able to reduce crime, we must first understand why it occurs. Sociologists generally discount explanations rooted in the individual biology or psychology of criminal offenders. While a few offenders may suffer from biological defects or psychological problems that lead them to commit crime, most do not. Further, biological and psychological explanations cannot adequately explain the social patterning of crime discussed earlier: why higher crime rates are associated with certain locations and social backgrounds. For example, if California has a higher crime rate than Maine, and the United States has a higher crime rate than Canada, it would sound silly to say that Californians and Americans have more biological and psychological problems than Mainers and Canadians, respectively. Biological and psychological explanations also cannot easily explain why crime rates rise and fall, nor do they lend themselves to practical solutions for reducing crime.



California has a higher crime rate than many other states, but it is difficult to argue that Californians have more biological or psychological problems than the residents of other states. Ken Lund – Welcome to California, Nevada-California Border, U.S. 95 – CC BY-SA 2.0.

In contrast, sociological explanations do help understand the social patterning of crime and changes in crime rates, and they also lend themselves to possible solutions for reducing crime. A brief discussion of these explanations follows, and a summary appears in Table 8.2 “Sociological Explanations of Crime”.

Table 8.2 Sociological Explanations of Crime

Major perspective	Related explanation	Summary of explanation
Functional (social structure theories)	Social disorganization	Certain social characteristics of urban neighborhoods contribute to high crime rates. These characteristics include poverty, dilapidation, population density, and population turnover.
	Anomie	According to Robert Merton, crime by the poor results from a gap between the cultural emphasis on economic success and the inability to achieve such success through the legitimate means of working.
Interactionist (social process theories)	Differential association	Edwin H. Sutherland argued that criminal behavior is learned by interacting with close friends who teach us how to commit various crimes and also the values, motives, and rationalizations we need to adopt in order to justify breaking the law.
	Social bonding	Travis Hirschi wrote that delinquency results from weak bonds to conventional social institutions, such as families and schools.
	Labeling	Deviance and crime result from being officially labeled; arrest and imprisonment increase the likelihood of reoffending.
Conflict (conflict theories)	Group conflict	Criminal law is shaped by the conflict among the various social groups in society that exist because of differences in race and ethnicity, social class, religion, and other factors.
	Radical	The wealthy try to use the law and criminal justice system to reinforce their power and to keep the poor and people of color at the bottom of society.
	Feminist	Gender plays an important role in the following areas: (1) the reasons girls and women commit crime; (2) the reasons female crime is lower than male crime; (3) the victimization of girls and women by rape, sexual assault, and domestic violence; and (4) the experience of women professionals and offenders in the criminal justice system.

The Functional Perspective: Social Structure Theories

Social structure theories all stress that crime results from the breakdown of society's norms and social organization and in this sense fall under the functional perspective outlined in Chapter 1 "Understanding Social Problems". They trace the roots of crime to problems in the society itself rather than to biological or psychological problems inside individuals. By doing so, they suggest the need to address society's social structure in order to reduce crime. Several social structure theories exist.

Social Disorganization Theory

A popular explanation is social disorganization theory. This approach originated primarily in the work of Clifford R. Shaw and Henry D. McKay (1942), two social scientists at the University of Chicago who studied that city's delinquency rates during the first three decades of the twentieth century. During this time, the ethnic composition of Chicago changed considerably, as the city's inner zones were first occupied by English, German, and Irish immigrants, and then by Eastern European immigrants, and then by African Americans who moved there from southern states. Shaw and McKay found that the inner zones of Chicago consistently had the highest delinquency rates regardless of which ethnic group lived there, and they also found that the ethnic groups' delinquency rates declined as they moved to outer areas of Chicago. To explain these related patterns, Shaw and McKay reasoned that the inner zones of Chicago suffered from *social disorganization*: A weakening of social institutions such as the family, school, and religion that in turn weakens the strength of social bonds and norms and the effectiveness of socialization. Research today confirms that crime rates are highest in neighborhoods with several kinds of structural problems, including high rates of residential mobility, population density, poverty, and single-parent families (Mazerolle, Wickes, & McBroom, 2010).

Anomie Theory

Another popular explanation is anomie theory, first formulated by Robert K. Merton (1938) in a classic article. Writing just after the Great Depression, Merton focused on the effects of poverty in a nation like the United States that places so much emphasis on economic success. With this strong cultural value, wrote Merton, the poor who do not achieve the American dream feel especially frustrated. They have several ways or adaptations of responding to their situation (see Table 8.3 "Anomie Theory").

Table 8.3 Anomie Theory

	Goal of economic success	
	Accept	*Reject*
Value of working		
Accept	Conformity	Ritualism
Reject	Innovation	Retreatism

First, said Merton, they may continue to accept the goal of economic success and also the value of working at a job to achieve such success; Merton labeled this adaptation *conformity*. Second, they may continue to favor economic success but reject the value of working and instead use new, illegitimate means, for example theft, of gaining money and possessions; Merton labeled this adaptation *innovation*. Third, they may abandon hope of economic success but continue to work anyway because work has become a habit. Merton labeled this adaptation *ritualism*. Finally, they may reject both the goal of economic success and the means of working to achieve such success and withdraw from society either by turning to drugs or by becoming hobos; Merton labeled this adaptation *retreatism*. He also listed a fifth adaptation, which he called *rebellion*, to characterize a response in which people reject economic success and working and work to bring about a new society with new values and a new economic system.

Merton's theory was very influential for many years but eventually lost popularity, partly because many crimes, such as assault and rape, are not committed for the economic motive that his theory assumed, and partly because many people use drugs and alcohol without dropping out of society, as his retreatism category assumed. In recent years, however, scholars have rediscovered and adapted his theory, and it has regained favor as new attention is being paid to the frustration resulting from poverty and other strains in one's life that in turn may produce criminal behavior (Miller, Schreck, & Tewksbury, 2011).

? Exercise 19.4.1

According to Merton, when we accept the value of working but, reject the goal of economic success it is called:

Answer

Ritualilsm

The Interactionist Perspective: Social Process Theories

Social process theories all stress that crime results from the social interaction of individuals with other people, particularly their friends and family, and thus fall under the interactionist perspective outlined in Chapter 1 “Understanding Social Problems”. They trace the roots of crime to the influence that our friends and family have on us and to the meanings and perceptions we derive from their views and expectations. By doing so, they indicate the need to address the peer and family context as a promising way to reduce crime.



Social process theories stress that crime results from social interaction. In particular, our friends influence our likelihood of committing crime or not committing crime. Sam.Weiss. – what happens in the guys bathroom, stays in the guys bathroom – CC BY-ND 2.0.

Differential Association Theory

One of the most famous criminological theories is differential association theory, first formulated at about the same time as Merton’s anomie theory by Edwin H. Sutherland and published in its final form in an edition of a criminology text he wrote (Sutherland, 1947). Sutherland rejected the idea, fashionable at the time, that crime had strong biological roots and instead said it grew out of interaction with others. Specifically, he wrote that adolescents and other individuals learn that it is acceptable to commit crime and also how to commit crime from their interaction with their close friends. Adolescents become delinquent if they acquire more and stronger attitudes in favor of breaking the law than attitudes opposed to breaking the law. As Sutherland put it, “A person becomes delinquent because of an excess of definitions favorable to the violation of law over definitions unfavorable to the violation of law.” Crime and delinquency, then, result from a very normal social process, social interaction. Adolescents are more or less at risk for delinquency partly depending on who their friends are and what their friends do or don’t do.

Many scholars today consider peer influences to be among the most important contributors to delinquency and other misbehavior (Akers & Sellers, 2009). One problem with differential association theory is that it does not explain behavior, like rape, that is usually committed by a lone offender and that is generally the result of attitudes learned from one’s close friends.

Social Bonding Theory

In a 1969 book, *Causes of Delinquency*, Travis Hirschi (1969) asked not what prompts people to commit crime, but rather what *keeps them from* committing crime. This question was prompted by his view that human nature is basically selfish and that it is society’s task to tame this selfishness. He wrote that an adolescent’s bonds to society, and specifically the bonds to family and school, help keep the adolescent from breaking the law.

Hirschi identified several types of social bonds, but generally thought that the closer adolescents feel to their family and teachers, the more they value their parents’ beliefs and school values, and the more time they spend with their families and on school activities, the less likely they are to be delinquent. Turning that around, they are more likely to be delinquent if they feel more distant from their parents and teachers, if they place less value on their family’s and school’s values, and if they spend less time with these two very important social institutions in their lives.

Hirschi’s social bonding theory attracted immediate attention and is one of the most popular and influential theories in criminology today. It highlighted the importance of families and schools for delinquency and stimulated much research on their influence. Much of this research has focused on the relationship between parents and children. When this relationship is warm and harmonious and

when children respect their parents' values and parents treat their children firmly but fairly, children are less likely to commit antisocial behavior during childhood and delinquency during adolescence. Schools also matter: Students who do well in school and are very involved in extracurricular activities are less likely than other students to engage in delinquency (Bohm & Vogel, 2011).

Children and Our Future

Saving Children from a Life of Crime

Millions of children around the nation live in circumstances that put them at risk for a childhood, adolescence, and adulthood filled with antisocial behavior, delinquency, and crime, respectively. Although most of these children in fact will not suffer this fate, many of their peers will experience these outcomes. These circumstances thus must be addressed to save these children from a life of crime. As social scientists Brandon C. Welsh and David P. Farrington observe, "Convincing research evidence exists to support a policy of saving children from a life of crime by intervening early in childhood to tackle key risk factors."

What are these risk factors? They include being born to a teenaged, single mother; living in poverty or near poverty; attending poor, dilapidated schools; and living in high-crime urban areas. As should be evident, these risk factors are all related, as most children born to teenaged, single mothers live in poverty or near poverty, and many such children live in high-crime urban areas.

What can be done to help save such children from a life of crime? Ideally, our nation would lift them and their families entirely out of poverty with employment and social payment policies. Although this sort of national policy will not occur in the foreseeable future, a growing amount of rigorous social science evaluation evidence points to several effective programs and policies that can still help at-risk children. These include (1) at the individual level, certain types of preschool programs and social skills training programs; (2) at the family level, home visiting by trained professionals and parenting training programs; and (3) at the school and community levels, certain types of after-school and community-mentoring programs in which local adults spend time with children at risk for delinquency and other problems.

As Welsh and Farrington note, "Early prevention is by no means a panacea. But it does represent an integral part of any plan to reduce the nation's crime rate." They add that several other Western democracies have national agencies devoted to improving behavioral and other outcomes among those nations' children, and they call for the United States to establish a similar national agency, the National Council on Early Prevention, as part of a nationwide strategy to prevent delinquency and other antisocial behaviors among American youth.

Sources: Piquero, Farrington, Welsh, Tremblay, & Jennings, 2009; Welsh & Farrington, 2007

Another social institution, religion, has also been the subject of research. An increasing number of studies are finding that religious involvement seemingly helps keep adolescents from using alcohol and other drugs (see Chapter 5 "Alcohol and Other Drugs"), from engaging in frequent sexual activity, and from engaging in delinquency generally (Desmond, Soper, & Purpura, 2009). Fewer studies of religiosity and criminality during adulthood exist, but one investigation found an association between greater religiosity and fewer sexual partners among never-married adults (Barkan, 2006).

Labeling Theory

Our criminal justice system is based on the idea that the prospect of quick arrest and harsh punishment should deter criminal behavior. Labeling theory has the opposite idea, as it assumes that labeling someone as a criminal or deviant, which arrest and imprisonment certainly do, makes the person more likely to continue to offend. This result occurs, argues the theory, because the labeling process gives someone a negative self-image, reduces the potential for employment, and makes it difficult to have friendships with law-abiding individuals.



When this man is released from prison, he will probably face difficulties in finding a job and starting friendships with law-abiding people. These difficulties will make him more likely to commit new crimes. Derek Key – Jailbirds – CC BY 2.0.

Suppose, for example, that you were just released from prison after serving a five-year term for armed robbery. When you apply for a job and list your prison term on the application, how likely are you to get hired? If you are at a bar and meet someone who interests you and then tell the person where you were for the previous five years, what are the chances that the conversation will continue? Faced with bleak job prospects and a dearth of people who want to spend time with you, what are your alternatives? Might you not succumb to the temptation to hang out with other offenders and even to commit new crime yourself?

Although research findings are not unanimous, several studies do find that arrest and imprisonment increase future offending, as labeling theory assumes (Nagin, Cullen, & Jonson, 2009). To the extent this undesired consequence occurs, efforts to stem juvenile and adult crime through harsher punishment may sometimes have the opposite result from their intention.

? Exercise 19.4.2

According to the _____, delinquency results from weak bonds to conventional social institutions, such as families and schools.

Answer

Social bonding theory

The Conflict Perspective

Several related theories fall under the conflict perspective outlined in Chapter 1 “Understanding Social Problems”. Although they all have something to say about why people commit crime, their major focus is on the use and misuse of the criminal law and criminal justice system to deal with crime. Three branches of the conflict perspective exist in the study of crime and criminal justice.

The first branch is called group conflict theory, which assumes that criminal law is shaped by the conflict among the various social groups in society that exist because of differences in race and ethnicity, social class, religion, and other factors. Given that these groups compete for power and influence, the groups with more power and influence try to pass laws that ban behaviors in which subordinate groups tend to engage, and they try to use the criminal justice system to suppress subordinate group members. A widely cited historical example of this view is Prohibition, which was the result of years of effort by temperance advocates, most of them from white, Anglo-Saxon, rural, and Protestant backgrounds, to ban the manufacture, sale, and use of alcohol. Although these advocates thought alcohol use was a sin and incurred great social costs, their hostility toward alcohol was also motivated by their hostility toward the types of people back then who tended to use alcohol: poor, urban, Catholic immigrants. Temperance advocates’ use of legal means to ban alcohol was, in effect, a “symbolic crusade” against people toward whom these advocates held prejudicial attitudes (Gusfield, 1963).

The second branch of the conflict perspective is called radical theory. Radical theory makes the same general assumptions as group conflict theory about the use of criminal law and criminal justice, but with one key difference: It highlights the importance of

(economic) social class more than the importance of religion, ethnicity, and other social group characteristics. In this way, radical theory evokes the basic views of Karl Marx on the exploitation and oppression of the poor and working class by the ruling class (Lynch & Michalowski, 2006).

An early but still influential radical explanation of crime was presented by Dutch criminologist Willem Bonger (1916). Bonger blamed the high US crime rate on its economic system, capitalism. As an economic system, he said, capitalism emphasizes the pursuit of profit. Yet, if someone gains profit, someone else is losing it. This emphasis on self-gain, he said, creates an egoistic culture in which people look out for themselves and are ready and even willing to act in a way that disadvantages other people. Amid such a culture, he said, crime is an inevitable outcome. Bonger thought crime would be lower in socialist societies because they place more emphasis on the welfare of one's group than on individual success.

Feminist approaches comprise the third branch of the conflict perspective on the study of crime and criminal justice. Several such approaches exist, but they generally focus on at least one of four areas: (1) the reasons girls and women commit crime; (2) the reasons female crime is lower than male crime; (3) the victimization of girls and women by rape, sexual assault, and domestic violence; and (4) the experience of women professionals and offenders in the criminal justice system.

Regarding the first area, the research generally finds that girls and women commit crime for the same reasons that boys and men commit crime: poverty, parental upbringing, and so forth. But it also finds that both women and men "do gender" when they commit crime. That is, they commit crime according to gender roles, at least to some extent. Thus one study found that women robbers tend to rob other women and not to use a gun when they do so (J. Miller & Brunson, 2000).

In addressing the second area, on why female crime is less common than male crime, scholars often cite two reasons discussed earlier: gender role socialization and gender-based differences in parental supervision. One additional reason derives from social bonding theory: Girls feel closer to their parents than boys do, and thus are less delinquent (Lanctôt & Blanc, 2002).



One important area of feminist-inspired work on crime and criminal justice involves studies of women police officers. Joery Bruijntjes – Polizia Locale – CC BY-NC 2.0.

We have already commented on the victimization of women from rape, sexual assault, and domestic violence, but the study of this topic began with work by feminist criminologists during the 1970s. Since that time, innumerable works have addressed this type of victimization, which is also thought to contribute to girls' delinquency and, more generally, female drug and alcohol abuse (Chesney-Lind & Jones, 2010).

The final area for feminist work addresses women professionals and offenders in the criminal justice system. This body of research certainly goes beyond the scope of this book, but it documents the many blatant and subtle forms of discrimination that women face as police, attorneys, judges, prison guards, and other professionals (Muraskin, 2012). A primary task of research on women offenders is to determine how they fare in the criminal justice system compared to male offenders. Studies tend to find that females receive somewhat more lenient treatment than males for serious offenses and somewhat harsher treatment for minor offenses, although some studies conclude that gender does not make too much of a difference one way or the other (Chesney-Lind & Pasko, 2004).

Key Takeaways

- Social structure theories stress that crime results from economic and other problems in how society is structured and from poverty and other problems in neighborhoods.

- Interactionist theories stress that crime results from our interaction with family members, peers, and other people, and from labeling by the criminal justice system.
- Conflict theories stress that social groups with power and influence try to use the law and criminal justice system to maintain their power and to keep other groups at the bottom of society.

For Your Review

1. What are any two criminogenic (crime-causing) social or physical characteristics of urban neighborhoods?
2. According to labeling theory, why are arrest and imprisonment sometimes counterproductive?

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19.5: The Criminal Justice System

Learning Objectives

Upon completing this section, you should be able to:

1. Describe what is meant by the "working personality" of the police.
2. Discuss the quality of legal representation of criminal defendants.
3. Explain whether incarceration reduces crime in an effective and cost-efficient manner.

The criminal justice system in a democracy like the United States faces two major tasks: (1) keeping the public safe by apprehending criminals and, ideally, reducing crime; and (2) doing so while protecting individual freedom from the abuse of power by law enforcement agents and other government officials. Having a criminal justice system that protects individual rights and liberties is a key feature that distinguishes a democracy from a dictatorship.

How well does the US criminal justice system work in both respects? How well does it control and reduce crime, and how well does it observe individual rights and not treat people differently based on their social class, race and ethnicity, gender, and other social characteristics? What are other problems in our criminal justice system? Once again, whole books have been written about these topics, and we have space here to discuss only some of this rich literature.

Police

The police are our first line of defense against crime and criminals and for that reason are often called "the thin blue line." Police officers realize that their lives may be in danger at any time, and they also often interact with suspects and other citizens whose hostility toward the police is quite evident. For these reasons, officers typically develop a *working personality* that, in response to the danger and hostility police face, tends to be authoritarian and suspicious (Skolnick, 1994). Indeed, it is not too far-fetched to say that police-citizen relations are characterized by mutual hostility and suspicion (Dempsey & Forst, 2012).

Two aspects of police behavior are especially relevant for a textbook on social problems. The first is police *corruption*. No one knows for sure how much police corruption occurs, but low-level corruption (e.g., accepting small bribes and stealing things from stores while on patrol) is thought to be fairly common, while high-level corruption (e.g., accepting large bribes and confiscating and then selling illegal drugs) is thought to be far from rare. In one study involving trained researchers who rode around in police cars, more than one-fifth of the officers being observed committed some corruption (Reiss, 1980). Several notorious police scandals have called attention to rampant corruption amid some police forces. One scandal more than three decades ago involved New York City officer Frank Serpico, whose story was later documented in a best-selling book (Maas, 1973) and in a tension-filled film starring Al Pacino. After Serpico reported high-level corruption to his superiors, other officers plotted to have him murdered and almost succeeded. A more recent scandal involved the so-called Rampart Division in Los Angeles and involved dozens of officers who beat and shot suspects, stole drugs and money, and lied at the trials of the people they arrested (Glover & Lait, 2000).

The other relevant behavior is *police brutality* or, to use a less provocative term, the *use of undue* (also called *unjustified* or *excessive*) force by police. Police, of course, are permitted and even expected to use physical force when necessary to subdue suspects. Given the context of police work noted earlier (feelings of danger and suspicion) and the strong emotions at work in any encounter between police and suspects, it is inevitable that some police will go beyond the bounds of appropriate force and commit brutality. An important question is how much police brutality occurs. In a recent national survey, about 1 percent of US residents who had had an encounter with the police in 2008 believed that excessive force was used against them (Eith & Durose, 2011). This is a low figure in percentage terms, but still translates to 417,000 people who may have been victims of police brutality in one year.

How well do the police prevent crime? To answer this question, let us be clear what it is asking. The relevant question is not whether having the police we do have keeps us safer than having no police at all. Rather, the relevant question is whether hiring more police or making some specific change in police practice would lower the crime rate. The evidence on this issue is complex, but certain conclusions are in order.



In terms of crime reduction, the ways in which police are deployed matter more than the actual number of police. Joery Bruijntjes – Polizia Locale – CC BY-NC 2.0.

First, simply adding more officers to a city's existing police force will probably not reduce crime, or will reduce it only to a very small degree and at great expense (Walker, 2011). Several reasons may explain why additional police produce small or no reductions in crime. Much violence takes place indoors or in other locations far from police purview, and practical increases in police numbers still would not yield numbers high enough to guarantee a police presence in every public location where crime might happen. Because criminals typically think they can commit a crime with impunity if no police are around, the hiring of additional police is not likely to deter them.

Additional police may not matter, but how police are deployed *does* matter. In this regard, a second conclusion from the policing and crime literature is that *directed patrol* involving the consistent deployment of large numbers of police in high-crime areas ("hot spots") can reduce crime significantly (Mastrofski, Weisburd, & Braga, 2010). *Crackdowns*—in which the police flood a high crime and drug neighborhood, make a lot of arrests, and then leave—have at most a short-term effect, with crime and drug use eventually returning to their previous levels or simply becoming displaced to other neighborhoods.

Criminal Courts

In the US legal system, suspects and defendants enjoy certain rights and protections guaranteed by the Constitution and Bill of Rights and provided in various Supreme Court rulings since these documents were written some 220 years ago. Although these rights and protections do exist and again help distinguish our democratic government from authoritarian regimes, in reality the criminal courts often fail to achieve the high standards by which they should be judged. *Justice Denied* (Downie, 1972) and *Injustice for All* (Strick, 1978) were the titles of two popular critiques of the courts written about four decades ago, and these titles continue to apply to the criminal courts today.

A basic problem is the lack of adequate counsel for the poor. Wealthy defendants can afford the best attorneys and get what they pay for: excellent legal defense. An oft-cited example here is O. J. Simpson, the former football star and television and film celebrity who was arrested and tried during the mid-1990s for allegedly killing his ex-wife and one of her friends (Barkan, 1996). Simpson hired a "dream team" of nationally famous attorneys and other experts, including private investigators, to defend him at an eventual cost of some $10 million. A jury acquitted him, but a poor defendant in similar circumstances almost undoubtedly would have been found guilty and perhaps received a death sentence.

Almost all criminal defendants are poor or near poor. Although they enjoy the right to free legal counsel, in practice they receive ineffective counsel or virtually no counsel at all. The poor are defended by public defenders or by court-appointed private counsel, and either type of attorney simply has far too many cases in any time period to handle adequately. Many poor defendants see their attorneys for the first time just moments before a hearing before the judge. Because of their heavy caseloads, the defense attorneys do not have the time to consider the complexities of any one case, and most defendants end up pleading guilty.

A 2006 report by a New York state judicial commission reflected these problems (Hakim, 2006, p. B1). The report concluded that "local governments were falling well short of constitutional requirements in providing legal representation to the poor," according to a news story. Some New York attorneys, the report found, had an average yearly caseload of 1,000 misdemeanors and 175 felonies. The report also found that many poor defendants in 1,300 towns and villages throughout the state received no legal representation at all. The judge who headed the commission called the situation "a serious crisis."

Another problem is plea bargaining, in which a defendant agrees to plead guilty, usually in return for a reduced sentence. Under our system of justice, criminal defendants are entitled to a trial by jury if they want one. In reality, however, most defendants plead

guilty, and criminal trials are very rare: Fewer than 3 percent of felony cases go to trial. Prosecutors favor plea bargains because they help ensure convictions while saving the time and expense of jury trials, while defendants favor plea bargains because they help ensure a lower sentence than they might receive if they exercised their right to have a jury trial and then were found guilty. However, this practice in effect means that defendants are punished if they do exercise their right to have a trial. Critics of this aspect say that defendants are being coerced into pleading guilty even when they have a good chance of winning a not guilty verdict if their case went to trial (Oppel, 2011).

The Problem of Prisons

The United States now houses more than 1.5 million people in state and federal prisons and more than 750,000 in local jails. This total of about 2.3 million people behind bars is about double the 1990 number and yields an incarceration rate that is by far the highest rate of any Western democracy. This high rate is troubling, and so is the racial composition of American prisoners. More than 60 percent of all state and federal prisoners are African American or Latino, even though these two groups comprise only about 30 percent of the national population. As Chapter 5 "Alcohol and Other Drugs" noted, African Americans and Latinos have been arrested and imprisoned for drug offenses far out of proportion to their actual use of illegal drugs. This racial/ethnic disparity has contributed to what law professor Michelle Alexander (2010) terms the "new Jim Crow" of mass incarceration. Reflecting her concern, about one of every three young African American males are under correctional supervision (in jail or prison or on probation or parole).

The corrections system costs the nation more than $75 billion annually. What does the expenditure of this huge sum accomplish? It would be reassuring to know that the high US incarceration rate keeps the nation safe and even helps reduce the crime rate, and it is certainly true that the crime rate would be much higher if we had no prisons at all. However, many criminologists think the surge in imprisonment during the last few decades has not helped reduce the crime rate at all or at least in a cost-efficient manner (Durlauf & Nagin, 2011). Greater crime declines would be produced, many criminologists say, if equivalent funds were instead spent on crime prevention programs instead of on incarceration (Welsh & Farrington, 2007), a point returned to in Section 8.6 "Reducing Crime".

Criminologists also worry that prison may be a breeding ground for crime because rehabilitation programs such as vocational training and drug and alcohol counseling are lacking and because prison conditions are substandard. They note that more than 700,000 inmates are released from prison every year and come back into their communities ill equipped to resume a normal life. There they face a lack of job opportunities (how many employers want to hire an ex-con?) and a lack of friendships with law-abiding individuals, as our earlier discussion of labeling theory indicated. Partly for these reasons, imprisonment ironically may increase the likelihood of future offending (Durlauf & Nagin, 2011).

Living conditions behind bars merit further discussion. A common belief of Americans is that many prisons and jails are like country clubs, with exercise rooms and expensive video and audio equipment abounding. However, this belief is a myth. Although some minimum-security federal prisons may have clean, adequate facilities, state prisons and local jails are typically squalid places. As one critique summarized the situation, "Behind the walls, prisoners are likely to find cramped living conditions, poor ventilation, poor plumbing, substandard heating and cooling, unsanitary conditions, limited private possessions, restricted visitation rights, constant noise, and a complete lack of privacy" (Kappeler & Potter, 2005, p. 293).

Some Americans probably feel that criminals deserve to live amid overcrowding and squalid living conditions, while many Americans are probably at least not very bothered by this situation. But this situation increases the odds that inmates will leave prison and jail as *more* of a threat to public safety than when they were first incarcerated. Treating inmates humanely would be an important step toward successful reentry into mainstream society.

People Making a Difference

Making a Difference in the Lives of Ex-Cons

The text notes that more than 600,000 inmates are released from prison every year. Many of them are burdened with drug, alcohol, and other problems and face bleak prospects for employment, friendships, and stable lives, in general. Since 1967, The Fortune Society has been making a difference in the lives of ex-convicts in and near New York City.

The Fortune Society's website (http://www.fortunesociety.org) describes the group's mission: "The Fortune Society is a nonprofit social service and advocacy, founded in 1967, whose mission is to support successful reentry from prison and promote alternatives

to incarceration, thus strengthening the fabric of our communities." About 70 percent of its more than 190 employees are ex-prisoners and/or have histories of substance abuse or homelessness. It is fair to say that The Fortune Society was working on prisoner reentry long before scholars discovered the problem in the late 1990s and early 2000s.

The group's president, JoAnne Page, described its halfway house where inmates stay for up to two months after their release from prisons: "This is what we do. We bring people home safely. There's a point when the crime happened. The sentence was served, and the rehabilitation must begin. We look at a human being as much more than the worst they ever did." Recalling that many of her relatives died in the Holocaust, Page added, "What my family experience did was to make me want to be somebody who fights institutions that damage people and who makes the world a little safer. Prisons are savage institutions."

In addition to its halfway house, the Fortune Society provides many other services for inmates, ex-inmates, and offenders who are put on probation in lieu of incarceration. It regularly offers drug and alcohol counseling, family services, adult education and career development programs, and classes in anger management, parenting skills, and health care. One of its most novel programs is Miss Betty's Practical Cooking and Nutrition Class, an eight-week course for ex-inmates who are young fathers. While a first reaction might be to scoff at such a class, a Fortune counselor pointed to its benefits after conceding her own immediate reaction. "When I found out about the cooking classes, I thought, 'So they're going to learn to cook, so what?' What's that going to do? But it's building self-esteem. For most of these guys, they're in a city, they've grown up on Kool-Aid and a bag of chips. This is building structure. They're at the point where they have really accomplished something…They're learning manners. You really can change patterns."

One ex-convict that Fortune helped was 22-year-old Candice Ellison, who spent more than two years in prison for assault. After not finding a job despite applying to several dozen jobs over a six-month span, she turned in desperation to The Fortune Society for help. Fortune bought her interview clothes and advised her on how to talk about her prison record with potential employers. Commending the help she received, she noted, "Some of my high school friends say it's not that hard to get a job, but for people like me with a criminal background, it's like 20 times harder."

The Fortune Society has received national recognition for its efforts. Two federal agencies, the Department of Justice and the Department of Housing and Urban Development, have featured The Fortune Society as a model program for helping ex-inmates. The Urban Institute featured this model in a video it developed about prisoner reentry programs. And in 2005, the American Society of Criminology presented the Society its President's Award for "Distinguished Contributions to the Cause of Justice." These and other examples of the national recognition won by The Fortune Society indicate that for more than four decades it has indeed been making a difference.

Sources: Bellafante, 2005; Greenhouse, 2011; Richardson, 2004

Focus on the Death Penalty

The death penalty is perhaps the most controversial issue in the criminal justice system today. The United States is the only Western democracy that sentences common criminals to death, as other democracies decided decades ago that civilized nations should not execute anyone, even if the person took a human life. About two-thirds of Americans in national surveys favor the death penalty, with their reasons including the need for retribution ("an eye for an eye"), deterrence of potential murderers, and lower expenditure of public funds compared to a lifetime sentence. Social science evidence is irrelevant to the retribution argument, which is a matter for philosophy and theology, but it is relevant to many other aspects of the death debate. Taken together, the evidence on all these aspects yields a powerful case *against* the death penalty (Death Penalty Information Center, 2011).

First, capital punishment does not deter homicide: Almost all studies on this issue fail to find a deterrent effect. An important reason for this stems from the nature of homicide. As discussed earlier, it is a relatively spontaneous, emotional crime. Most people who murder do not sit down beforehand to calculate their chances of being arrested, convicted, and executed. Instead they lash out. Premeditated murders do exist, but the people who commit them do not think they will get caught and so, once again, are not deterred by the potential for execution.

Second, the death penalty is racially discriminatory. While some studies find that African Americans are more likely than whites who commit similar homicides to receive the death penalty, the clearest evidence for racial discrimination involves the race of the victim: Homicides with white victims are more likely than those with African American victims to result in a death sentence

(Paternoster & Brame, 2008). Although this difference is not intended, it suggests that the criminal justice system values white lives more than African American lives.



The death penalty is racially discriminatory and does not deter homicide. Thomas Hawk – Miami Police – CC BY-NC 2.0.

Third, many people have been mistakenly convicted of capital offenses, raising the possibility of *wrongful executions*. Sometimes defendants are convicted out of honest errors, and sometimes they are convicted because the police and/or prosecution fabricated evidence or engaged in other legal misconduct. Whatever their source, wrongful convictions of capital offenses raise the ugly possibility that a defendant will be executed even though he was actually innocent of any capital crime. During the past four decades, more than 130 people have been released from death row after DNA or other evidence cast serious doubt on their guilt. In March 2011, Illinois abolished capital punishment, partly because of concern over the possibility of wrongful executions. As the Illinois governor summarized his reasons for signing the legislative bill to abolish the death penalty, "Since our experience has shown that there is no way to design a perfect death penalty system, free from the numerous flaws that can lead to wrongful convictions or discriminatory treatment, I have concluded that the proper course of action is to abolish it" (Schwartz & Fitzsimmons, 2011:A18).

Fourth, executions are expensive. Keeping a murderer in prison for life costs about $1 million in current dollars (say 40 years at $25,000 per year), while the average death sentence costs the state about $2 million to $3 million in legal expenses.

This diverse body of evidence leads most criminologists to oppose the death penalty. In 1989, the American Society of Criminology adopted this official policy position on capital punishment: "Be it resolved that because social science research has demonstrated the death penalty to be racist in application and social science research has found no consistent evidence of crime deterrence through execution, The American Society of Criminology publicly condemns this form of punishment, and urges its members to use their professional skills in legislatures and courts to seek a speedy abolition of this form of punishment."

Key Takeaways

- Partly because the police often fear for their lives, they tend to have a "working personality" that is authoritarian and suspicious. Police corruption and use of undue force remain significant problems in many police departments.
- Although criminal defendants have the right to counsel, the legal representation of such defendants, most of whom are poor or near poor, is very inadequate.
- Prisons are squalid places, and incarceration has not been shown to reduce crime in an effective or cost-efficient manner.
- Most criminologists agree that capital punishment does not deter homicide, and they worry about racial discrimination in the use of the death penalty and about the possibility of wrongful executions.

For Your Review

1. Have you ever had an encounter with a police officer? If so, how would you describe the officer's personality? Was it similar to what is described in the text?
2. The text argues that improvement in prison conditions would help reduce the probability of reoffending after inmates leave prison. Do you agree or disagree with this statement? Explain your answer.

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19.6: Reducing Crime

Learning Objective

Upon completing this section, you should be able to:

1. Describe five strategies that criminologists have proposed to reduce crime.

During the last few decades, the United States has used a get-tough approach to fight crime. This approach has involved longer prison terms and the building of many more prisons and jails. As noted earlier, scholars doubt that this surge in imprisonment has achieved significant crime reduction at an affordable cost, and they worry that it may be leading to greater problems in the future as hundreds of thousands of prison inmates are released back into their communities every year.

Many of these scholars favor an approach to crime borrowed from the field of public health. In the areas of health and medicine, a public health approach tries to treat people who are already ill, but it especially focuses on preventing disease and illness before they begin. While physicians try to help people who already have cancer, medical researchers constantly search for the causes of cancer so that they can try to prevent it before it affects anyone. This model is increasingly being applied to criminal behavior, and criminologists have advanced several ideas that, if implemented with sufficient funds and serious purpose, hold great potential for achieving significant, cost-effective reductions in crime (Barlow & Decker, 2010; Frost, Freilich, & Clear, 2010; Lab, 2010). Many of their strategies rest on the huge body of theory and research on the factors underlying crime in the United States, which we had space only to touch on earlier, while other proposals call for criminal justice reforms. We highlight some of these many strategies here.

Applying Social Research

"Three Strikes" Laws Strike Out

The *get-tough* approach highlighted in the text has involved, among other things, mandatory minimum sentencing, in which judges are required to give convicted offenders a minimum prison term, often several years long, rather than a shorter sentence or probation.

Beginning in the 1990s, one of the most publicized types of mandatory sentencing has been the "three strikes and you're out" policy that mandates an extremely long sentence—at least twenty-five years—and sometimes life imprisonment for offenders convicted of a third (or, in some states, a second) felony. The intent of these laws, enacted by about half the states and the federal government, is to reduce crime by keeping dangerous offenders behind bars for many years and by deterring potential offenders from committing crime (*general deterrence*). Sufficient time since the first three strikes laws were passed has elapsed to enable criminologists to assess whether they have, in fact, reduced crime.

Studies of this issue find that three strikes laws do not reduce serious crime and, in fact, may even *increase* the number of homicides. Several studies have focused on California, where tens of thousands of offenders have been sentenced under the state's three strikes law passed in 1994. Almost all these studies conclude that California's law did not reduce subsequent crime or did so by only a negligible amount. A few studies also have examined nationwide samples of city and state crime rates in the states that adopted three strikes laws and in the states that did not do so. These studies also fail to find that three strikes laws have reduced crime. As one of these studies, by three criminologists from the University of Alabama at Birmingham, concludes, "Consistent with other studies, ours finds no credible statistical evidence that passage of three strikes laws reduces crime by deterring potential criminals or incapacitating repeat offenders." The national studies even find that three strikes laws have *increased* the number of homicides. This latter finding is certainly an unintended consequence of these laws and may stem from decisions by felons facing a third strike to kill witnesses so as to avoid life imprisonment.

In retrospect, it is not very surprising that three strikes laws do not work as intended. Many criminals simply do not think they will get caught and thus are not likely to be deterred by increased penalties. Many are also under the influence of drugs and/or alcohol at the time of their offense, making it even less likely they will worry about being caught. In addition, many three strikes offenders tend to be older (because they are being sentenced for their third felony, not just their first) and thus are already "aging out" beyond the high-crime age group, 15–25. Thus three strikes laws target offenders whose criminality is already declining because they are getting older.

In addition to the increase in homicides, research has identified other problems produced by three strikes laws. Because three strikes defendants do not want a life term, some choose a jury trial instead of pleading guilty. Jury trials are expensive and slow compared to guilty pleas and thus cost the prosecution both money and time. In another problem, the additional years that three strikes offenders spend in prison are costing the states millions of dollars in yearly imprisonment costs and in health-care costs as these offenders reach their elderly years.

As should be clear, the body of three strikes research has important policy implications, as noted by the University of Alabama at Birmingham scholars: "(P)olicy makers should reconsider the costs and benefits associated with three strikes laws" (p. 235). Three strikes laws do not lower crime and in fact increase homicides, and they have forced the states to spend large sums of money on courts and prisons. The three strikes research strongly suggests that three strikes laws should be eliminated.

Sources: Kovandzic, Sloan, & Vieraitis, 2004; Walker, 2011

A first strategy involves serious national efforts to reduce poverty and to improve neighborhood living conditions. It is true that most poor people do not commit crime, but it is also true that most street crime is committed by the poor or near poor for reasons discussed earlier. Efforts that create decent-paying jobs for the poor, enhance their vocational and educational opportunities, and improve their neighborhood living conditions should all help reduce poverty and its attendant problems and thus to reduce crime (Currie, 2011).

A second strategy involves changes in how American parents raise their boys. To the extent that the large gender difference in serious crime stems from male socialization patterns, changes in male socialization should help reduce crime (Collier, 2004). This will certainly not happen any time soon, but if American parents can begin to raise their boys to be less aggressive and less dominating, they will help reduce the nation's crime rate. As two feminist criminologists have noted, "A large price is paid for structures of male domination and for the very qualities that drive men to be successful, to control others, and to wield uncompromising power.…Gender differences in crime suggest that crime may not be so normal after all. Such differences challenge us to see that in the lives of women, men have a great deal more to learn" (Daly & Chesney-Lind, 1988, p. 527).

Lessons from Other Societies

Preventing Crime and Treating Prisoners in Western Europe

The text suggests the get-tough approach that the United States has been using to reduce crime has not worked in a cost-effective manner and has led to other problems, including a flood of inmates returning to their communities every year. In fighting crime, the United States has much to learn from Western Europe. In contrast to the US get-tough approach, Western European nations tend to use a public health model that comprises two components. The first is a focus on crime prevention that uses early childhood intervention programs and other preventive measures to address the roots of crime and other childhood and family problems. The second is a criminal justice policy that involves sentencing defendants and treating prisoners in a manner more likely to rehabilitate offenders and reduce their repeat offending than the more punitive approach in the United States.

The overall Western European approach to offenders is guided by the belief that imprisonment should be reserved for the most dangerous violent offenders, and that probation, community service, and other forms of community corrections should be used for other offenders. Because violent offenders comprise only a small proportion of all offenders, the Western European approach saves a great deal of money while still protecting public safety.

The experience of Denmark and the Netherlands is illustrative. Like the United States, Denmark had to deal with rapidly growing crime rates during the 1960s. Whereas the United States responded with the get-tough approach involving longer and more certain prison terms and the construction of more and more prisons, Denmark took the opposite approach: It adopted shorter prison terms for violent offenders and used the funds saved from the reduced prison costs to expand community corrections for property offenders. Finland and the Netherlands have also adopted a similar approach that favors community corrections and relatively short prison terms for violent offenders over the get-tough approach the United States adopted.

All these nations save great sums of money in prison costs and other criminal justice expenses because they chose not to adopt the US get-tough approach, yet their rates of serious violent crime lag behind the US rates. Although these nations obviously differ from the United States, the advantages of their approach should be kept in mind as the United States evaluates its get-tough policies. There may be much to learn from their less punitive approach to crime: While the United States got tough, perhaps they got sensible.

Sources: Dammer & Albanese, 2011; Waller & Welsh, 2007

A third and very important strategy involves expansion of early childhood intervention (ECI) programs and nutrition services for poor mothers and their children, as the Note 8.28 "Children and Our Future" box discussed earlier. ECI programs generally involve visits by social workers, nurses, or other professionals to young, poor mothers shortly after they give birth, as these mother's children are often at high risk for later behavioral problems (Welsh & Farrington, 2007). These visits may be daily or weekly and last for several months, and they involve parenting instruction and training in other life skills. These programs have been shown to be very successful in reducing childhood and adolescent misbehavior in a cost-effective manner (Greenwood, 2006). In the same vein, nutrition services would also reduce the risk of neurological impairment among newborns and young children and thus their likelihood of developing later behavioral problems.

A fourth strategy calls for a national effort to improve the nation's schools and schooling. This effort would involve replacing large, older, and dilapidated schoolhouses with smaller, nicer, and better equipped ones. For many reasons, this effort should help improve student academic achievement and school commitment and thus lower delinquent and later criminal behavior.

A final set of strategies involves changes in the criminal justice system that should help reduce repeat offending and save much money that could be used to fund the ECI programs and other efforts just outlined. Placing nonviolent property and drug offenders in community corrections (e.g., probation, daytime supervision) would reduce the number of prison and jail inmates by hundreds of thousands annually without endangering Americans' safety and save billions of dollars in prison costs (Jacobson, 2006). These funds could also be used to improve prison and jail vocational and educational programming and drug and alcohol services, all of which are seriously underfunded. If properly funded, such programs and services hold great promise for rehabilitating many inmates (Cullen, 2007). Elimination of the death penalty would also save much money while also eliminating the possibility of wrongful executions.

This is not a complete list of strategies, but it does suggest the kinds of efforts that would help address the roots of crime and, in the long run, help to reduce it. Although the United States may not be interested in pursuing this crime-prevention approach, strategies like the ones just mentioned would in the long run be more likely than our current get-tough approach to create a safer society and at the same time save us billions of dollars annually.

Note that none of these proposals addresses white-collar crime, which should not be neglected in a discussion of reducing the nation's crime problem. One reason white-collar crime is so common is that the laws against it are weakly enforced; more consistent enforcement of these laws should help reduce white-collar crime, as would the greater use of imprisonment for convicted white-collar criminals (Rosoff et al., 2010).

Key Takeaways

- The get-tough approach has not been shown to reduce crime in an effective and cost-efficient manner. A sociological explanation of crime thus suggests the need to focus more resources on the social roots of crime in order to prevent crime from happening in the first place.
- Strategies suggested by criminologists to reduce crime include (a) reducing poverty and improving neighborhood living conditions, (b) changing male socialization patterns, (c) expanding early childhood intervention programs, (d) improving schools and schooling, and (e) reducing the use of incarceration for drug and property offenders.

For Your Review

1. The text notes that social science research has not shown the get-tough approach to be effective or cost-efficient. If this is true, why do you think this approach has been so popular in the United States since the 1970s?
2. Of the five strategies outlined in the text to reduce crime, which one strategy do you think would be most effective if it were implemented with adequate funding? Explain your answer.

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19.7: End-of-Chapter Material

Summary

1. Crime is a major concern for many Americans. More than one-third fear walking alone at night in their neighborhoods, and even larger percentages worry about specific types of crimes. News media coverage of crime contributes to these fears. The media overdramatize crime by covering so much of it and by giving especially heavy attention to violent crime even though most crime is not violent. In other problems, the news media disproportionately depict young people and people of color as offenders and whites as victims.
2. The nation's major source of crime statistics is the FBI's Uniform Crime Reports (UCR). Because many people do not tell the police about crimes they have experienced, the UCR underestimates the actual level of crime in the United States. It is also subject to changes in police reporting practices and in particular to deliberate efforts by police to downplay the amount of crime. To help correct these problems, the National Crime Victimization Survey (NCVS) measures crime every year in a national survey that asks residents to report their criminal victimization. The NCVS is thought to yield a more accurate estimate of crime than the UCR, and it also provides much information on the circumstances under which victimization occurs. Self-report surveys, typically given to adolescents, are a final form of crime measurement and provide much information on the adolescents' social backgrounds and thus on the context of their offending.
3. The major categories of crime are violent crime, property crime, white-collar crime, and consensual crime. Much violent crime is relatively spontaneous and emotional, and a surprising amount involves victims and offenders who knew each other before the violent act occurred. Despite popular perceptions, most violent crime is also intraracial. A major distinction in the understanding of property crime is that between professional thieves, who are very skilled and steal valuable possessions or large sums of money, and amateur thieves, who are unskilled and whose theft is petty by comparison. Corporate crime and other kinds of white-collar crime arguably cost the nation more than street crime in economic loss, health problems, and death; corporate violence involves unsafe working conditions, unsafe products, and environmental pollution. Consensual crime, such as illegal drug use and prostitution, raises two important questions: (1) Which consensual but potentially harmful behaviors should the state ban and which should it not ban, and (2) does banning such behaviors do more harm than good or more good than harm?
4. Crime is socially patterned. Males commit more serious crimes than females. African Americans and Latinos have higher crime rates than whites, poor people have higher crime rates than the wealthy, and youths in their teens and early twenties have higher crime rates than older people. In addition, crime is higher in urban areas than in rural areas.
5. Many sociological theories of criminal behavior exist. Social structure theories highlight poverty and weakened social institutions as important factors underlying crime. Social process theories stress the importance of peer relationships, social bonding, and social reaction. Conflict theories call attention to the possible use of the legal system to punish behavior by subordinate groups, while feminist theories examine gender differences in criminality, the victimization of women by rape, sexual assault, and domestic violence, and the experiences of women professionals and offenders in the criminal justice system.
6. The criminal justice system costs tens of billions of dollars annually, yet scholars question the potential of this system to reduce crime. How police are deployed seems a more important factor regarding their potential for crime reduction than the actual numbers of police. The surge in imprisonment of the last few decades may have accounted for a relatively small drop in crime, but whatever reduction it has achieved has not been cost-effective, and hundreds of thousands of prison inmates are now returning every year to their communities. Several problems also exist in the criminal justice system itself. Police corruption and brutality remain serious concerns, while indigent defendants receive inadequate legal representation or none at all. Despite public perceptions, prisons and jails are squalid places, and rape and other violence are daily concerns.
7. The United States is the only Western democracy to use the death penalty for common criminals. Social science evidence finds that the death penalty does not deter homicide, is racially discriminatory, may involve wrongful convictions, and costs considerably more than life imprisonment.
8. Many proposals for reducing crime derive from sociological evidence. These proposals aim to reduce poverty and improve neighborhood living conditions; to change male socialization patterns; to expand early childhood intervention programs and nutrition services; to improve the nation's schools and schooling; and to reduce the number of prison inmates by placing nonviolent property and drug offenders in community corrections. The funds saved by this last proposal could be used to improve prison and jail rehabilitation programming.

Using What You Know

Suppose you are the Democratic Party Governor of a midsized state and that you are up for reelection in two years. You were a political science major in college but had a sociology minor with a focus in criminal justice. The crime rate in your state has risen slightly since you took office, and there is growing sentiment in the state's major newspapers and from the Republican Party opposition in the state legislature to lengthen prison terms for serious crime and to build two more prisons for the greater number of prisoners that will be expected. Because of your studies in college, you are skeptical that this approach will reduce crime, and you recognize it will cost millions of dollars. But you also realize that your opponents and some members of the news media are beginning to say that you are soft on crime. What do you do?

What You Can Do

To help deal with the problem of crime, you may wish to do any of the following:

1. Volunteer at an agency that helps troubled teenagers.
2. Volunteer with an organization that helps ex-offenders.
3. Work for an organization that provides early childhood intervention services for at-risk children.

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CHAPTER OVERVIEW

20: Work and Economics

20.1: Overview of the Economy
20.2: Sociological Perspectives on Work and the Economy
20.3: Problems in Work and the Economy
20.4: Improving Work and the Economy
20.5: End-of-Chapter Material

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20.1: Overview of the Economy

Learning Objectives

Upon completing this section, you should be able to:

1. Identify the technological revolutions that shape a society's material conditions.
2. Describe the three sectors of the economy.
3. Distinguish the two major economic systems in the world today.

When we hear the term *economy*, it is usually in the context of how the economy "is doing": Is inflation soaring or under control? Is the economy growing or shrinking? Is unemployment rising, declining, or remaining stable? Are new college graduates finding jobs easily or not? All these questions concern the economy, but sociologists define economy more broadly as the social institution that organizes the production, distribution, and consumption of a society's goods and services. Defined in this way, the economy touches us all. Keep in mind that the economy is not the same as *government*, which is the social institution through which power is distributed and exercised. Economy and government are social institutions that are certainly intertwined, but conceptually they are distinct.

The economy is composed of three sectors. The primary sector is the part of the economy that takes and uses raw materials directly from the natural environment. Its activities include agriculture, fishing, forestry, and mining. The secondary sector of the economy transforms raw materials into finished products and is essentially the manufacturing industry. Finally, the tertiary sector is the part of the economy that provides services and information rather than tangible products; its activities include clerical work, health care, teaching, legal services, and software engineering.

Sociologist Gerhard Lenski Jr. (1924–2015) defined societies in terms of their technological sophistication. As a society advances, so does its use of technology. The economies in societies with rudimentary technology depend heavily on the fluctuations of their environments, while industrialized societies have more control over the impact of their surroundings - and thus develop different cultural features. Before the Industrial Revolution and the widespread use of machines, societies were generally small, rural, and dependent largely on local resources. Economic production was limited to the amount of labor a human being could provide, and there were few specialized occupations. The very first occupations were hunting animals and gathering vegetation.

Hunter-Gatherer

Hunter-gatherer societies demonstrate the strongest dependence on raw materials from the environment. As the basic structure of human society until about 10,000–12,000 years ago, these groups were based around kinship or tribes. Hunter-gatherers relied on their surroundings for survival—they hunted wild animals and foraged for uncultivated plants for food. When resources became scarce, the group moved to a new area following the migrations of their prey animals. Because were nomadic, they couldn't accumulate many material possessions, as everything they owned would have to be frequently carried somewhere else. These societies were common until several hundred years ago, but today only a few hundred remain in existence. Hunter-gatherer groups are quickly disappearing as the world's economic globalization progresses.

Pastoral and Horticultural

Changing conditions lead to adaptation, and innovations such as hand tools led some societies to discover techniques to domesticate animals. Roughly 7,500 years ago, human societies began to tame and breed animals, and to grow and cultivate their own plants. Unlike earlier hunter-gatherers who depended entirely on existing resources to stay alive, **pastoral** groups were able to domesticate livestock for food, clothing, and transportation, and they created a surplus of goods. Around the same time that pastoral societies were on the rise, another type of society developed, based on the newly invented hand tools that gave people the capacity to grow and cultivate plants where they lived, rather than having to forage in the wilderness. Previously, the depletion of a region's natural vegetation or water supply forced pastoral societies to relocate in search of food sources for their livestock. **Horticultural** societies formed in areas where rainfall and other conditions allowed them to grow stable crops. They were similar to hunter-gatherers in that they largely depended on the environment for survival, but since they didn't have to abandon their location to follow resources, they were able to start permanent settlements. This created more stability and enabled the accumulation of more material goods, and became the basis for the first technological revolution in human survival.

Agricultural

While pastoral and horticultural societies used small hand tools such as digging sticks or hoes, agricultural societies rely on tools that allow them to harness animal power to do more work that humans can do alone. Around 3000 B.C.E., an explosion of new technology known as the Agricultural Revolution made large scale farming possible. Farmers learned to rotate the types of crops grown on their fields, and to reuse waste products such as manure as fertilizer, which led to better harvests and bigger surpluses of food. New tools for digging and harvesting were made of metal, and this made them more effective and longer lasting. Human villages grew into towns, and particularly bountiful regions could support large populations of non-farmers who were free to specialize in other skills. Trades such as smithing, carpentry, and masonry represented the first jobs in the secondary economic sector. Areas where this grew became the first cities - centers of trade and commerce.

This is also the age in which substantial numbers of people had the time and comfort to engage in more contemplative and thoughtful activities, such as music, poetry, and philosophy. This period became referred to as the "dawn of civilization" by some because of the development of leisure and humanities. Craftspeople were able to support themselves through the production of creative, decorative, or thought-provoking aesthetic objects and writings. As resources became more plentiful and culture grew more sophisticated, social status became more divisive. Those who had more resources could afford better living, and developed into a caste of aristocrats. Differences in social standing between men and women increased. As cities expanded, ownership and preservation of resources became a pressing concern.

The ninth century gave rise to **feudalist** economies. These societies contained a strict hierarchical system of power based around land ownership and protection. The aristocratic nobility, known as lords, placed lesser nobles called vassals in charge of pieces of land. In return for the resources that the land provided, vassals promised to fight for their lords. These individual pieces of land, known as fiefdoms, were cultivated by the lower caste of peasant serfs. In return for maintaining the land owned by their local lords, peasants were guaranteed a place to live and protection from outside enemies. Power was handed down through family lines, with peasant families serving lords for generations and generations. Ultimately, the economic system of feudalism failed, and was replaced by capitalism when the technological advances of the industrial era increased production.

Industrialization

In the eighteenth century, Europe experienced a dramatic rise in technological innovation, ushering in an era known as the Industrial Revolution. What made this period remarkable was the number of new inventions that influenced people's daily lives. Within a generation, tasks that had required months of labor became achievable in a matter of days. Steam power began appearing everywhere. Instead of paying artisans to painstakingly spin wool and weave it into cloth, people turned to textile mills that produced fabric quickly, at a better price, and often with better quality. Rather than planting and harvesting fields by hand, farmers were able to purchase mechanical seeders and threshing machines, and eventually tractors that caused agricultural productivity to skyrocket. Products such as glass and paper books became available to the average person, and the quality and accessibility of education and medicine soared. Gas lights allowed increased visibility in the dark, and towns and cities developed a nightlife.

One of the results of increased productivity and technology was the rise of urban city centers. Workers flocked to cities for jobs in factories offering steady paychecks, and the populations of cities became increasingly diverse. Life was changing quickly, and the long-established traditions of the agricultural era did not apply to life in the larger cities. This brought new kinds of social problems: overcrowding, poorly designed sanitation, and crushing poverty. The new urban generation became less concerned with maintaining family traditions and ties to ancestral farmlands, and more focused on acquiring wealth and achieving upward mobility for their families. People wanted their children to continue to rise to the top, and as capitalism increased, so did social mobility. Capitalist societies moved away from a hereditary caste system, and toward achieved statuses in a new class system. The reins of power moved from the hands of the aristocracy, and to business-savvy newcomers who amassed great fortunes in their lifetimes. Families such as the Rockefellers and the Vanderbilts became the new elites, and used their economic power to control aspects of government as well.

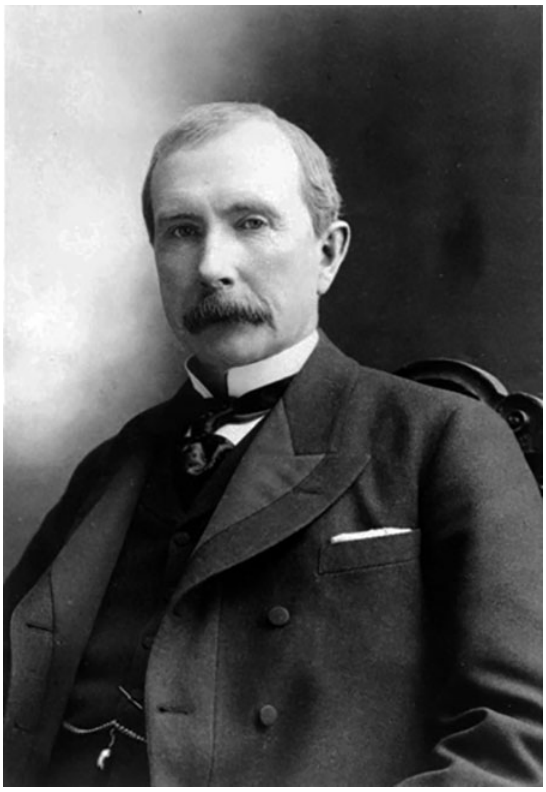


Figure 4.4: John D. Rockefeller, cofounder of the Standard Oil Company, came from an unremarkable family of salesmen and menial laborers. By his death at age 98, he was worth $1.4 billion. In industrial societies, business owners such as Rockefeller hold the majority of the power. (Credit: Wikimedia Commons)

Information Society

The Information Revolution began in the late 1900's with the popularization of computers and the internet, ushering in what is sometimes known as a post-industrial economy. Unlike industrial economies that are rooted in the secondary sector of the economy, where raw materials are processed into finished goods, information societies are based on the production of information and services, also knows as the tertiary (third) sector of the economy.

Software and algorithms are the steam engine of information societies, and tech moguls such as Bill Gates and Mark Zuckerberg are its Rockefellers and Vanderbilts. Since the economy of an information society is driven by knowledge and not material goods, power lies with those in charge of distributing and filtering information. Members of a post-industrial society are likely to be employed as providers of services instead of producers of goods. Social classes are increasingly divided by access to education, since without abstract knowledge and technical skills, people in an information society lack the means for success.

This shift toward a post-industrial framework is further amplified by the trend of **globalization**, which has freed economic activity from geographic constraints. In the information age, money, information, and intellectual property flow across national borders into a global culture where ideas circulate quickly. The emergence of social media transitioned the internet from a static repository of knowledge into a dynamic, participatory ecosystem of information. These platforms have fundamentally redefined social interaction, moving the "public square" into digital spaces where identity is shaped and cultural values are quantified through engagement metrics like "likes" and "shares." While social media democratizes the ability to broadcast information—allowing marginalized voices to bypass traditional gatekeepers—it also introduces new challenges. The fragmentation of truth within algorithmic echo chambers, and the rise of digital surveillance, have shifted the power dynamic. People are no longer just consumers of the information, but also the product being harvested for data.

Most recently, the development of generative artificial intelligence (AI) represents a major development in the information revolution. Unlike previous technologies that automated physical labor, AI begins to automate cognitive and creative processes. This raises profound questions regarding the nature of expertise, and the value of authenticity in creative expression and intellectual

work. As AI systems become integrated into everything, social status distinctions may increasingly focus on who possesses the literacy to navigate and critique the algorithms that increasingly govern daily life.



Clerical work and other occupations that provide services rather than products constitute the tertiary sector in the economy that grew swiftly in the late twentieth century. Wikimedia Commons – CC BY 2.0.

Societies differ in many ways, but they all have to produce, distribute, and consume goods and services. How this happens depends on which sectors of the economy are most important. This in turn depends heavily on the level of a society's development. Generally speaking, the less developed a society's economy, the more important its primary sector; the more developed a society's economy, the more important its tertiary sector. As societies developed economically over the centuries, the primary sector became less important and the tertiary sector became more important. The primary sector was certainly the only sector in the hunting-and-gathering societies that existed thousands of years ago, while the tertiary sector dominates much of the economy in today's wealthiest countries.

Types of Economic Systems

The two major economic systems in modern societies are capitalism and socialism. In practice, no society is *purely* capitalist or socialist, so it is helpful to think of capitalism and socialism as lying on opposite ends of a continuum. Modern economies mix elements of both capitalism and socialism, but do so in varying degrees, such that some societies lean toward the capitalist end of the spectrum, while others lean more toward the socialist end. For example, the contemporary United States of America is mostly a capitalist nation, but the U.S. government still regulates many industries to varying degrees, and provides some basic social services. Business industries usually would prefer less regulation, while their critics usually prefer more regulation. The degree of such regulation has often been a major point of controversy between different political ideologies. Let's see how capitalism and socialism differ as economic systems.

Capitalism

Capitalism is an economic system in which the means of production are privately owned. By *means of production*, we mean everything—land, tools, technology, and so forth—that is needed to produce goods and services. As outlined by Enlightenment philosopher Adam Smith, widely considered the founder of modern economics, the most important goal of capitalism is the pursuit of personal profit (Smith, 1776/1910). As individuals seek to maximize their own wealth, society as a whole is said to benefit. Goods get produced in order to satisfy people's demands, people pay for what they need and desire, the producer makes a profit, and the economy and society as a whole prosper.



One important hallmark of capitalism is competition for profit. This competition is thought to help ensure the best products at the lowest prices, as companies will ordinarily try to keep their prices as low as possible to attract buyers and maximize their sales. Consumerist Dot Com – sale window – CC BY 2.0.

As individuals pursue profits under capitalism, they compete with each other. Businesses try to attract more demand for their products in many ways, including by lowering prices, creating better products, and advertising how wonderful their products are. In capitalist theory, such competition helps ensure the best products at the lowest prices, again benefiting society as a whole. Such competition also helps ensure that no single producer controls an entire market. According to Smith, the competition that characterizes capitalism should be left to operate on its own, free of government intervention or control. For this reason, capitalism is often referred to as *laissez-faire* (French for “leave it alone”) capitalism, and terms to describe capitalism include the *free-enterprise system* and the *free market*.

The hallmarks of capitalism, then, are private ownership of the means of production, the pursuit of profit, competition, and the lack of government intervention in this competition.

Socialism

Some of the features of socialism are practically the opposite of those just listed for capitalism, and were spelled out most famously by political theorist Karl Marx. Socialism is an economic system in which the means of production are collectively owned, usually by the government on behalf of the citizens. Whereas the United States has several airlines that are owned by competing airline corporations, a socialist society might have one government-owned airline.

The most important goal of socialism is not the pursuit of personal profit, but rather providing for the collective good: providing for the general welfare of the population is considered more important than maximizing the interests of the individual. Because of this value, individuals who are socialized in the culture like this do not see themselves as competing with each other for profit; instead they work together for the good of everyone. If under capitalism the government is supposed to leave the economy alone, under socialism the government is supposed to control the economy, in terms of deciding what goods and services should be produced, and how they should be distributed in order for everyone's basic needs to be met.

The ideal outcome of socialism, said Marx, would be a truly classless or *communist* society. In such a society, all members are equal, and stratification does not exist. In theory, without the natural tension that exists between "the haves and the have-nots" society should reach a stable equilibrium, without the need for conflict or violent revolutions. Obviously his vision of a communist utopia has never been achieved, though some governments have called themselves Communist - but so far they have all departed drastically from Marx's vision of communism.

Recall that societies can be ranked on a continuum ranging from mostly capitalist to mostly socialist. At one end of the continuum, we have societies characterized by a relatively free market, and at the other end we have those characterized by strict government regulation of the economy. Figure 12.1 “Capitalism and Socialism across the Globe” depicts the nations of the world along this continuum. Capitalist nations are found primarily in North America and Western Europe but also exist in other parts of the world.

Figure 12.1 Capitalism and Socialism across the Globe



Source: Adapted from The Heritage Foundation. (2010). Distribution of economic freedom. Retrieved from http://www.heritage.org/index/pdf/20...ex2010_map.pdf.

Comparing Capitalism and Socialism

People have debated the relative merits of capitalism and socialism at least since the time of Marx (Bowles, 2012; Cohen, 2009). Compared to socialism, capitalism has several advantages. It produces greater economic growth and productivity, at least in part because it provides an incentive (profits) for innovation and hard work. It also tends to offer greater political freedom, in the form of more civil rights and liberties. As an economic system, capitalism seems to lend itself to the idea of personal liberty: because its hallmarks include the private ownership of the means of production, and the individual pursuit of profit, there is much more emphasis in capitalist societies on the needs and desires of the individual, and less emphasis on the need for government control over economic and social affairs.

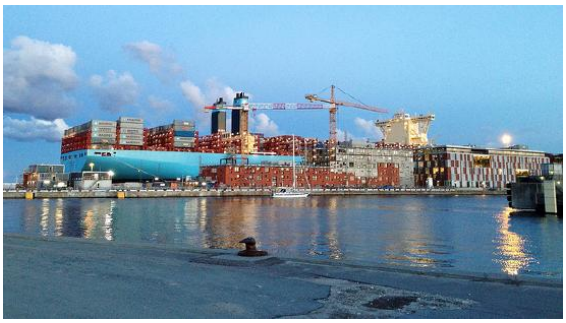
Yet capitalism also has its drawbacks. There is much more economic inequality in capitalism than in socialism, leading to political tension between economic elites, and the working class masses. Although capitalism produces economic growth, not all classes of society share the benefits of this growth, and there is a much greater difference between the rich and poor than under socialism. Some people can become very wealthy in capitalist nations, but most people remain quite poor.

Another possible drawback depends on whether you prefer competition or cooperation. It is often said that important values in the U.S.A. include competition and individualism, both of which arguably reflect this nation's capitalist system. Children here are raised with more of an individual orientation than children in socialist societies, who learn that the needs of the many are more important than those of the individual. Whereas American children learn to compete with each other for good grades, success in sports, and social status, children in socialist societies learn to cooperate to achieve collective goals.

More generally, capitalism is said by its critics to encourage selfish and even greedy behavior: individuals focused entirely on maximizing their profits may do so at the expense of others. In any competition, somebody has to lose. A company's ultimate aim, and one that is generally lauded in a culture that sees competition as a cut-throat zero-sum game, is to maximize profits by driving other companies out of the market altogether. In doing so, a business succeeds best when some other party is harmed. The small mom-and-pop shops, local pharmacies, and hardware stores are almost a thing of the past, as multinational conglomerates drive the competition out of business. To its critics, then, capitalism encourages harmful behavior, yet it is precisely this type of behavior that is taught in business schools.

As a business columnist recently summarized these problems of capitalism, "Like most Americans, I am OK with the notion that free-market capitalism produces winners and losers. What I don't like is that it also produces liars, cheaters, swindlers, self-serving narcissists, over-leveraged idiots, and reckless egomaniacs out to abuse their economic power and take unfair advantage of hard-working people. I don't complain about fraud, abuse and folly because I am anti-business or anti-capitalist… What free-market capitalism hasn't yet figured out, is what to do with all its losers. At this point in the economic cycle, they are piling up like used tires: debt-sacked college kids who can't get jobs, foreclosed homeowners, failed small-business owners, pink-slipped employees, [and] millions suddenly ejected from the middle class. (Lewis, 2022, p. C3)

Democratic Socialism



The economies of Denmark, pictured here, and several other Western European nations feature a combination of capitalism and socialism that is called democratic socialism. In these economies, the government owns important industries, but private property and political freedom remain widespread. bobthemagicdragon – Majestic – CC BY-NC-ND 2.0.

Some nations combine elements of both capitalism and socialism and are called *social democracies*, while their combination of capitalism and socialism is called democratic socialism. In these nations, which include Denmark, Sweden, and several other Western European nations, the government owns several important industries, but much property remains in private hands, and political freedom is widespread. The governments in these nations have extensive programs to help the poor and other people in need. Although these nations have high tax rates to help finance their social programs, their experience indicates it is very possible to combine the best features of capitalism and socialism while avoiding their faults (Russell, 2011) (see Note 12.10 "Lessons from Other Societies").

Lessons from Other Societies

Democratic Socialism in Scandinavia

The five Scandinavian nations, also called the Nordic nations, are Denmark, Finland, Iceland, Norway, and Sweden. These nations differ in many ways, but they also share many similarities. In particular, they are all social democracies, as their governments own important industries while their citizens enjoy much political freedom. Each nation has the three branches of government with which most people are familiar—executive, judicial, and legislative—and each nation has a national parliament to which people are elected by proportional representation.

Social democracies like the Scandinavian nations are often called controlled capitalist market economies. The word *controlled* here conveys the idea that their governments either own industries or heavily regulate industries they do not own. A key feature of these social democracies' economies is that inequality in wealth and income is not generally tolerated. Employers, employees, and political officials are accustomed to working closely to ensure that poverty and its related problems are addressed as much as possible and in as cooperative a manner as possible.

Underlying this so-called *social welfare model* is a commitment to *universalism*. All citizens, regardless of their socioeconomic status or family situation, receive various services, such as child care and universal health care, that are free or heavily subsidized. To support this massive provision of benefits, the Scandinavian nations have very high taxes that their citizens generally accept as normal and necessary.

The Scandinavian nations rank at or near the top in international comparisons of health, education, economic well-being, and other measures of quality of life. The Scandinavian experience of social democracy teaches us that it is very possible to have a political and economic model that combines the best features of capitalism and socialism while retaining the political freedom that citizens expect in a democracy.

Sources: Russell, 2011; Sejersted, 2011

The US Labor Force

We now turn from a general discussion of economic systems to some basic facts on the labor force in the world's leading capitalist nation, the United States. The civilian labor force in the United States consists of all noninstitutionalized civilians 16 years of age or older who work for pay or are looking for work. The civilian labor force (hereafter *labor force*) consists of about 154 million

people, or almost two-thirds of the population, including about 71 percent of men and 58 percent of women (Bureau of Labor Statistics, 2012).

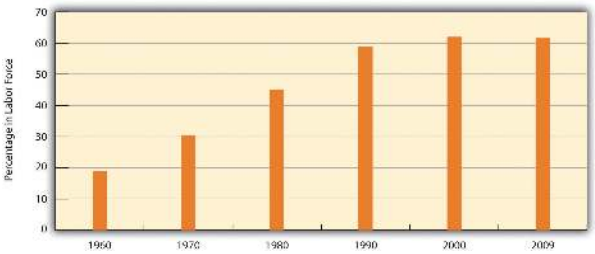
Of those who are currently employed, approximately 2.4 million people work in the agricultural sector, and a much larger number, 138 million, work in nonagricultural industries. Of the latter number, 109 million work in private industry, 21 million work in government, and almost 9 million are self-employed. Most of the currently employed work full-time, but more than 26 million work only part-time. Of this number, 69 percent work part-time for noneconomic reasons; for example, they have childcare or other family obligations, or they are in school. Another 31 percent work part-time for economic reasons: They are unable to find a full-time job, or they may have lost a full-time job because of the faltering economy.

Approximately 87 million Americans ages 16 and older are not in the labor force. Of this number, 93 percent do not desire a job. Most of these individuals are retired, disabled, or taking care of children and/or other family members. Of the 7 percent who would like a job but are still not in the labor force, most have dropped out of the labor force (stopped looking for a job) because they have become discouraged after previously looking for work but not finding a job.

Some 5 percent of currently employed people have two or more jobs at any one time. This percentage translates to about 7 million individuals. It varies slightly by gender: 5.3 percent of employed women have at least two jobs, compared to 4.7 percent of employed men.

Chapter 4 “Gender Inequality” noted that women’s labor force participation soared during the last few decades. This general increase is even steeper for married women with children under 6 years of age: In 2009, almost 62 percent of such women were in the labor force, compared to less than 19 percent in 1960 (US Census Bureau, 2012), a threefold difference (see Figure 12.2 “Labor Force Participation Rate of Married Women with Children Younger than 6 Years of Age, 1960–2007”).

Figure 12.2 Labor Force Participation Rate of Married Women with Children Younger than 6 Years of Age, 1960–2007



Source: Data from US Census Bureau. (2012). *Statistical abstract of the United States: 2012*. Washington, DC: US Government Printing Office. Retrieved from www.census.gov/compendia/statab.

Key Takeaways

- The economy is the social institution that organizes the production, distribution, and consumption of a society’s goods and services. It consists of three sectors: the primary sector, the secondary sector, and the tertiary sector.
- The two major economic systems in modern societies are capitalism and socialism. In practice, most societies have economies that mix elements of both systems but that lean toward one end of the capitalism–socialism continuum.
- Social democracies combine elements of both capitalism and socialism. They have achieved high economic growth while maintaining political freedom and personal liberty.

For Your Review

1. In what ways might capitalism be a better economic system than socialism? In what ways might socialism be a better economic system than capitalism?
2. Write a brief essay in which you discuss the values capitalism and socialism seem to develop among the people who live under either type of economic system.

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20.2: Sociological Perspectives on Work and the Economy

Learning Objectives

Upon completing this section, you should be able to:

1. List any two functions of work and the economy as emphasized by functionalism.
2. Summarize conflict theory's critique of work and the economy.
3. Explain the overall approach of symbolic interactionism to understanding work and the economy.

The three sociological perspectives examined in earlier chapters continue to offer insights that help us understand the economy, including the nature of work on which any economy rests. Table 12.1 "Theory Snapshot" summarizes these insights.

Table 12.1 Theory Snapshot

Theoretical perspective	Major assumptions
Functionalism	Work and the economy serve several functions for society. The economy makes society possible by providing the goods and services it needs. Work gives people an income and also provides them some self-fulfillment and part of their identity.
Conflict theory	Control of the economy enables the economic elite to maintain their position at the top of society and to keep those at the bottom in their place. Work is often alienating, and the workplace is often a site for sexual harassment and other problems.
Symbolic interactionism	This perspective focuses on social interaction in the workplace, on how employees respond to problems in their workplaces, and on how they perceive the work they do.

Functionalism

Recall that the functionalist perspective highlights the many functions that social institutions serve for society. Accordingly, this perspective paints a positive picture of work and the economy by pointing to their many benefits.

The economy's major function is also an absolutely essential function: the provision of goods and services. Because the economy provides the goods and services that any society needs, the economy makes a society possible. As we saw earlier, capitalist and socialist societies provide goods and services in different ways, and each type of economy has its advantages and disadvantages. Regardless of the relative merits of capitalism and socialism, however, both a capitalist economy and socialist economy make possible the societies in which they are found.

Many high school students have summer jobs or after-school jobs. Whether or not they go to college, most people work for pay once they reach adulthood. Some work full-time until they retire, some alternate full-time work and part-time work, and some may start out with a job but drop out of the labor force to raise their children. Regardless of these various work patterns, the most important function that most people derive from working is their paycheck. Simply put, work provides the income that most people need for food, clothing, shelter, and other essential needs in today's society.

But work has important, nonmaterial functions beyond helping us pay the bills. Many people consider their job part of their overall identity, just as the college students reading this book consider being a student as part of their current identity. As we enter adulthood, we are not just a spouse, partner, parent, or child of our parents; we are also an accountant, banker, claims adjuster, day care worker, elementary school teacher, financial consultant, garage door installer, and so forth. The job we have helps provide us with a sense of who we are, or, to put it another way, a sense of our identity.

Especially if we enjoy our jobs, work can also give us a sense of self-fulfillment, self-confidence, and self-esteem. These psychological effects combine to form yet another important function of work.



An important function of work is that it provides a context for coworker friendships. Many people have friends whom they met in their workplaces or through their work. Wonderlane – Co-workers laughing at Fat Smitty's – CC BY 2.0.

A third function is friendships. Many people have friends and acquaintances whom they met at their workplaces or at least through their work (McGuire, 2007). Coworkers discuss all kinds of topics with each other, including personal matters, sports, and political affairs, and they often will invite other coworkers over to their homes or go out with them to a movie or a restaurant. These friendships are yet another benefit that work often provides.

The nonmaterial benefits that work provides for many people are important and should not be discounted. Although this is speculative, many wealthy people no longer need to work but continue to work because of these nonmaterial benefits. National survey data support the importance of work's nonmaterial benefits in this regard. In the 2010 General Social Survey (GSS), respondents in the labor force were asked, "If you were to get enough money to live as comfortably as you would like for the rest of your life, would you continue to work or would you stop working?" More than two-thirds (68.7 percent) of these respondents replied that they would indeed continue working.

Conflict Theory

Conflict theory's views of work and the economy largely derive from the writings of Karl Marx and Friedrich Engels during the nineteenth century. As Chapter 1 "Understanding Social Problems" discussed, Marx and Engels sharply criticized capitalism as an economic system that inherently oppresses workers. In their view, the *bourgeoisie*, or ruling class, owns the means of production, while the *proletariat*, or working class, does not own the means of production. The bourgeoisie uses its wealth, power, and influence to oppress and exploit the proletariat.

Although today's conflict theorists are not necessarily Marxists, they nonetheless criticize many aspects of capitalism, and the earlier discussion of the disadvantages of capitalism reflects their views. They also criticize how large companies treat their workers. As just one example, they call attention to the fact that many companies maintain dangerous workplaces that result in injury, illness, and/or death for tens of thousands of workers annually. We return to this particular problem later in this chapter.

Conflict theorists also point out that the workplace is a setting for sexual harassment, which was discussed in Chapter 4 "Gender Inequality". Although work can and does bring the many benefits assumed by functionalist theory, work can also be a source of great distress for the hundreds of thousands of women and men who are sexually harassed every year.

Marx also wrote that work in a capitalist society is inherently alienating. This is so, he said, because workers do not design the products they build, because factory work (which was the dominant mode of production in Marx's time) involves boring and repetitive tasks, and because workers are treated by their employers as mere commodities to be hired and fired at will. Reflecting Marx's views, conflict theory today also points to the alienating nature of work.

Following up on this concern, social scientists have tried to determine the extent of worker alienation and job satisfaction, as well as the correlates of these two attitudes (Mauno, Kinnunen, & Feldt, 2012). They generally find that American workers like their jobs much more than Marx anticipated but also that the extent to which they like their jobs depends on the income their jobs bring, the degree of autonomy they enjoy in their jobs, and other factors. In the 2010 GSS, 88 percent of respondents said they are "very" or "somewhat" satisfied with the work they do, and only 12 percent said they were dissatisfied. This latter figure is probably much lower than Marx would have predicted for a capitalist society like the United States. One possible reason for this low amount of job dissatisfaction, and one that Marx did not foresee, is the number of workplace friendships as described earlier. Such friendships can

lead workers to like their jobs more than they otherwise would and help overcome the alienation they might feel without the friendships.

Symbolic Interactionism

Recall that symbolic interactionism focuses on the interaction of individuals and on how they interpret their interaction. In line with this "micro" focus, many scholars have generated rich descriptions of how certain workplaces' behaviors and understandings are "negotiated" and of how certain kinds of workers view aspects of their work and interpret the meaning of their work. Numerous studies of this type exist of police officers, prostitutes, attorneys, nurses and physicians, teachers, and a variety of other occupations. Most of these studies are based on intensive interviews of people in these occupations. Taken together, they provide a sensitive portrait of why people enter these various jobs and careers, what they like and dislike about their jobs, how they interact with other people in their workplaces, and a host of other issues.



Studies of police officers' behavior and perceptions provide an excellent example of the symbolic interactionist understanding of work. According to Jonathan Rubinstein, an important goal of officers is to maintain the respect of other officers. West Midlands Police – Day 4 – PCSOs on Patrol in Birmingham – CC BY-SA 2.0.

A classic study of the workplace grounded in the symbolic interactionist tradition was sociologist Joan Emerson's (1970) study of gynecological exams. At the time Emerson wrote her study, most gynecologists were men. Because they are necessarily viewing and touching their women patients' genitals, they have to ensure their patients do not think their doctor is behaving in a sexual manner. For this to happen, Emerson wrote, (male) gynecologists take pains to appear as medical professionals rather than as men interested in having sex or aroused by what they were seeing and feeling. In this way, they "define the situation" as a professional encounter rather than as a sexual encounter.

Male gynecologists use several strategies to appear as professionals, according to Emerson. For example, they have a (female) nurse present during the exam to help the patient feel comfortable. They also certainly avoid saying anything that might suggest they are sexually aroused. More generally, gynecologists and nurses always act in a nonchalant, matter-of-fact manner, which sends the patient an implicit message: "In the medical world the pelvic area is like any other part of the body; its private and sexual connotations are left behind when you enter the hospital" (Emerson, 1970, p. 78). In all these ways, gynecological exams are defined only as medical encounters, and patients are helped to feel as comfortable as possible under rather uncomfortable circumstances.

In another classic study grounded in the symbolic interactionist tradition, Jonathan Rubinstein (1993) spent a year riding around and otherwise interacting with police officers in Philadelphia. He later wrote compellingly about police officers' constant fear for their safety, about how they try to control suspects and other threatening people without drawing their guns, about how they interact with each other and with their superiors, and many other matters. In one passage, he wrote about how officers (he interviewed police*men*) try to win and keep the respect of other officers: "A patrolman must learn to avoid any appearance or incompetency if he hopes to maintain the respect of his colleagues. Every man must go to considerable lengths to cover up any weakness or error that might reflect poorly on his competence" (Rubinstein, 1993, p. 105). Thus officers learn to record dispatchers' information promptly and accurately, and they avoid remarks that question the competence of other officers.

Exercise 20.2.1

Which sociological perspective is likely to argue that work is often alienating, and the workplace is often a site for sexual harassment and other problems?

Answer

Conflict perspective

Key Takeaways

- Functionalism emphasizes the importance of the economy for any society, and the income and self-fulfillment that work often provides.
- Conflict theory highlights the control of the economy by the economic elite, the alienation of work, and various problems in the workplace.
- Symbolic interactionism focuses on interaction in the workplace and how workers perceive many aspects of their work and workplace interaction.

For Your Review

1. Which of the three major sociological approaches to understanding work and the economy do you most prefer? Why?
2. Write a brief essay in which you use a symbolic interactionist approach to understand some aspect of a job you have held or hold now.

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20.3: Problems in Work and the Economy

Learning Objectives

Upon completing this section, you should be able to:

1. Outline recent trends in jobs and wages.
2. Discuss the effects of unemployment.
3. Summarize the problems associated with increasing economic inequality.

The economy and the quality and quantity of work certainly affect the lives of all Americans. At the same time, work and the economy give rise to many kinds of problems that also affect millions of Americans. This section examines several of these problems.

The Loss of Jobs and Wages

Because the American economy greatly weakened as the nation went into a deep recession in late 2007, it should come as no surprise that millions of jobs have been lost during the past couple decades and that wages have declined for many Americans. Yet long before the recession began, certain ominous trends in the American economy were evident. These trends involved a general loss of jobs in many sectors of the American economy and stagnating wages.

These trends partly reflected the fact that the United States has joined other industrial nations in moving into a *post-industrial* economy. In a post-industrial economy, information technology and service jobs replace the machines and manufacturing jobs that are hallmarks of an industrial economy. If physical prowess and skill with one's hands were prerequisites for many industrial jobs, mental prowess and communication skills are prerequisites for post-industrial jobs.

This move to a post-industrial economy has been a mixed blessing for many Americans. The information age has obvious benefits too numerous to mention, but there has also been a cost to the many workers whom post-industrialization and the globalization of the economy have left behind. Since the 1980s, many manufacturing companies moved their plants from US cities to sites in the developing world in Asia and elsewhere, a problem called capital flight. Along with the faltering economy, these trends have helped fuel a loss of 5.5 million manufacturing jobs from the American economy since 2000 (Hall, 2011).

A related problem is outsourcing, in which US companies hire workers overseas for customer care, billing services, and other jobs that Americans used to do. China, India, and the Philippines, which have skilled workforces relatively fluent in English, are the primary nations to which US companies outsource their work. According to projections, some 3.4 million jobs will have been lost by 2015 because of outsourcing (Levine, 2012). Many call centers employ workers in India, and when you call up a computer company or some other business for technical help, you might very well talk with an Indian. Because these call centers have cost Americans jobs and also because Americans and Indians often have trouble understanding each other's accents, outsourcing has been very controversial since it became popular in the early 2000s.



Many American jobs have been lost because of outsourcing to other countries. Paul Keller – wanted – CC BY 2.0.

All these problems reflect a more general shift in the United States from goods-producing jobs, to service jobs. Although some of these service jobs, such as many in the financial and computer industries, are high paying, many are in low-wage occupations such as restaurant and clerical work, that pay less than the goods-producing jobs they replaced. Partly as a result, the average hourly wage (in 2019 dollars) in the United States for workers (excluding managers and supervisors) rose by only one dollar from $17.46 in 1979 to $18.63 in 2019. This change represented an increase of just 0.2 percent per year during that three-decade span, as workers' wages have essentially stagnated during the last three decades (Economic Policy Institute, 2022).

Wage changes in recent years also depend on what social class someone is in. While the average compensation of chief executive officers (CEOs) of large corporations grew by 167 percent from 1989 to 2007, the average compensation of the typical worker grew by only 10 percent (Mishel, Bernstein, & Shierholz, 2009). Another way of understanding this disparity is perhaps more striking. In 1965, the average compensation of CEOs was twenty-four times greater than that of the typical worker; in 2009, their compensation was 185 times greater than that of the typical worker (Economic Policy Institute, 2012). These figures reflect growing economic inequality in the United States, a problem we further examine later in this chapter.

The Decline of Labor Unions

One of the most important developments accompanying industrialization in the nineteenth century was the rise of labor unions, and their conflict of interest with management over wages and working conditions (Dubofsky & Dulles, 2010). The pay that workers received was quite low before the rise of unions, and the conditions in which they worked were often miserable. The typical employee worked at least ten hours a day for six or seven days a week, with almost no overtime pay and no paid vacations or holidays. To improve wages and working conditions, many labor unions were founded after the Civil War, only to meet determined opposition from companies, the government, and the courts. Companies told each other which workers were suspected of being union members, and these workers were then prevented from getting jobs. Strikers were often arrested for violating laws prohibiting strikes. When juries began finding them not guilty, employers turned to asking judges for injunctions that prohibited strikes. Workers who then went on strike were held in contempt of court by the judge as juries were kept out of the process.



From the 1870s through the 1930s, labor unions fought companies over issues such as low wages and substandard working conditions. onkeyHotey – Together We Bargain – CC BY 2.0.

Labor strife also marked the Great Depression, when masses of people blamed business leaders for their economic plight. Huge sit-ins and other labor protests occurred at auto plants in Detroit. In response to this disruption in production, Congress passed several laws that gave workers a minimum wage, the right to join unions without retribution, a maximum-hour workweek, and other rights that many Americans now take for granted.

Today labor unions have lost much of their influence, especially as automation and outsourcing have supplanted the industrial economy. Fifty years ago, about one-fourth of all private-sector nonagricultural workers belonged to labor unions. By 1985 this figure had dropped to 14.6 percent, and today it stands at only 5.9 percent (Bureau of Labor Statistics, 2025). In response, labor unions have intensified their efforts to increase their membership, only to find that US labor laws are filled with loopholes that allow companies to prevent their workers from forming a union. For example, after a company's workers vote to join a union, companies can appeal the vote, and it can take several years for courts to order the company to recognize the union. In the meantime, the low wages, substandard working conditions, and other factors that motivated workers to want to join a union are allowed to continue.

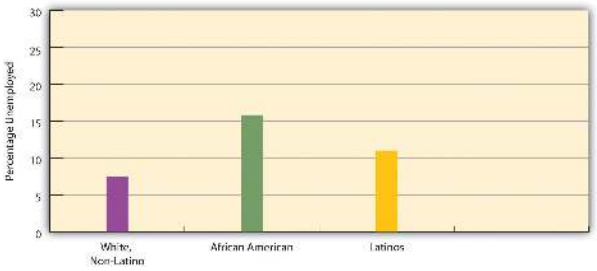
Just as the growth of unions during the late nineteenth and early twentieth centuries helped to raise workers' wages, the decline of unions has lowered wages. Two reasons explain this decline (Mishel et al., 2009). First, union workers earn about 14 percent more than nonunion workers (controlling for experience, education, occupation, and other factors), a phenomenon known as the *union wage premium*. Because fewer workers are now in unions than fifty years ago, they are less likely to benefit from this premium. Second, as unions have declined, there has been less pressure on nonunion employers to raise their wages in order to compete with union wages, reducing wages even for nonunion workers. And because the union wage premium is greater for African Americans and Latinos than for whites, the wage decrease caused by the decline of unions has been steeper for those two groups than for whites, exacerbating racial and ethnic economic inequalities.

Unemployment

Unemployment is a fact of life. There will always be people laid off or fired, who voluntarily quit their jobs, or who just graduated school and are still looking for work. But most unemployed people are involuntarily unemployed, and for them the financial and psychological consequences can be devastating, as we saw in the news story that began this chapter.

Unemployment rates rise and fall with the economy, and the national unemployment rate was as high as 10.2 percent in October 2009 amid the Great Recession. It spiked up to 15% in 2020 during the height of the Covid19 pandemic, came back down to only 4% by 2023 (Bureau of Labor Statistics, 2024), and has been creeping back up as more jobs are automated with advancements in generative artifical intelligence since then. But whether unemployment is high or low, it always varies by race and ethnicity, with African American and Latino unemployment rates typically much higher than the rate for white Americans (see Figure 12.3 "Race, Ethnicity, and Unemployment Rate, February 2012"). Unemployment is also higher for younger people than for older people.

Figure 12.3 Race, Ethnicity, and Unemployment Rate, February 2012



Source: Bureau of Labor Statistics (2012). Employment & earnings online. Retrieved from http://www.bls.gov/opub/ee/home.htm.

Unemployment figures are misleading in an important respect however, as they do not include people who are *underemployed*. Underemployment includes the unemployed and also two other types of people: (a) those who are working part-time but who want to work full-time, who economics call the *marginally attached*, and (b) those who have stopped looking for work because they have not been able to find a job, also knows as the *discouraged*. Many economists think that underemployment provides a more accurate measure than unemployment of the number of people with employment problems. These figures are usually about twice as high as the official unemployment figures.

We have just seen that unemployment rises when the economy falters, and that race and ethnicity affect the probability of being unemployed. These two facts provide evidence supporting the *sociological imagination* (see Chapter 1 "Understanding Social Problems"). As C. Wright Mills (1959) emphasized in his original discussion of this concept, unemployment is best viewed more as a public issue than simply as a personal trouble. When so many people are unemployed during an economic recession, and when there is such striking evidence of higher unemployment rates among the people of color who have the least opportunity for the

education and training needed to obtain and keep a job, it is evident that high unemployment rates reflect a public issue rather than just a collection of personal troubles.

Applying Social Research

Several kinds of problems make it difficult for people of color to be hired into jobs and thus contribute to the racial/ethnic disparity in unemployment. While a relative lack of access to educational opportunities helps explain these higher rates for people of color, other kinds of problems are also apparent. Another issue is racial discrimination on the part of employers, which can occur regardless of how conscious employers are of their discriminatory behavior.

A study by sociologist Devah Pager (2003) had young men, some white and some African American, apply independently in person for various jobs in Milwaukee. These men wore the same type of clothing and reported similar levels of education and other qualifications. Some said they had a criminal record, while others said they had not committed any crimes. In striking evidence of racial discrimination in hiring, African American applicants *without* a criminal record were hired at the same low rate as white applicants *with* a criminal record. Pager and colleagues Bruce Western and Bart Bonikowski also investigated racial discrimination in another similar experiment in New York City in 2009. They had white, African American, and Latino subjects, all of them "well-spoken, clean-cut young men" (p. 781), apply in person to low-level service jobs in retail, requiring no more than a high school education; all the testers had similar (hypothetical) qualifications. One-third of the white testers received a call back or job offer, compared to 25 percent of Latino testers and only 15 percent of African American testers. The researchers concluded that their findings "add to a large research program demonstrating the continuing contribution of discrimination to racial inequality in the post-civil rights era" (p. 794).

Other kinds of evidence also reveal racial discrimination in hiring. Two economists sent job applications in response to help-wanted ads in Boston and Chicago (Bertrand & Mullainathan, 2003). They randomly assigned the applications to feature either a "white-sounding" name (e.g., Emily or Greg) or an "African American–sounding" name (e.g., Jamal and Lakisha), but all had similar qualifications. White names received 50 percent more callbacks than African American names for job interviews. Racial differences in access to the informal networks that are often so important in finding a job also contribute to the racial/ethnic disparity in employment. In a study using data from a nationwide survey of a random sample of Americans, sociologist Steve McDonald and colleagues found that people of color, and women, are less likely than white males to receive informal word of vacant, high-level supervisory positions (McDonald, Nan, & Ao, 2009).

As these studies indicate, research by economists and sociologists reveals that race and gender continue to make a difference in employment prospects for Americans. This body of research reveals clear evidence of discrimination (often unconscious) in hiring, and also of differences in access to the informal networks that are often so important for hiring. By uncovering this evidence, these studies underscore the need to address discrimination, access to informal networks, and other factors that contribute to systematic disparities in employment.

The Impact of Unemployment

Although the news article that began this chapter gave us a moving account of unemployed people at food banks, survey data also provide harsh evidence of the social and psychological effects of being unemployed. In July 2010, the Pew Research Center issued a report based on a survey of 810 adults who were currently unemployed or had been unemployed since the Great Recession began in December 2007 and 1,093 people who had never been unemployed during the recession (Morin & Kochhar, 2010). The report's title, *Lost Income, Lost Friends—and Loss of Self-Respect*, summarized its major findings.

Of those who had been unemployed for at least six months (*long-term unemployment*), 44 percent said that the recession had caused "major changes" in their lives, versus only 20 percent of those who had never been unemployed. More than half of the long-term unemployed said their family income had declined, and more than 40 percent said that their family relations had been strained and that they had lost contact with close friends. In another finding, 38 percent said they had "lost some self-respect" from being unemployed. One-third said they were finding it difficult to pay their rent or mortgage, compared to only 16 percent of those who had never been unemployed during the recession. Half had borrowed money from family or friends to pay bills, versus only 18 percent of the never unemployed. Of all the people who had been unemployed, almost half had experienced sleep difficulties, and 5 percent had experienced drug or alcohol problems. All these numbers paint a distressing picture of the social and psychological impact of unemployment during the Great Recession that began in late 2007.



Unemployment lines were all too common in recent years. Long-term unemployment often causes various social and psychological difficulties. Rawle C. Jackman – The line of hope… – CC BY-NC-ND 2.0.

Children and Our Future

Unemployment also has a significant impact on children whose parent or parents are unemployed. As unemployment soared in the wake of the Great Recession that began in 2007, many more children lived in a household where a parent had become unemployed. By early 2010, 11 percent of American children, or 8.1 million children overall, had an unemployed parent. Just slightly more than two years earlier, this number had been much smaller, 4.8 million. In just over two years, then, the number of children with an unemployed parent grew by two-thirds.

After their parents became unemployed, these children began to suffer various psychological effects. One news report summarized this psychological impact as follows: "For many families across the country, the greatest damage inflicted by this recession has not necessarily been financial, but emotional and psychological. Children, especially, have become hidden casualties, often absorbing more than their parents are fully aware of. Several academic studies have linked parental job loss—especially that of fathers—to adverse impacts in areas like school performance and self-esteem."

The emotional and psychological effects for children occur for at least two reasons. First, unemployed parents tend to experience extra stress and to become withdrawn. Second, married parents and unmarried partners often experience interpersonal conflict when one of them becomes unemployed. Both of these consequences of unemployment in turn affect children in a household where at least one parent is unemployed.

Children have suffered in other ways from the rise in unemployment. More children have become homeless as their households fell into poverty. In addition, children of an unemployed parent are more likely to repeat a grade or, if they are adolescents, to drop out of school. Child abuse has probably also increased in families where a parent became unemployed.

In view of all these consequences for the children of the unemployed, the United States should do everything possible to put parents and other adults back to work and to help the children of unemployed parents deal with the devastating effects of the Great Recession.

Sources: Lovell & Isaacs, 2010; Luo, 2009

Corporations

One of the most important but controversial features of modern capitalism is the corporation, a formal organization that has a legal existence, including the right to sign contracts, that is separate from that of its members.



Corporations such as Exxon dominate the US economy. They employ thousands of workers, and their assets total many trillions of dollars. Wikimedia Commons – CC BY-SA 2.5.

Adam Smith, the founder of capitalism, envisioned that individuals would own the means of production and compete for profit, and this is the model the United States followed in its early stage of industrialization. After the Civil War, however, corporations quickly replaced individuals and their families as the owners of the means of production and as the competitors for profit. As corporations grew following the Civil War, they quickly tried to control their markets by, for example, buying up competitors and driving others out of business. To do so, they engaged in bribery, kickbacks, and complex financial schemes of dubious ethics. They also established factories and other workplaces with squalid conditions. Their shady financial practices won their chief executives the name "robber barons" and led the federal government to pass the Sherman Antitrust Act of 1890 designed to prohibit restraint of trade that raised prices (Hillstrom & Hillstrom, 2005).

More than a century later, corporations have increased in both number and size. Although several million US corporations exist, most are fairly small. Each of the largest five hundred, however, has an annual revenue exceeding $4.3 billion (2011 data) and employs thousands of workers. Their total assets run into the trillions of dollars (Fortune, 2011). It is no exaggeration to say they control the nation's economy, as together they produce most of the US private sector output, employ millions of people, and have revenues equal to most of the US gross domestic product. In many ways, the size and influence of corporations stifle the competition that is one of the hallmarks of capitalism. For example, several markets, including that for breakfast cereals, are controlled by four or fewer corporations. This control reduces competition because it reduces the number of products and competitors, and it thus raises prices to the public (Parenti, 2011).

The last few decades have seen the proliferation and rise of the multinational conglomerate, a corporation with headquarters in one nation but with factories and other operations in many other nations (Wettstein, 2009). Multinational corporations centered in the United States and their foreign affiliates have more than $17 trillion in assets and employ more than 31 million people (US Census Bureau, 2012). The assets of the largest multinational corporations exceed those of many of the world's nations. Often their foreign operations are in poor nations, whose low wages make them attractive sites for multinational corporation expansion. They import their products into wealthier nations, where consumers can afford to pay high prices for their goods. And they base their headquarters in nations with low corporate income tax rates. These decisions all help to optimize profit margins by exploiting the different economic realities in different parts of the globe.

Corporations are the dominant actors in today's globalized economy. They provide most of our products and many of our services, and employ hundreds of millions of people. It is impossible to imagine a modern industrial or post-industrial system without corporations. Yet they often stifle competition, break the law, and, according to their critics, exploit people and natural resources in developing nations.

Economic Inequality

In 2011, the Occupy Wall Street movement gave national attention to economic inequality by emphasizing the differences between the "1%" and the "99%." Proclaiming "We are the 99%," they decried the concentration of wealth in the richest of the rich and the growing inequality of the last few decades. The issue of economic inequality merits further attention here.

People Making a Difference

Occupy Wall Street

Before 2011, economic inequality in the United States certainly existed and in fact had increased greatly since the 1970s. However, although economic inequality was a topic of concern to social scientists, it was not a topic of concern to the general news media. Because the news media generally ignored economic inequality, it was also not a topic of concern to the general public.

That all changed beginning on September 17, 2011, when hundreds of people calling themselves "Occupy Wall Street" marched through the financial district in New York City before dozens encamped overnight and for weeks to come. Occupy Wall Street took these actions to protest the role of major banks and corporations in the economic collapse of 2007 and 2008 and to call attention to their dominance over the political process. Within weeks, similar Occupy encampments had spread to more than one hundred cities in the United States and hundreds more across the globe. "We are the 99%," they said again and again, as "occupy" became a verb heard repeatedly throughout the United States.

By winter, almost all Occupy encampments had ended either because of legal crackdowns or because of the weather conditions. By that time, however, the Occupy protesters had won news media attention everywhere. In a December 2011 poll by the Pew Research Center, 44 percent of Americans supported the Occupy Wall Street movement, while 35 percent opposed it. Almost half (48 percent) said they agreed with the concerns raised by the movement, compared to 30 percent who said they disagreed with these concerns. In the same poll, 61 percent said the US economic system "unfairly favors the wealthy," while 36 percent said it was fair to all Americans. In a related area, 77 percent said "there is too much power in the hands of a few rich people and corporations." In all these items, there was a notable difference by political party preference. For example, 91 percent of Democrats agreed that a few rich people and corporations have too much power, compared to 80 percent of Independents and only 53 percent of Republicans.

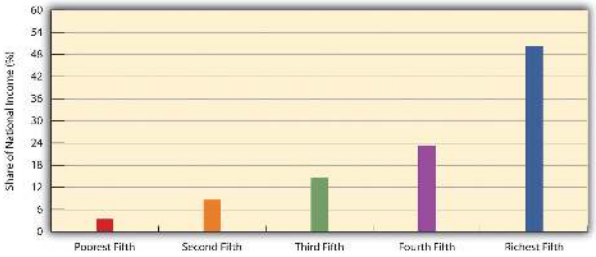
Regardless of these political differences, Occupy Wall Street succeeded in bringing economic inequality and related issues into the national limelight. In just a few short months in 2011, it made a momentous difference.

Sources: Pew Research Center, 2011; vanden Heuvel, 2012

Let's start by defining economic inequality, which refers to the extent of the economic difference between the rich and the poor. Because most societies are stratified, there will always be some people who are richer or poorer than others, but the key question is *how much* richer or poorer they are. When the gap between them is large, we say that much economic inequality exists; when the gap between them is small, we say that relatively little economic inequality exists.

Considered in this light, the United States has a very large degree of economic inequality. A common way to examine inequality is to rank the nation's families by income from lowest to highest and then to divide this distribution into *fifths*. Thus we have the poorest fifth of the nation's families (or the 20 percent of families with the lowest family incomes), a second fifth with somewhat higher incomes, and so on until we reach the richest fifth of families, or the 20 percent with the highest incomes. We then can see what percentage each fifth has of the nation's *entire* income. Figure 12.4 "Share of National Income Going to Income Fifths, 2010" shows such a calculation for the United States. The poorest fifth enjoys only 3.3 percent of the nation's income, while the richest fifth enjoys 50.2 percent. Another way of saying this is that the richest 20 percent of the population have as much income as the remaining 80 percent of the population.

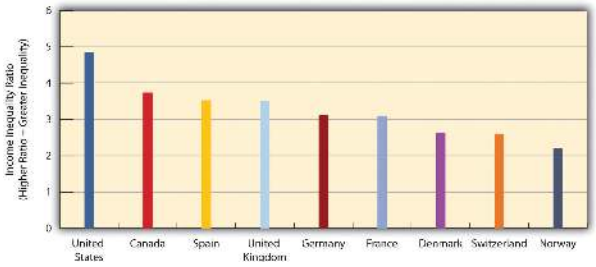
Figure 12.4 Share of National Income Going to Income Fifths, 2010



Source: Data from US Census Bureau. (2012). *Statistical abstract of the United States: 2012*. Washington, DC: US Government Printing Office. Retrieved from www.census.gov/compendia/statab.

This degree of inequality is the largest in the industrialized world. Figure 12.5 “Income Inequality around the World” compares the inequality among several industrialized nations by dividing the median income of households in the ninetieth percentile (meaning they have more income than 90 percent of all households) by the median income of households in the tenth percentile (meaning they have more income than only 10 percent of all households); the higher this resulting ninetieth percentile/tenth percentile ratio, the greater a nation’s inequality. The ratio for the United States far exceeds that for any other nation.

Figure 12.5 Income Inequality around the World



Ratio of median income of richest 10 percent in each nation to that of poorest 10 percent.

Source: Data from Mishel, L., Bernstein, J., & Shierholz, H. (2009). *The state of working America 2008/2009*. Ithaca, NY: ILR Press.

The Role of Tax Policy

Economic inequality in the United States has increased during the last three decades. The loss of manufacturing jobs and unions accounts for some of this increase. However, a primary reason for the rising inequality has been tax policy. More specifically, the federal government has implemented steep cuts in the highest tax rates for income from salaries and wages and especially in tax rates for income from dividends and capital gains (Hacker & Pierson, 2011). This latter cut is especially important because dividends and capital gains account for a much larger share of the income of wealthy families than the income of ordinary families. To be more specific, dividends and capital gains account for only 0.7 percent of the income of the bottom four-fifths of the nation’s families, but for 18.8 percent of the income of the top fifth, 38.2 percent of the top 1 percent, and a striking 51.9 percent of the top 0.1 percent (Hungerford, 2011). In a related statistic, three-fourths of all capital gains are received by the top 1 percent (Krugman, 2012). Relative to its national wealth, the United States is the lowest-taxed industrial democracy in the world (Leonhardt, 2012).

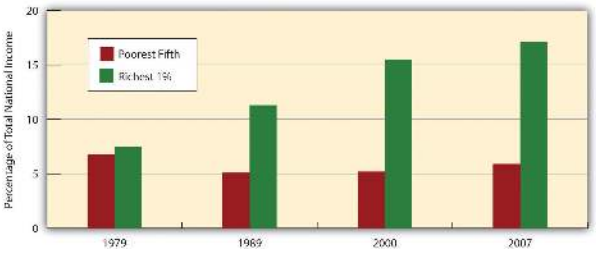


Tax rates for the very wealthy have declined dramatically since the 1970s. This decline has helped fuel a rise in economic inequality. Martin Haesemeyer – The Internal Revenue Service – CC BY-NC-ND 2.0.

Keep this context in mind as we note that tax cuts in 2003 lowered the tax rate for dividends and capital gains from 28 percent to 15 percent. Meanwhile, the top tax rate for income from salaries and wages is 35 percent. Thus many very wealthy families and individuals pay a lower percentage of their income in taxes than many middle- and upper-middle-class families do because so much of the wealthy families' income is from dividends and capital gains. In fact, the four hundred wealthiest families and individuals in the country pay only about 18 percent of their income in federal tax (Krugman, 2012). As the director of Citizens for Tax Justice explained, "The low taxes on capital gains and dividends are why people who make a ton of money, which is largely from investment income, do awfully well. The Warren Buffetts, the hedge fund managers—they pay really low tax rates" (Confessore, Kocieniewski, & Parker, 2011, p. A1). This fact prompts a critical question from Paul Krugman, winner of the Nobel Prize in economics: "Is there a good reason why the rich should bear a startlingly light tax burden?" His answer: "Such low taxes on the very rich are indefensible" (Krugman, 2012, p. A27).

The lowering of tax rates has helped make the nation's wealthiest families even wealthier. After adjusting for inflation, their after-tax income grew by a much greater amount than that for the poorest families from 1979 to 2007. Income grew by only 18 percent for the poorest fifth but by 65 percent for the wealthiest fifth (excluding the top 1 percent), and it also grew by a whopping 275 percent for families in the top 1 percent (Congressional Budget Office, 2011). As a result, economic inequality increased. Figure 12.6 "Growth of Economic Inequality in the United States (Percentage Share of Total National Income)" shows that wealthiest 1 percent now have a much larger share of the nation's total posttax income than they did in 1979, while the poorest fifth have a lower share. As the saying goes, the rich get richer, and the poor get poorer.

Figure 12.6 Growth of Economic Inequality in the United States (Percentage Share of Total National Income)



Source: Economic Policy Institute. (2011). Share of total income by income fifths and a breakdown of the top 20%. *The State of working America*. Washington, DC: Economic Policy Institute. Retrieved from http://stateofworkingamerica.org/charts/household-income-shares-1979-2007.

The Impact of Economic Inequality

Why should we care if economic inequality has increased, or if the United States has the highest degree of inequality of all industrialized democratic republics? One answer is that it is a matter of fairness. The United States is not only the wealthiest nation in the world; it is also a nation that historically has stressed that everyone is created equal and that everyone should have an equal

opportunity to pursue the “American dream” by becoming economically successful. Against this backdrop, a high degree of economic inequality means that those born poor have fewer opportunities and more obstacles in their way to achieving that dream.

Beyond this rather philosophical critique are more practical considerations. First, a high degree of economic inequality is strongly associated with a high degree of poverty: If the rich are getting richer, there is less wealth to spread among the rest of society, and so the poor get poorer. For the same reason, high economic inequality is also associated with a shrinking of the middle class. In the United States, as both poverty (and near poverty) and total wealth have increased, the size of the middle class has decreased, as the chair of the Council of Economic Advisers has emphasized (Krueger, 2012).

Second, a high degree of economic inequality is also associated with low *social mobility* (the movement of people up or down the socioeconomic ladder) (Krueger, 2012). As noted earlier, the United States is the most economically unequal of all industrial democratic republics. It also has lower social mobility: Americans born into poverty or near poverty are less likely than their counterparts in other similar societies to be able to move up the socioeconomic ladder (DeParle, 2012).

Next, high economic inequality may slow economic growth. This possible effect occurs for at least three reasons (Krueger, 2012). First, the wealthy tend to save their money rather than spend it, so it is less "liquid" and doesn't change hands as often. Second, a shrinking middle class means there is less spending by the middle class to stimulate the economy. Third, workers’ morale is likely to be lower in a society with higher economic inequality, and their lower morale decreases productivity. As the chair of the Council of Economic Advisers has stated, “The evidence suggests that a growing middle class is good for the economy, and that a more fair distribution of income would hasten economic growth. Businesses would benefit from restoring more fairness to the economy by having more middle class customers, more stable markets, and improved employee morale and productivity” (Krueger, 2012).

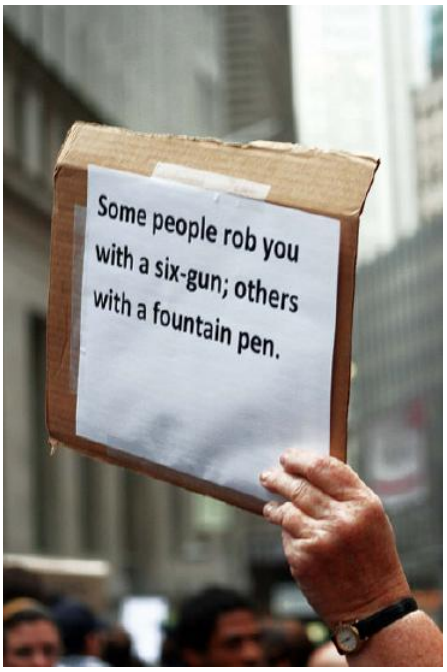
Finally, many social scientists consider nations with high degrees of economic inequality to be “unhealthy societies,” to quote the title of a book on this issue (Wilkinson, 1996). Economic inequality is thought to undermine social cohesion and increase polarization, and also to cause other problems (Barash, 2012; Wilkinson & Pickett, 2011). Among the world’s industrial nations, higher degrees of economic inequality are associated with worse physical and mental health, lower life expectancy, and higher rates of violent crime. High economic inequality, then, is a matter not only of fairness but also of life and death.

Tax Evasion

Another significant problem in the American economy is *tax evasion*. The Internal Revenue Service (IRS) periodically estimates the amount of tax evasion and derives a figure it calls the tax gap: the difference between what Americans owe in federal taxes and what they actually pay. Much of the annual tax gap results from the failure of professionals such as physicians and attorneys to report self-employment income and from the claiming of false deductions by wealthy individuals and families (Braithwaite, 2009).

In January 2012, the IRS released its estimate of the tax gap for 2006. The initial tax gap was $450 billion. After payment of late taxes and certain enforcement efforts, this gap was reduced to $385 billion, still an astronomical figure; tax evasion by corporations amounted for about $70 billion of this amount. The total tax gap is about twenty times greater than the annual economic loss from property crimes such as burglary and motor vehicle theft. In 2006, the federal budget deficit was $248 billion. If everyone had paid the taxes they owed, there would have been no deficit at all, and the federal government in fact would have had a surplus of $137 billion (Pizzigati, 2012).

Despite the huge problem of tax evasion, budget cuts in 2011 weakened the ability of the IRS to enforce the tax code. In 2012, the IRS had 3,000 fewer employees working in enforcement than it had in 2010 (Pizzigati, 2012).



Employee theft costs about $19.5 billion annually. Workers' dissatisfaction with various aspects of their jobs is a major reason for this form of theft. A. Golden – the US$ 3 TRILLION HEIST – CC BY-NC-ND 2.0.

An unfortunate fact about work in the United States is crime in the workplace, which is the last problem in work and the economy that we will examine. Two major types of such crime exist: employee theft and workplace violence.

Employee Theft

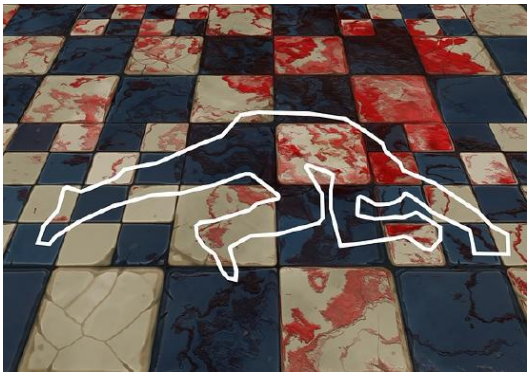
Employee theft takes two forms: pilferage and embezzlement. Pilferage involves the stealing of goods, while embezzlement involves the stealing of money in its various dimensions (cash, electronic transactions, etc.). Whichever form it takes, employee theft is so common that is has been called a "widespread, pervasive, and costly form of crime" (Langton, Piquero, & Hollinger, 2006, p. 539). It is estimated that about 75 percent of employees steal at least once from their employers and that the annual amount of employee theft is $19.5 billion (National Retail Federation, 2007).

Employee theft occurs for many reasons, but a common reason is worker dissatisfaction with various aspects of their job. They may think their wages or salaries are too low, they may feel they have been treated unfairly by their employer, and so forth. As the estimates of the amount of employee theft suggest, this form of theft is not condemned by many people, and, indeed, many workplaces have informal norms that approve of certain forms of theft—for example, it is OK to steal inexpensive objects such as (depending on the workplace) utensils, food, pencils and pens, or toilet paper. Not surprisingly, embezzlement is often more costly to an employer than pilferage; although it can involve just a few dollars from a cash register, it can also involve hundreds of thousands or millions of dollars acquired through more sophisticated means.

When we think of employee theft, we probably usually think of theft by blue-collar or lower white-collar employees. However, physicians, attorneys, and other professionals also steal from their patients/clients or from the government, even if their form of theft is often much more complex and sophisticated than what the term "employee theft" may usually imply. Attorneys may bill their clients for work that was never done, and physicians may bill Medicare or private insurance for patients they never saw or for procedures that were never performed. We call this form of "employee" theft professional fraud. Fraud by physicians and other health-care professionals (including nursing homes and medical testing laboratories) is thought to amount to $100 billion every year (Rosoff et al., 2010), a figure that far exceeds the $19.5 billion in "conventional" employee theft and the similar figure lost to property crime (robbery, burglary, larceny, and motor vehicle theft).

Workplace Violence

In January 2012, a lumber company employee in North Carolina entered the company's warehouse armed with a twelve-gauge shotgun. He shot and killed three coworkers and critically wounded another coworker. He then returned home, shot himself in the head, and later died at a hospital. A news report described the gunman as a "disgruntled" employee (Muskal, 2012).



About five hundred homicides occur at workplaces every year. The majority of these homicides result from robberies, not from the actions of disgruntled workers. Pixabay – CC0 Public Domain.

Many people die or are injured by acts of violence at their workplaces every year in the United States. In 2008, 517 people were slain at their workplaces, according to the US Bureau of Labor Statistics. As disturbing as this number was, it represented a sharp drop from the numbers that prevailed a decade earlier, when 1,080 workplace homicides occurred in 1994. From 2003 through 2008, an average of 497 workplace homicides occurred every year (Needleman, 2010).

In terms of who is involved and the reasons for their involvement, three kinds of workplace homicides are the most common. The first and by far the most common type is homicide as the result of robbery. This category includes the many store clerks, gas station attendants, taxi drivers, and other employees who are slain during a robbery, as well as police who are killed as they try to stop a robbery or apprehend the offender. The second category is homicide committed as an act of domestic violence; in this type, the offender, almost always a man, seeks out his wife or girlfriend (or ex-wife or ex-girlfriend) at her workplace and kills her. The third category involves disgruntled workers, such as the North Carolina lumber employee just discussed, who kill one or more people at their workplace whom they blame for problems the killers have been having. Although this type of homicide is the type that the phrase "workplace violence" or "workplace killings" usually brings to mind, it is actually the least common of the three types listed here (Fox, 2010).

Key Takeaways

- The move to a postindustrial economy has resulted in a loss of jobs and wages in the United States, thanks in part to capital flight and outsourcing.
- Unemployment soared after the Great Recession that began in late 2007. Joblessness has significant consequences for the financial and psychological well-being of the millions of people who are unemployed.
- Economic inequality has greatly increased since the 1970s, thanks in large part to changes in the tax code that favored the wealthy.
- Corporations often engage in white-collar crime that costs hundreds of billions of dollars annually and results in tens of thousands of deaths.

For Your Review

1. Write a brief essay in which you discuss the benefits and disadvantages of corporations in modern society.
2. Write a brief essay in which you summarize the problems associated with increasing economic inequality.
3. Fewer workers belong to labor unions now than just a few decades ago. Do you think this is a good development or a bad development? Explain your answer.
4. Think of a job you now have or your most recent job if you are currently not employed. On a scale of 1 (very dissatisfied) to 10 (very satisfied), how satisfied are you (were you) with your job? Explain why you have (had) this level of satisfaction.

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20.4: Improving Work and the Economy

Learning Objective

Upon completing this section, you should be able to:

1. Understand several types of social reform for improving work and the economy.

This chapter has discussed problems related to work and the economy. Critics of capitalism say many of these and other problems arise from the nature of capitalism. According to this way of thinking, capitalism as an economic system emphasizes competition and thus a "winner takes all" mentality. In this kind of system, there are many losers, and there is also unbridled greed for ever greater wealth. Further, because there is relatively little government regulation in the free-market system that is a hallmark of capitalism, large corporations are left relatively free to engage in behavior that advances their profits but that also stifles competition, harms the environment, and causes other social ills. Regardless of the merits of this general critique, capitalism is not about to disappear. Any improvement in work and the economy, then, must stem from social reforms based on sound social research. This chapter's discussion points to several important problems that must be addressed.

One problem is racial and ethnic discrimination in hiring and employment. Several kinds of studies, but especially field experiments involving job applicants who are similar except for their race and ethnicity, provide powerful evidence of continuing discrimination despite federal and state laws banning it. This evidence certainly suggests the need for stronger enforcement of existing laws against racial and ethnic bias in employment and for public education campaigns to alert workers to signs of this type of discrimination.

A second problem concerns worker morale. Economic inequality and a faltering economy continue to threaten to undermine worker morale and hence worker productivity. Individual employers can do little about these two fundamental problems in the larger economy, but they can do something about worker morale. In this regard, this chapter discussed the importance of coworker friendships for workers' satisfaction with their jobs and for their more general individual well-being. In view of this importance, employers and employees alike should make special efforts to promote coworker friendships. Because work is such an important part of most people's lives, these efforts should prove beneficial for many reasons. Employers should also take other measures to improve worker morale, including improvements in wages and working conditions.

A third problem is unemployment. Sociologists, psychologists, and other scholars have documented the social and emotional consequences of unemployment. The effects of unemployment go far beyond the loss of money. Revealed by much research, these consequences sometimes seem forgotten in national debates over whether to extend unemployment insurance benefits. But unemployment does have a human face, and it is essential to provide monetary benefits and other kinds of help for the unemployed.

A fourth problem is corporate misbehavior. As this chapter discussed, corporations are essential to the US economy but also cause great harm. It is not an exaggeration to say that corporate crime is rampant and that it goes largely unpunished. Stricter federal and state oversight of and sanctions against corporate misbehavior are needed.

A fifth problem is economic inequality. The degree of inequality has grown during the past few decades, thanks in large part to changes in the tax codes that greatly favored the wealthy. Restoring tax rates to their standards before the 1980s would help to lessen economic inequality and thus help lessen the problems arising from this type of inequality. In a related area, although the official federal tax rate for corporate profits is 35 percent, many corporations pay a much lower percentage than this because of various loopholes and shelters in the federal tax code. From 2009 to 2011, 280 corporations paid an average of only 18.5 percent of their profits in federal taxes, and 30 of these corporations paid no federal tax during this period (Kocieniewski, 2011). The corporations' effective tax rate was lower than that of corporations in many other democracies. For the ten-year period beginning 2002, General Electric paid only 2.3 percent of its profits in federal taxes (Eichler, 2012). Ending the loopholes and shelters that corporations enjoy will help greatly to increase federal revenue. As the advocacy group Citizens for Tax Justice observes, "Closing the loopholes will have real benefits, including a fairer tax system, reduced federal budget deficits and more resources to improve our roads, bridges and schools—things that are really important for economic development here in the United States" (Kocieniewski, 2011, p. B1).

More generally, it is worth noting a recommendation of many observers concerning the federal government's role in the economy. These observers say the government must take a more active role in improving the national infrastructure, job training, and

research and development, and in more generally providing incentives for large corporations to invest their resources in job creation. In this regard, they cite the recent experience of Germany, which has recovered faster than the United States from the worldwide recession (Jacobs, 2012).



To improve the economy and create many jobs, many observers say the federal government needs to follow the example of Western Europe by expanding its role in the economy. Diego Cambiaso – White House – CC BY-SA 2.0.

Germany had this success, these observers say, because it undertook several labor market policies. In particular, Germany provided more generous unemployment benefits than found in the United States (including unemployment compensation in return for working shorter hours, which avoided layoffs), and it provided businesses incentives for employment training and subsidies and incentives to hire the unemployed. Other nations have also eased the effects of the recession because their governments have played this type of active role, one that is much more active than found in the United States. The experience of Germany and of several other nations strongly suggests that "government policy and investment can play a vital role in providing incentives for the private sector," as one journalist put it (Zakaria, 2012). If so, the US federal government would do well to follow the example of Germany and other nations.

In this regard, a comprehensive approach involving job-creation funding is essential (Fieldhouse and Thiess, 2011). This approach would involve federal funding and/or budgetary policy reform in the following areas: (1) funding for the renovation of schools, improvement in transportation, and improvements in other components of the national infrastructure; (2) funding for the hiring of thousands of teachers, child care workers, and community service workers; and (3) expansion of unemployment insurance benefits, both to help the families of the unemployed and to give them money that they will spend to help stimulate the economy.

Taken together, these measures promise to create millions of jobs. Because these jobs would stimulate the economy and increase tax revenue, these measures would help to pay for themselves. Additional funding for these measures would come from raising tax rates on the very wealthy, as discussed earlier, and from other types of tax reform, including ending tax loopholes for the oil and gas industry and implementing a "financial speculation tax" (Fieldhouse & Thiess, 2011). This last type of tax reform would involve a small tax on all stock transactions, with a 0.5 percent tax raising about $80 billion annually (Bivens, 2011).

More generally, recall that the social democracies of Scandinavia have combined democratic freedom and economic prosperity. Although there are certainly no signs that the United States is about to follow their example, our nation also has much to learn from these societies as it considers how best to rebuild its economy and to help the millions of people who are unemployed or underemployed.

Key Takeaways

- Certain social reforms are necessary to improve aspects of work and the economy.
- Returning tax codes to their rates before the 1980s will help lessen economic inequality.
- Stricter federal and state oversight of corporate behavior is needed to help address corporate crime.
- A greater investment of federal funding in job creation and the raising of taxes for the very wealthy is necessary to create jobs while stimulating the economy.

For Your Review

1. Write a brief essay that summarizes any three strategies for improving work and the economy.
2. To what extent, if any, do you think capitalism is to blame for the problems in work and the economy discussed in this chapter? Explain your answer.

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20.5: End-of-Chapter Material

Summary

1. Capitalism and socialism are the two primary types of economic systems in the world today. Capitalism involves private ownership, the pursuit of profit, and competition for profit, while socialism involves the collective ownership of goods and resources and efforts for the common good. Several nations practice democratic socialism, which is meant to combine the best of capitalism and socialism.
2. According to functionalism, the economy makes society possible by providing essential goods and services, while work gives people income and self-fulfillment. According to conflict theory, work is alienating, and the economic elite uses its control of the economy to maintain their elite position. Symbolic interactionism focuses on social interaction in the workplace and on how they perceive the work they do.
3. Problems in work and the economy include the following: (a) the loss of jobs and wages; (b) the decline of labor unions; (c) unemployment; (d) corporate misbehavior; (e) rising economic inequality; (f) tax evasion; and (g) workplace crime.
4. Social reforms based on sound social science research are needed to improve work and the economy. Two important reforms would involve stricter enforcement of laws against racial discrimination in hiring and employment and of penalties for corporate crime.

Using What You Know

You graduated from college a year ago and have begun working in sales for an electronics company. You've become good friends with a coworker, with whom you often "hang out" at bars and the occasional party. However, one day you notice this coworker pocketing a smartphone, and you realize that a theft is occurring. What, if anything, do you do? Explain your answer.

What You Can Do

To help deal with the work and economy problems discussed in this chapter, you may wish to do any of the following:

1. Start or join a group that tries to educate the public about economic inequality.
2. Assist a local labor union in its efforts to have safer workplaces.

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