Society

- Latin word for fellowship or companion.
- Variety of everyday uses.
- Sociologists are referring to:

  *The totality of people and social relationship in a given geographic space.*

Society vs. Any Other Group of People

- Defining characteristic... the thing that sets a society apart from a smaller group is:
  - Self-sufficiency
- A group’s resources must be comprehensive enough to meet all the basic needs of its members.
  - Social control, defense, membership replacement, etc...

Societal Needs

- What do societies need to be self-sufficient?
- What do societies need to survive?
  - Continuing supply of new members.
  - Socialization of new members.
  - Sickness and health.
  - Division of labor.
  - Knowledge creation and maintenance.
  - Social control.
  - Security / self-defense.
  - Exchange of goods and services.
  - Social unity and the search for higher meaning/purpose.

Social Institution

- Phenomena that account for much of the fact that social structures (roles and statuses) are enduring and repetitive.
- Previously we identified a social institution as a recognized solution to a societal problem.
- An institution is an accepted and persistent constellation of statuses, roles, values, and norms that respond to important societal needs.
Culture, Structure, and Institutions

- Within a social institution are institutionalized elements of culture as well as socially constructed structures that represent the operationalization of the conceptual institution.

The Social Institution of the Family

Social Construction of Reality

The Nature of Social Institutions

- “It is impossible to understand an institution adequately without an understanding of the historical process in which it was produced. Institutions also, by the very fact of their existence, control human conduct by setting up predefined patterns of conduct, which channel it in one direction as against many other directions that would theoretically be possible.”
  - Berger and Luckman
The Nature of Social Institutions

Unplanned
- People try a variety of things to solve their needs.
  - Some things work better than others.
  - The “best” way becomes a pattern/routine for future generations (habituation).
    - Routines free up mental space for thinking about more important things.
  - Solutions must gel with existing values and norms.
- Social Institutions Are Not Just Routines
  - Routine behavior is the way we do it (whatever “it” is).
  - Original reason for a given routine may be long forgotten over the course of generations.
  - Institutionalized behavior is the way “it” must be done!

Slow to Change
- Institutions are legitimized by both logic and appeals to the nature of things.
  - Any attempt at change seems to be an attack on nature as well as logic.
- The threat to an institution is a threat to widely held values, norms, statuses, and roles.
- Change, being difficult and met with much social resistance is therefore slow.

Interdependent
- Change in one institution tends to bring about change in another institution.

Variance Between Societies
- Societies have similar needs.
- Responses to these needs vary a great deal.
  - Distribution of Political Authority.
  - Search for Higher Meaning (Religion).
  - Familial Arrangements (Marriage).
Social Change

- Toward Specialization
  - As societies grow in size and complexity, its institutions become increasingly more specialized.

Institutions... In Sum

- Understanding institutions is important because much of what we do is in large part in response to or directed by institutions.
- Institutions are established and accepted routines, patterns, norms, values, statuses, roles, expectations, understandings, etc.
- Their existence is at once freeing and limiting.

The Institutionalization of Mental Health - Being Sane in Insane Places

- Social construction of a social setting determines the meanings found within the institutions.
- Institutionalized Definition of the Situation.

- Notions of normality and abnormality are not as accurate as psychiatry or the treatment of people suffering from mental illness would have you believe.
- This is in no way to say that mental illness is not real.

- **Distinction** - differences or contrasts between similar things.
- Distinguishing in between sane and insane is likely more a matter of distinguishing between “normative” or “deviant”.
- What is normative or deviant is contingent on social context.

- **DSM-V Diagnostic Statistical Manual**
  - Criteria for determining psychopathology.
    - Patients present symptoms
    - Symptoms are categorized
    - The insane are distinguished from the sane.

- **Pseudopatients**
  - Presented with symptoms consistent with an existential crisis.
    - “My life is empty and hollow.”
The Institutionalization of Mental Health

- Pseudopatients
  - Everything else that the pseudo-patient presented was based on their personal histories and behaviors… none of which would indicate serious psychopathology.
  - They did present briefly as nervous or anxious… as they settled in their heightened emotional state subsided.
  - They did present briefly as nervous or anxious… as they settled in their heightened emotional state subsided.

- The pseudopatients were never detected by the mental health professionals.
- Admitted with a dx of schizophrenia, discharged with a dx of schizophrenia “in remission”.
- Their behavior and histories were seen through the lens of their dx.
- When the ratio of what is known and what needs to be known approaches zero we (humans) tend to invent “knowledge” and assume we know more than we actually do.

- There is a tendency for false positives in health/mental health care.
- “Better be safe than sorry” / “Error on the side of caution”.
- Unlike medical care where a ruling out a false positive is cause for celebration.
- Psychiatric diagnoses are rarely completely erased.

The Institutionalization of Medicine

- Human interaction presents unique dilemas.
- Culture will find a solution.
- The solution can become so necessary for the interaction that it becomes institutionalized.

- A healthcare professional must maintain “affective neutrality”.
  - Keep control of emotions.
  - Make potentially uncomfortable emotions invisible.
- This is particularly important during the physical exam.
The Institutionalization of Medicine

- **Ethics**
  - Providers are prohibited from engaging in sexual relationships with patients.
  - Providers are taught to use biomedical terms.

- **Chaperone**
  - For patient and provider protection.
  - Gender and Chaperones
    - Women seen as victims
    - Men seen as being able to protect self.

- **Objectification**
  - Seeing the body as:
    - Just another body
    - Like looking at a car.
  - Female providers combine objectification with empathy, like family.
  - Male providers look at/for pathology.

- **Empathy**
  - Recognizing and appreciating the suffering of another human.
  - Desensitized to the sexual nature of nudity.

- **Jokes**
  - Innuendo
  - Banter
  - Turning the emotional tension into an emotional release (laughter).
  - Assumption of heterosexuality.
  - Precarious - Potentially misconstrued as sexual interest.

- **Threats**
  - Setting firm boundaries.
  - Threatening to expose unwanted advances.
  - Expectation that it is part of the job for female providers.
The Institutionalization of Medicine (Continued)

- **Professionalism**
  - Conventional markers of femininity are incompatible with “looking professional”
  - Male providers have an easier time “looking professional”.

The Social Construction of a Gynecological Exam

- Scene One:

- Scene Two:

- Scene Three:

- Scene Four:

- Scene Five:
  - (Henslin/Biggs 1971/2014)

About Max Weber

- Protestant and entrepreneurial lineage.
- Mother was a puritan, Calvinist, dutiful.
- Father was a successful politician and hedonist.
- Max was a rebellious kid who continually challenged authority.
- Avid reader.

Weber’s Life & Times

- Surrounded by political and academic leaders.
- Strong Calvinistic Puritanism
  - Religion compromised not just ideas; it was social practice.
  - Post-political upheavals of Luther’s Reformation, wherein the church’s political power was diminished.
Weber’s Causal Chain 1
- Initially medieval Catholic Christianity harnessed religious energy for the monks and nuns.
  - Notion of “saved by works”.
- Luther’s Reformation made ordinary occupations religious “callings”.
- Radical Calvinism turned up the heat on predestination.
  - Economic effects set loose the spirit of rationalized capitalism.

Weber’s Causal Chain 2
- Puritan capitalists began to grow rich.
  - We’ll discuss how momentarily.
- Did changes in the economy (the industrial revolution) affect religiously based rationalism?
- Did changes in religious practice and understanding affect economic practices?

Weber’s Causal Chain 3

Capitalism (Economic Condition)
- Capitalism – The pursuit of profit and forever renewed profit by means of continuous, rational, capitalistic enterprise.
  - It must be continuous because in a capitalistic society anyone who did not take advantage of opportunities for profit-making would be doomed to extinction.

Capitalism and Modernization
- Pre-Modern or Non-Rational Behavior
  - Free labor
  - Aestheticsism “caged”
  - No thought to accumulate or amass
    - No function
Capitalism and Modernization (Continued)

- Modern or Rational Behavior
  - Labor as a product to be sold
  - Aestheticism as a duty
  - Justified Accumulation

Principles of The Protestant Ethic (Magical and Religious Forces)

- The Calling

- Election or Predestination

- Work as a Moral Dictum

- Wealth should not be spent on pleasure