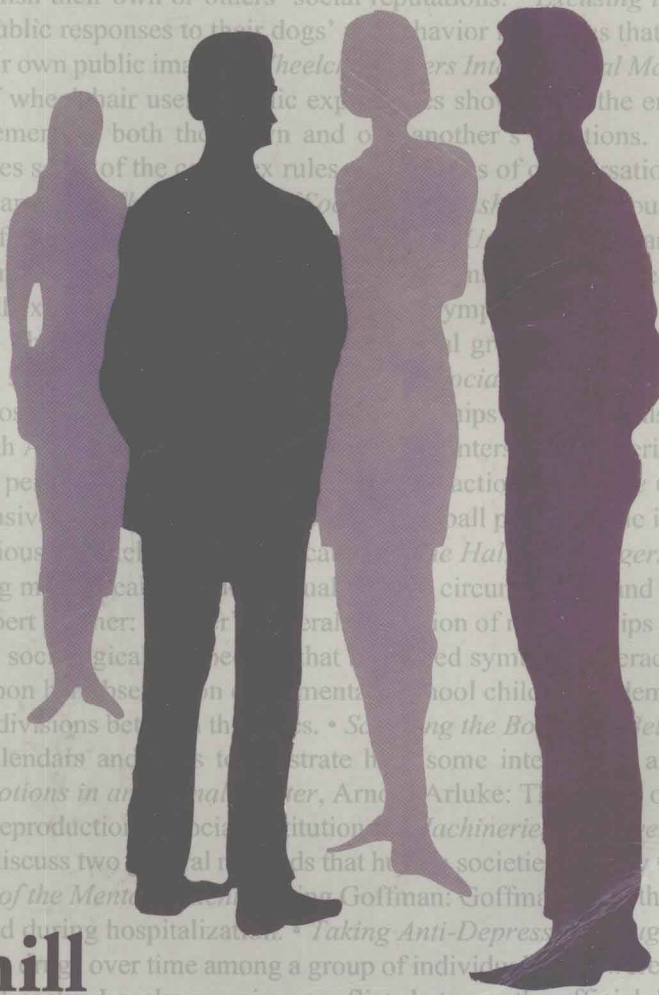
INSIDE SOCIAL LIFE

Readings in Sociological Psychology and Microsociology

Third Edition



Spencer E. Cahill

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Readings in Sociological Psychology and Microsociology

Third Edition

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Introduction

The concerns of sociology are popularly viewed as far removed from the concerns of daily social life and those who live it. Sociologists seem more interested in countless responses to questionnaires, official statistics, organizational charts, disembodied institutions like *the* family and social systems of national and international scope themselves, rather than with what actual people say, do, and feel in the course of their daily social lives. That is one side of sociology and an important one. But there is another side that looks *inside* social life and people who live it.

The term *microsociology* is commonly used to distinguish this side of sociology from macrosociology, with which the discipline is popularly associated. Microsociology concerns the daily details of how actual people create and sustain the social relationships, organizations, and systems that macrosociology studies in the abstract. Its topics, for example, include how speakers take turns in conversation; how passing strangers exchange glances, then quickly look away from one another; or how talk, costume, and conduct serve to produce and maintain the very social worlds that people inhabit in their daily lives. They include the social worlds of playgrounds, basketball courts, sidewalks, hospitals, restaurants, and offices. These are only a few of the places sociologists have gone to study and understand social life from the inside.

Many sociologists do not stop there but also look inside the hearts and minds of individuals who inhabit different social worlds. They examine relationships between people's social and subjective experience—their thoughts, feelings, and private views of themselves. Sociologists share this field of study with psychologists, and it is commonly referred to as *social psychology*. However, sociologists and psychologists generally approach the study of interrelations between social life and individuals' inner lives from different directions. Psychologists tend to look for the operation of universal principles of human psychology in social life, while sociologists consider the social variability of subjective experience to be more significant and informative. This has led to the cumbersome expressions "sociological social psychology" and "psychological social psychology." But there is a more economical way of drawing this distinction: Psychologists can retain the title "social psychology" if sociologists claim the title *sociological psychology* as their own. This latter expression clearly refers to a psychology based on a distinctively sociological understanding of the human condition in all its varied forms.

The concerns of microsociology and sociological psychology are not unrelated to those of macrosociology. Although individuals daily produce and reproduce the social worlds that they inhabit, they do not do so under circumstances of their choosing. Recurring patterns of interaction result in relatively stable features or structures of social life. For example, people routinely place one another into different gender, ethnic, and other social categories, treating one another differently based on such identifications. Organized patterns of social life result in unequal distributions of resources and power among people. Such social divisions and hierarchies or social structures influence interaction in ways that tend to lead to their perpetuation. As previously suggested, microsociology examines how individuals interactionally produce and reproduce the social divisions, organizations, institutions, and systems that macrosociology studies in the abstract. Microsociology and sociological psychology also address how social structures influence different individuals' social lives and subjective experience. They thereby complement macrosociology and bring alive the study of human social life.

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The readings collected in this volume provide an introduction to sociological psychology and microsociology. College students are often introduced to these fields of study in courses with titles like "Social Psychology" or "The Individual in Society." This volume is intended for them and for other readers who are interested in the inner workings of social life and how each of us influences and is influenced by it. The volume includes both statements of theoretical positions and empirical studies that draw and elaborate upon those positions.

Some of the selections included herein are considered classics of sociological psychology and microsociology. Others are more recent and have yet to weather the test of time. This combination of classic and more current readings offer a sense of the intellectual roots of sociological psychology and microsociology, as well as proof of their continuing vitality. The selections can be read in any order, although I have tried to arrange them so that each one builds on preceding ideas and empirical findings. Regardless of which articles you read first, my hope is that they convey an appreciation of the intricate artfulness of daily social action and the fascinating variety of human social experience.

Appreciating that today's instructors and students are sensitive to the issue of sexism in writing, I would like to add a note about gender usage in this anthology. Because many of the selections were originally published some years ago, a few use the masculine generic and contain other references to gender that may seem insensitive to the contemporary reader.

Nine of the selections included in this Third Edition of *Inside Social Life* are new, and one is from the First Edition. These new articles address such topics as:

- The social history of grief
- Experiencing critical illness
- Interacting in public bathrooms
- Everyday social life in nursing homes
- Constructing stories of a codependent self
- Mass media's construction of social problems
- Dynamics of popularity among adolescent girls
- The interactional and definitional work of waitresses
- Social and psychological sources of organized mass murder

Introductions to each section *and* article both identify and explain central issues, key concepts, and relationships among topics.

I was greatly aided in this revision by the comments and evaluations that instructors forwarded to the publisher and by informal conversations with colleagues. I especially thank Jennifer Dunn for convincing me of the importance of placing contemporary social life in historical perspective. I am most grateful to Kathy Charmaz, Marianne Cutler, Tom Kando, Nick Larsen, Kent Sandstrom, Michael Schwalbe, and Anne Statham for their thoughtful comments on the second edition and helpful suggestions for revision. As I did in the introduction to the first two editions, I also thank Gerald Handel for first suggesting that I undertake this project, Claude Teweles for his continuing encouragement and patience, and, as always, Donileen Loseke for everything. Finally, I thank my former students and colleagues at Skidmore College and my students and colleagues at the University of South Florida for their stimulation, inspiration, guidance, and support. ✦

Uses of the Selections

Inside Social Life can be used effectively as a single assigned text. However, for instructors who wish to use this anthology to supplement another text, the following chart may be helpful. It groups selections by topics that are conventionally used to organize courses in social psychology and microsociology. Primary and secondary emphases are listed separately. (Parentheses indicate an alternative primary use for a selection.) ✦

Topic	Primary Emphasis	Secondary Emphasis
Cognition and Perception	1, 3, 8, 9	5, 24
Emotions	10, 11, 18, 22, (31)	4, 27
Self and Identity	4, 5, 7, 13, 14	12, 20, 32, 35, (6), (15), (36)
Socialization	6, (11)	4, 5, 8, 22, 29, 35
Social Interaction	12, 16, 17, 19	28
Social Relationships	20, 21, 22, (23)	18, 25
Culture	2, 25	9, 10, 34
Social Organization and Institutions	24, 26, 28, 31	27, 35
Gender	29, (6), (15)	22, 27
Class and Ethnicity	27, 30	
Deviance and Social Control	32, 33	9, 23, 30
Social Problems	15, 23, 34, 35	30, 33
Social Change	36	10

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Herbert Blumer (1900–1987) was a prominant advocate for the sociological perspective of symbolic interactionism and professor of sociology at the University of California at Berkeley before his death. Among his many articles and books, the most widely read is *Symbolic Interactionism: Perspective and Method* (1969).

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Erving Goffman (1922–1982) was Benjamin Franklin Professor of Anthropology and Sociology at the University of Pennsylvania and President of the American Sociological Association at the time of his death. His many influential books include *The Presentation of Self in Everyday Life* (1959), *Asylums* (1961), *Relations in Public* (1971), and *Frame Analysis* (1974).

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George Herbert Mead (1863–1931) profoundly influenced early generations of American sociologists while a professor of philosophy at the University of Chicago. His published lectures and other work provided the basis for a distinctively sociological psychology and include *Mind, Self, and Society* (1934), *The Philosophy of the Act* (1938), and numerous articles.

Greta Foff Paules is a cultural anthropologist and the author of *Dishing It Out* (1991).

Oliver Sacks is a professor of neurology at the Albert Einstein College of Medicine. He is the author of many popular books including *The Man Who Mistook His Wife for a Hat* (1987) and *Awakenings* (1990).

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Lev Vygotsky (1896–1934) was an influential Russian psychologist who died of tuberculosis only ten years after beginning his study of psychology. Among his extensive writings during that decade, *Language and Thought* (1934) is the most widely read today.

Ronald Wardhaugh is a professor of linguistics at the University of Toronto. His books include *How Conversation Works* (1985) and *Introduction to Sociolinguistics* (1988 and 1992).

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Part X: Postmodern Social Reality

Part I

Human Being and Social Reality

The study and understanding of any subject must start with something—with some general ideas about that subject. The subject of sociological psychology and microsociology is human experience, both shared and private. Thus, sociological psychology and microsociology must start with some general ideas about human nature, human experience, and social existence. The three selections in this section advance some ideas about these fundamental questions. They provide conceptual foundations on which a study and understanding of human social life and experience can be built. Although only one article is written by a sociologist, all three provide conceptual pillars that securely support sociological psychology and microsociology. They also remind us that more popular ways of thinking about human beings and social life may not do justice to their fascinating complexity. ✦

1

Neurology and the Soul

Oliver Sacks

The history of Western thought is full of dualistic conceptions of human nature. Human "being" is variously separated into body and soul, sensation and reason, and physicality and mentality. These separations of human being into distinct and opposing parts have led to a number of debates over which side predominates. Does nature or nurture primarily determine individuals' thoughts, feelings, and behavior? Is the principal source of human knowledge perception or reflection? Is "mind" just another word for the biochemical operations of the nervous system, or is mind irreducible to biological processes? Although these and related debates continue, the view that emphasizes the bodily and physical side of human being seems to have the advantage today. At least medical treatment of the bodily being is generally accepted as the solution to a growing variety of human ills and troubles. There is presumably a drug, diet, or exercise program that can cure almost any condition.

This is the approach to curing human ills and troubles that Oliver Sacks, the neurologist and noted author of such books as Awakenings *and* The Man Who Mistook His Wife for a Hat, *had learned in medical school. However, as he reports in this selection, his experiences with patients have led him to doubt the wisdom of that approach. He could not predict nor explain how particular patients would respond to certain medical treatment, based solely on his knowledge of their physical condition and the physiological effects of the administered treatment. Their symptoms and responses to treatment could not be understood apart from their past lives and current circumstances. As a result, Sacks concluded that it was not enough merely to treat a disease or lesion. He had to consider and treat the whole person.*

Sacks' conclusion not only challenges contemporary medical practice, but also the dualistic and mechanistic conceptions of the human being that have characterized Western thought for centuries. Body and mind are inextricably locked together in what Sacks terms "the economy of the person." The nervous system is not a machine or biochemical computer that produces thoughts, feelings, and behavior according to some innate program. Rather, it continually evolves as it adapts to the individual's ever-changing experiences. It is influenced as much by perception, thought, and feeling as it influences them. Thus, understanding human being requires an understanding of more than human biology—it also requires an understanding of human experience. And human experience is the subject matter of sociological psychology and microsociology.

There is a tendency in neurology and pathology to talk about "the lesion," to see the process and end of medicine as delineating and "treating" the lesion. But the effects of a lesion, of any dysfunction, cannot help ramifying throughout the economy of the organism, forcing one to consider the organism as a whole.

The first patients I saw when I finished my [medical] training were patients with migraine. My first thoughts were that migraine was a simple pathology, or pathophysiology, which would require a pill, a medication, and that the beginning and end of medicine was to make the diagnosis and to give the pill. But there were many patients who shook me. One in particular was a young mathematician who described to me how every week he had a sort of cycle. He would start to get nervous and irritable on Wednesday, and this would become worse by Thursday; by Friday, he could not work. On Saturday he was greatly agitated, and on Sunday he would have a terrible migraine. But then, toward afternoon, the migraine would die away. Sometimes, as a migraine disappears, the person may break out in a gentle sweat; he may pass pints of urine. It is almost as if there is a catharsis at both physiological and emotional levels. As the migraine and the tension drained out of this man, he would feel himself refreshed, renewed; he would feel calm and creative; and on Sunday evening, Monday, and Tuesday, he did original work in mathematics. Then he would start getting irritable again.

When I "cured" this man of his migraines, I also "cured" him of his mathematics. Along with the pathology, the creativity also disappeared, and this made it clear that one had to inspect the economy of the person, the economy of this strange cycle of illness and misery each week, cul-

minating in a migraine and then followed by a wonderful transcendent sort of health and creativity. It is not sufficient just to make a diagnosis of migraine and give a pill. One has to inquire into the entire human drama that surrounds the attacks, to explore what they might mean in a particular person. One has to take not just a "medical" history, but must try to construct a complete human narrative.

The second group of patients I encountered were those I describe in my book *Awakenings*. As a student I had vaguely heard of the great sleeping sickness, the *encephalitis lethargica*, which had become a worldwide pandemic in the 1920s; but it was only in 1966, when I arrived at a hospital in New York, that I saw for the first time the full, and almost unimaginable, depth and strangeness of the states that this might bring about. When I came to the hospital, I found some eighty patients who were, for the most part, completely "frozen," frozen in strange statuesque attitudes—and some of them had been in this state for forty years. Many of them had curious "crises" at times, in which their frozenness would be replaced by sudden spasmodic activity, "forced" movements, "forced" behaviors, compulsions of every kind.

In the summer of 1969, it became possible to give these patients a new "awakening" drug, L-DOPA, and with it, in that summer, they were released from their decades-long symptoms and syndromes, and became startlingly, wonderfully, alive. Then, in the fall, all sorts of problems appeared—recurrences of old symptoms, new symptoms of all sorts, sudden oscillations between states of immobility and excitement. Some of these setbacks, it was evident, had simple physiological causes: 90 percent or more of the motor-regulatory systems of the brain had been devastated, and the relatively few regulatory cells left were being overstimulated, and exhausted, by the drug. But this, it was equally evident, was not the whole of the matter: some patients with the grossest physiological damage did relatively well, and other patients, with less organic damage, did very badly.

One such patient (Rose R.), for example, was deeply nostalgic, and when she was "awakened" to 1969 she found it intolerable: "I can't bear it," she said, "everything is gone. Everything which meant anything has vanished and gone." And her "awakening" had a deeply anachronistic quality: she spoke of figures from the 1920s as if they were still alive; she had mannerisms, turns of phrase that had been obsolete for forty years but that still seemed entirely current and contemporary to her. She said, "I *know* it's 1969, but I *feel* I'm twenty-one." And she added, "I can't bear the present time—all this television, trash, nonsense. None of it means anything to me." And, perhaps in accordance with this state of mind, she suddenly ceased to respond to L-DOPA, and reverted again to the catatonic state she had been in for forty years; we were never able again, by chemical means, to make any change in her condition.

Another patient (Miron V.), who at first did very badly on L-DOPA, swinging unpredictably between stupor and frenzy, did far better and ceased to swing, when he found his family, who had been cut off from him for years; and when, additionally, we were able to set up a cobbler's bench at last in the hospital, so that he could resume the work he had once loved and which had been essential in giving him a sense of purpose and identity. Bringing these back—work and love, meaning—"centered" him, gave him back a firm base of identity and health, and alleviated the violent physiological oscillations he had been having.

Whatever went wrong on the ward or in their inner lives would instantly throw these patients into physiological problems of all sorts. Thus, there was a sudden access of ties, crises, recurrent Parkinsonism, etc., in September 1969, when a new hospital director abruptly dissolved the patient community, forbade visiting, and instituted a new, repressive regime; and whatever went right, humanly and morally, would as promptly serve to alleviate these problems (as with Miron V.). I had, as I had had with my migraine patients, a sense of complete psychophysical transparency, or continuity, of the physical and the mental dissolving into each other—never a sense of two elements or realms. "Awakening," it became clear, was not just a matter of a chemical, but of everything that constituted, in moral and human experience, "a life."

We had at first thought in narrow, chemical terms, believing that it would be sufficient to animate the patients chemically with L-DOPA, and then let them go. But L-DOPA, it was soon clear, was only the beginning. What was then necessary, after the first excitement had come and gone, was "reality," the sense of a real life, an identity; it was necessary for them to find or make a