Representatives of official agencies of social control begin to make contact with persons who have been designated as deviants. As private persons, these agents may or may not share common sentiments on assorted social deviants. But, in their official capacity as agents, they are constrained to look upon the deviants whom they encounter in a very special sort of way. They may or may not be aware of the sources of these special constraints. The primary source of this constraint is the office in which they work. If they are to manage deviants on behalf of society, they can best do so if they adopt the perspective of their agencies.

The readings for this section all sound the theme that defining agents have official categories for what they take to be deviance. These agents of social control assume a particular stance when they confront typical deviants in the course of their work. The readings that follow specify some of the sociocultural sources of this moral stance. First, Freidson points out that agencies come to think and work in terms of a defined population. Scheff then suggests a number of propositions that may account for how personnel define and respond to “normal cases.” Finally, Cicourel and Kitsuse show how high school counselors find deviants who fit their official categories, thereby producing rates of deviant behavior.

Disability as Social Deviance *

ELIOT FREIDSON

. . . Deviance is a social rather than necessarily behavioral or biological fact. This seems necessary in light of the fact that possession of a given trait does not

always lead to assignment to a given deviant role. Indeed, socially structured biases seem to operate in the identification of deviants and their allocation into deviant roles. This may be understood when we recognize the implications of the fact that the true universe or rate of deviance, whether defined by behavioral or biological criteria, is difficult if not impossible to determine. In a practical sense, deviance consists in cases identified by agents or agencies concerned with controlling it—i.e., the deviant is he who gets caught, whether he turns himself in or others do it for him, and the universe of deviance is that population of people delineated or defined by the agencies whose function it is to deal with those who get caught.\(^1\) This seems true not only for "criminals," "perverts," or any other deviants who might be expected to hide themselves in order to avoid punishment, but also for the mentally ill, the blind, the deaf, or whatever. One does not play the role of the deviant until he has been so identified by others or by himself.

Formal control agents have become more and more important in making such identifications. In everyday life, precise delineations of classes of deviance are not made: vague and permissive stereotypes seem to be used, the tendency being in all areas, not merely mental illness,\(^2\) to avoid segregating people into deviant roles in any but the most persistent and extreme cases. Control agencies in our society, however, have the business of defining deviance and must both solicit support for their activities and account for what support they have already gained: if only to account for themselves, they must calculate a general universe. They can, of course, as Mechanic feels has been the case for some medical investigation,\(^3\) assume that what they see is in fact the total universe, but if they seek to maintain their level of support without implying that their method of control is ineffective, or if they seek to gain a higher level of support for their work, they are likely to consider the cases they see to be but a hint of the deplorable but as yet undiscovered state of things lying outside. If their orientation is punitive, they seek support to "root out" deviance lying outside their purview; if their orientation is therapeutic, they seek support to "reach out." In either case, they must define a universe outside of themselves.

In the course of defining and classifying the universe which they claim needs their services, all control agencies in effect become responsible for drawing clearer lines than in fact exist either in everyday life or in the processes by which people were originally led into their services, and agencies may come to define people as deviant who would not ordinarily have been so defined. Both professionalism and bureaucratisation objectify deviance and reify diagnostic categories. In this sense, while such agencies may not actually create deviant roles, they do by the nature of their activities refine and clarify their boundaries and, by assuming responsibility for their control, add elements to the roles that may not have existed previously, and so encourage pulling in new people into them.

These are general aspects of what Kitsuse and Cicourel called a "rate-producing process."\(^4\) To this we may add some of the various circumstances responsible for producing different types of "representation" of the universe in the way by which control agencies "reach out," or "bring to book" cases and establish the official rate of deviance.

Several circumstances seem especially important in determining how a given behavior is produced and what its bias will be toward the degree to which a definition of deviance is so highly specialized that people feel competent to assign it or so obviously limits the possibility of identifying cases. Second, the social distance of defining agents from the lay community obviously restricts access to cases identified. And the isolation of defining agencies from other agencies of control also restricts access to people who need to be identified.

Some agencies seem to find it easier to make contact with the cases of deviance which they presume jurisdiction over, such as the blind, for example, than to be fairly isolated from others, and the definitions of blindness are commonly far more technical, even if arbitrary. To this degree case are "reached out" to all qualified cases, their definitions of blindness being disseminated to other agencies through the gamut of independent and technical valuation by such referring experts as school physicians, optometrists, and ophthalmologists. Given reluctance to impute stigma in both cases, a process composed of ignorance on the part of some potential referrers and of sophistication and independence of judgment on the part of others is created which distinguishes the very specialized character of such an agency and discourages the reach out of cases. Therefore, the

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way by which control agencies "root out," "reach out," or "bring to book" their cases and establish the official rate of deviance.

Several circumstances seem especially important in determining how a rate is produced and what its bias will be. First, the degree to which a definition of deviance is so highly specialized that few people feel competent to assign it obviously limits the possibility of identifying cases. Second, the social distance of defining agents from the lay community obviously restricts access to cases to be identified. And the isolation of a defining agency from other agencies or agents also restricts access to possible cases to be identified.

Some agencies seem to find it difficult to make contact with the cases over which they presume jurisdiction. Agencies for the blind, for example, seem to be fairly isolated from others, and their definitions of blindness are comparatively technical, even if arbitrary. To "reach out" to all qualified cases, their discouragingly particularistic definitions must be disseminated to other agencies, running the gamut of independent and critical valuation by such referring experts as school physicians, optometrists, and ophthalmologists. Given reluctance to impute stigma in both cases, a barrier composed of ignorance on the part of some potential referrers and of overspecialization and independence of judgment on the part of others is created by the very specialized character of the agency and discourages the ready transmission of cases. Therefore, the cases seen are markedly underrepresentative of the universe they presume by their definitions. Fewer people will be labeled "appropriately" than in fact conform to the nominal definition of the deviance. The cases that do come to their attention are likely to be biased toward the most severe social and psychological handicaps, insofar as such can vary independently of visual acuity. In sum, the sampling bias is severe on both quantitative and qualitative grounds, making for disproportionately low rates.

In contrast to such specialized agencies are those that use definitions of deviance that are broad and vague enough to encourage an enormous variety of people to presume tentative identification and referral on the basis of an infinite variety of behavior presumed to be symptomatic. Many agencies devoted to mental illness fall there. Such key functionaries as teachers, social workers, and, to a considerably lesser but nonetheless important degree, policemen and physicians, have been encouraged to use the definition. And it is sufficiently nontechnical that virtually anyone so inclined can feel free to use it. It would follow that, stigma or not, agencies devoted to the control of those declared mentally ill are likely to obtain a fairer approximation of the universe of such cases outside. Indeed, "overrepresentation" can occur in the sense that many "mistaken" labelings are likely to be made, particularly among those segments of the population prone to use the label freely. And insofar as the decision-logic of medical diagnosis described by Scheff is involved in this rate-

5 Howard S. Becker suggested in a personal communication that the very particularism of an agency can also lead to its gaining a virtual monopoly over dealings with people who fit its definition. An agency may develop the reputation of specializing in all people with a given impairment. People who have no particular difficulty with an impairment but who seek help for other types of difficulties at general, "normal" agencies may find themselves denied service and sent instead to the agency specially devoted to their impairment.

6 "Overrepresentation" is likely to be greatest among groups prone to the use of the diagnosis. In this sense, the clinical insights of practicing psychiatry are "biased" toward middle-class values because the practitioners see an overrepresentation of the literate and monied class in their "sample."

be said to be deviance-producing in that, by labeling the individual, it may organize the responses of the community toward him as a stereotyped deviant. Whereas those around him might never have attained any consensus about his behavior before, each responding to him according to his individual relationship, public labeling establishes a common focus for uniform community responses that carve out a role for him. This lays process of retrospective selection of evidence confirming the label is similar to the process in some official agencies of building up a case history or dossier observed by Goffman: it is not a process by which evidence confirming the label is sought out and weighed against that confirming the label, but rather one by which the confirming evidence alone is recorded.

Typification in Rehabilitation Agencies *

THOMAS J. SCHEFF

One particular avenue of research which would move outside of the traditional research perspective in rehabilitation is diagnostic, prognostic, and treatment stereotypes of officials and clients and the ways in which these influence rehabilitation process. Following Sudnow, this discussion will use the generic term, "normal cases." The discussion will begin with a review of Balint's concepts concerning doctor-patient relationships.

One of Balint's conclusions is that there is an apostolic function, doctors in some ways act as seeking to proselytize their patients having the kinds of diseases that doctor thinks are conceivable in the first place that every doctor has, but almost unshakably firm, idea patient ought to behave when ill. This idea is anything but explicit; it is immensely powerful, experiences, as we have found, practices especially of the doctor's work with his patients. It was almost as if every doctor had knowledge of what was right and wrong for patients to expect and do further, as if he had a sacred convert to his faith all the ignorance believing among his patients.

It would be easy to accept statement concerning apostolic role as academic hyperbole which make a subtle point concerning and psychiatric diagnosis. How can also take Balint's statement literally true, and talk about these organizations and the kinds of stereotypes in classifying clientele and base for action.

The literal use of such stereotypes is apparent in Sudnow's "Normal Crime." Making observations in the debtor's society in the court of all, he notes that the effective diagnosis for the public defender is the nature of crime—that is, the crime typical for the city that he serves time in history. He proceeds with burglary, child molestation, and a deadly weapon, and so on, stressing the folklore within which there is a lot of information about these crimes in that part of society. To say that this is folklore is to accept the idea that we make sense of our experiences in a non-rational way. This is a crucial point in understanding the sociology of deviance.