Response paper

How We Construct Behaviors as Deviant How We Construct Behaviors as Deviant The three readings try to give a prima facie evidence of the characterization of a deviant behavior using three planes of social interactions: ' stigma and social identity', ' being sane in insane places' and the ' deviant subculture derived from the internet'. The three readings show that in the process of identifying the deviant people of behaviors, what had been previously perceived to the deviant or morally rejected behaviors, in a critical view, turns out to be a behavior discredited by the society that has set up its own rules of defining what is morally wrong and morally correct (Goffman, 1986). To elaborate further the relationship between the three articles, the article on stigma and social identity, for example, describes that what is advertised on the body of the bearer by the people is what is considered to be the deviant behavior. However, the article further explains that a better way of identifying a deviant behavior should be by being able to describe behaviors according how they are discredited and what is discreditable. In the other two articles, Being Insane in Insane places and The Cyber Worlds of Self-Injurers: Deviant Communities, Relationships, and Selves, they use the same dimension to explain who is a deviant person, that is, what is wrongly perceived by the society and what should be the true attribute of a deviant behavior.

The three articles show us that what we construct as the deviant behavior is incorrect. They reveal that the behavior an individual shows in public places is criminalized and he becomes the bearer of the deviant behavior. For example, the article on Being Insane in Insane Places explains that what is considered to be normality and abnormality depends on the context in which the individual is placed. For example, the article explains that it might be

difficult to differentiate a person's anguish from " mental illness". When hospitalized, the traditional modes of psychiatrist diagnosis support the view that the individual could be suffering from an abnormality, yet, when outside the hospital setting, the individual might not show signs of abnormality; instead, he might portray normality. Therefore, a person becomes deviant based on the environment in which the observer finds him. As mentioned using the example of personal anguish, if suffering leads to that person committing murder, in the societal settings, people would consider that to be a deviant behavior. But, it is the sanity and insanity, and normality and abnormality that flow out from the individual that is used to name the person as deviant. The article proposes that a secret admission to many different hospitals can be the appropriate method for measuring whether the perceived deviant person had been behaving sanely when in and outside the hospital settings (Rosenhan, 1973).

The article on Being Insane in Sane Places provides a good example of how patients who were perceived to be suffering from deviant mental illness could develop a way of getting out of the stigma. A research program that was established in 12 different hospitals on pseudopatients arriving with complains of hearing voices such as " thud" and emptiness; each one was told that he or she would have to get out by his or her devices. For example, those who had suffered from psychological stresses, they were motivated not only to show to their staffs at work that they behaved sanely, but they were also to be the paragons of corporation (Rosenhan, 1973).

References

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