

Are people with
anorexia or obesity
deviant?



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Anorexia is seen as deviant because it is defined as an illness. People literally starve themselves at times. It is a world known behavior especially in women. Many women become victims to anorexia due to society and the media creating the “perfect” body for people. (deviance sociology) this is mentioned in the functionalist theory which looks at society.

Obesity people are seen as deviant because people stereotype them as lazy, slobs and ugly. Medically overweight people are those who are 20 percent over their ideal weight. (deviance)

The media is one of the most influential cultures; it can impact individuals and cause society issues. It can impact society negatively due to people relying on media for information. (Wright 1986).

How does society define the right weight? If there was no gym or healthy table how would you know if you had the right weight? American Company Metropolitan established the first table of the right weights and height in 1942; it was based on the measurements and life spans of a large number of their clients. (Deviance and social control p. 129).

Healthy people find it easier to get insurance, somebody suffering from obesity or anorexia will struggle to get health insurance.

Women have been stereotyped their image since history could remember. In the nineteenth century to be thin signaled nervous exhaustion and lack of fitness to fulfill the ideals of wife and motherhood (Ewen 1988). Only in the 1920's did the image of women start to change.

Anorexia can be seen as a form of rebellion

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A Sociologist's looks at issues from a different perspective, they focus their attention on social factors. They look at regularities as with all social behavior, it is socially patterned.

Emile Durkheim

Deviance has to do with going against the norms of a particular society. For years it has been discussed how celebrities and their super slim bodies have tainted the self-image of the very impressionable youths. We have reached a point where eating disorders have saturated the adolescent population and as such society has expressed their disgust. Previously it was a topic that was avoided as much as possible but the realization has come forth that the only way to attack this problem is head-on. As such, a very negative stigma has been placed on eating disorders especially anorexia nervosa and bulimia nervosa. This stigma has caused those affiliated with the act to be viewed as deviants and treated as such. They are institutionalized so that they can be rehabilitated and released back into society when it is thought that they can function normally.

The Interactionist Perspective emphasizes things such as peer pressure, the influence of role models, and the role of peer groups on an individual (Adler and Adler 49). Because people often associate with others who are similar to themselves, the obese person's peer group becomes many other obese people. Often, these people reinforce each other's eating and exercise habits, as well as beliefs concerning obesity. It becomes an acceptable practice to eat often and poorly as well as not exercise. These peer groups perform the function of support and acceptance, making the obese person

feel better about him/herself. The group even allows its members to feel a sense of normalcy about themselves. Outside of this peer group, however, these people are seen as deviant.

According to McLorg and Taub, as a part of developing the deviant identity, people experience both primary and secondary deviance (Adler and Adler 247-250). Between these stages is societal reaction. In primary deviance, the person violates norms that do not affect self-concept or social role performance. In this stage, the person overeats, but has not yet begun showing signs of being overweight or obese. They do not feel differently about themselves. Between stages, the person begins to be visibly deviant, and is labeled obese by society. In secondary deviance, the person deviates in response to society's having labeled them. Once this has occurred, the obese person internalizes that identity and begins to interact with others in such a fashion. It affects his or her self-concept and social roles. One begins to associate with others like him/herself. At this point, the deviant has achieved a new status that defines him/her. Additionally, the people surrounding the deviant often expect the person to fulfill the deviant role.

Deviance is not the person who is being breaking the rules but the social groups who apply those rules. The deviant behavior is who labels the people (Becker 1963: 9).

According to downs 1999 labelling theory has had a dramatic impact on social policy. It stresses the negative consequences of societal reactons to deviance that have more to do wth stigmatizing outsiders than attempting to prevent crime. Obesity can be considered deviant due to its societal

reaction. Obesity is visibly deviant, therefore, making it easier for the labeling process to occur. Once the obese person has been labeled, he or she is deviant. Obesity has become statistically an average behavior in the United States. Nevertheless, it is still “ abnormal.” The norm stands that thinness is attractive and worthy (Adler and Adler, 245). So long as this norm is upheld, obesity will be deviant and people will be labeled for their deviance and inability to conform.

Also, it has been noted in a study done by Hammarlund et al, that poor family functioning and parental control are risk factors contributing to childhood obesity. Adult obesity is often rooted in childhood obesity making it harder to lose weight later in life (Wardlaw 324).

Deviant behaviour is pathological in that it represents the violation of shared norms

(Elliott et al. 1985) have shown that young people behaviour needs to be understood in terms of immediate goals (such as doing well in school, being popular and being successful in sport) as well as long term economic success (Lawson and Heaton 1999: 58).

Women are taught that image is their master status and that those who do not meet a lofty

standard will be branded as inferior or unfit (or in the words of Tepperman, citing Erving

Goffman, “ stigmatized”. [Tepperman, 52])

Becker 1963: 9:

What kinds of people commit deviant acts (Roach Anleu 2006: 26).

2500 words

defend argument

provide evidence

refer work to sociologists

support claims

use the sociological models to organize the argument

at least 10 references

It further questions why, given those definitions, some people come to be defined as deviant, and what consequences this has for them (Downes 1999: 223).

Girls as young as six or seven years of age react to being labeled. This labeling often

originates when mothers pressure their young daughters into becoming aware of their

physical appearance. (ibid) This image pressure can range from nominally harmless activities

like encouraging children to play with make-up and dresses to overtly telling a “chubby” child

that she should lose weight. By enshrining image and appearance near the top of the child’s

list of cultural goals, mothers often render their daughters susceptible to further and perhaps

more harmful pressures from other sources in their adolescent years.

Mertonian Functionalism and Symbolic Interactionism are only two of the many

sociological perspectives that make substantial contributions to our understanding of eating

disorders

One particular example of research that an SI sociologist might perform would be an examination of the “intervention” process. Many individuals who are perceived to suffer from a psychological illness, including those related to body image such as obesity and anorexia, are subject to interventions and confrontations by their friends and family.

During an intervention, a wide variety of social sources attempt to get the subject to admit to having a problem. This strategy of confrontation is not unlike the way that psychiatric hospital staff treat patients who insist they are not actually ill, as developed David Rosenhan’s famous study that utilized SI paradigms. (Rosenhan)

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