

Social Deviance

Abstract

Lemert in his social pathology discussed defectives as deviant and pathological for society, blindness, speech defects like stammering and stuttering, mental disorders and the insane are the forms of deviation that society rejects them, Lemert's views on such defects that leads society toward pathological; "... what is it about their behavior which leads the community to reject them, segregate them...."

Keywords: Speech defect, Deviance, Deviation, Society, Family, Label, Culture.

Introduction

Deviant behavior is used to locate and define social problems. Parson on deviance expressed his notion beyond system as Buckley views on Parsonian concept of deviance vs. Social System, "Although he clearly recognizes in many places that structured deviance, tensions, strains etc., are determinate, integral parts of a social system, nevertheless somewhere along his line of exposition the "system" comes to be identified... with the dominant, legitimized, institutional structure, or at least with those characteristics structures that do not include patterned strains or structured deviance and disorder. And the concept of "institutionalized deviance" now widely recognized in one form or another by many sociologists could be a contradiction in terms of Parsons."

The problem of speech defect is more important and occupies the place of attention in many fields such as psychological, medical, sociological. A sizeable part of population suffers from stammering in India as well as abroad. However, it is important to understand, that stammering is not a disease, but is a progressive disorder - a result of faculty feedback. Eisenson classified speech disorders into (1) voice disorder, (2) pronunciation disorder, (3) verbal disorder, (4) stammering. William Crikeshnak divided it into (1) functional articulation, (2) stuttering, (3) voice disorders, (4) retarded speech, (5) cerebral speech disorders, (6) cleft palate speech.

Objective of the Study

In different cultures stammering and stuttering are identified with different name. The Germans call it "Stottern", the English call it "stammering", (in Britain the terms "stammering" and "stuttering" are synonymous). The fiji islanders call it "Ka-Ka", those of the Zulu race in South Africa are called "Analimi", a tribe of American Indian, 'Salish' use the term "Sutsuts". In Japan stammerers are known as "do'mo'ri"; the Eskimo stuttrer is "Iptegetok". Deso A. weiss, in his article; wrytteb ub Brussels in 1941, distinguished between the expression "stammering" and "stuttering". According to him "stammering" requires pathological hesitation. Repetition of words, syllables, and blocking in speech. He divided the symptoms of "stammering" in two classes. Those of the first group are due to a kind of imbalance in the speech, while the another group constitute a secondary Psychological reaction to becoming conscious of one troubled speech. Yet, apart from the speech clinics, the word "stammering" is still current in American language as in Psychological literature "stammering" is the preferred word in subject expression.

In the above mentioned perspective social deviance and speech defects are the focus of the study.

Review of Literature

Recent development of deviance theory has been introduced by Howard S. Becker. As editor of significant journal titled "Social Problems" Becker revived the theory of deviance. Students of Chicago School were interested in study of deviance and Frank Tannenbaum's "Crime and community", (1938) and Edwin H. Lemert's "Social Pathology" (1951) are the works in the line. Though at the time of publication these works were neglected and overlooked but today, have occupied proper place in sociology of knowledge. This generation of Chicago School, including



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Becker propounded the theory that "society creates deviance by definition". Behavior of deviant is as normal as others, until and unless its members have been labelled, branded and stigmatized.

A recent study of 'Identity disturbances among adult stammers' is made by N. Nammalvar (Clinical Psychologist), and A. Venkoba Rao (Professor and Head, Institute of Psychiatry, Madurai Medical College and Govt. Rajaji Hospital, Madurai). Anthropological studies at various levels of cultural development also attest to this functional disorder of speech. He found that it occurs very rare in primitive people.

Lemert has depicted Stammering as deviation by citing the Case Study of A boy. The following sequence of events taken from the case history of a boy who began to stutter at thirty-six months of age is a very revealing picture of culture conflict as it bears upon the child through the family. It not only depicts the general feeling of tension in the family but also the specific parts played by an overanxious mother and certain trauma in localizing the boy's anxieties in the vocal tract:

1. Severe beating by mother at twenty-one months for soiling his pants.
2. Continuous pressure from mother on toilet training.
3. First baby sister born.
4. Signs of competition with baby sister.
5. Large household of visiting relatives for six months.
6. Mother cares for bedridden aunt in home for six months.
7. Three changes of residence.
8. Alcoholic grandfather moves in, causing constant conflict between father and mother.
9. Father undertakes new business, works late at night.
10. Financial difficulties occur.
11. Boy begins to sense and fear peculiarities of grandfather.
12. Boy's stomach pumped three times within one month due to poisoning from ant paste.
13. Severe poisoning from lead in water pipes.
14. Tonsils removed, continued recall of the operation.
15. Age thirty-four months: mother takes child to uncredited psychoanalyst. On her recommendation mother tries to break thumb-sucking habit of the boy by compulsory methods.
16. Three weeks later: signs of primary stuttering or nonfluencies appear, especially repetitions of first syllables of words.
17. Death of grandfather. During week of burial the boy was scarcely able to talk, having many blocks lasting as long as a minute.

It is interesting for us to know that a year later, when the family routine became more normal, the stuttering in this case disappeared completely.

Systematic deviation does not occur with stuttering, according to all available records. Although several persons in the same family and members of different generations of the same family often show stuttering symptoms, there is no proof that this

behavior is ever learned. There may become communication of learning of techniques for covering up or handling blocks between stuttering in clinical situations, but beyond this it would be in error to claim any special culture for stutterers. Nor is there any indication of social organization among stutterers. As far as is known, stutterers outside of clinics do not seek out one another's company, nor do they form groups among themselves.

The social reactions are internalized by the stutterer at any early age when he begins to sense the anxieties about his speech. His school experiences strengthen his feelings of inferiority, and his visits to clinics and speech correctionists; or being placed in a special class at school, formally conceptualize his status as a "defective". The failures or temporary success of treatment, followed by greater speech difficulties, bring on a sense of hopelessness about his handicap. Job failures plus awkwardness and ineptitude with the opposite sex are further confirmation of the by now deep inadequacy the stutterer feels.

The studies made by several psychologists, abroad India as well as have maintained that stuttering is a learned behavior and frustration aggravates and intensify it. Wendell Johnson of University of Lawe formulated 'Semantic Theory' of stuttering which implies that stuttering is a disorder in which semantic reactions play a determining role. Dr. J.M. Fletcher identified stammering as complex form of social intercourse. "It should be diagnosed and described as well as treated as a morbidity of social consciousness, a hypersensitivity of social attitude, a pathological social response".

Various methods have been developed for the treatment of stammerers. In India, various approaches on Individual and group basis were made. Individual methods are generally used in hospitals. Dr. S.K. Kulshreshtha, a great follower of group therapy approach has developed his own method. In his practice he holds sessions of one month duration. The group consists of about 10-12 persons of various age-levels, of various occupations, and social economic levels. His group-therapy methods come out with ground success; to be said curable.

There is an increasing need today to take everyone aware that speech disorder is essentially a social problem and that, it is the duty of the society and the government to extend active support to rehabilitate the stammerers. Both should ensure the welfare of these unfortunate lot and bring them into the main stream of the social life.

Conclusion

The following points are suggested for their total rehabilitation-

1. India Council of Child Welfare should look after the rehabilitation problem of the stammerers. A parallel organization should also be formed for the cause of rehabilitation.
2. It should be included under 20-Point Programme. Rehabilitation Aid Centers should undertake the task of group therapy. It may be regional or on district basis. Vocational programme should be included under it.

3. Financial help of the government is essentially needed. Under this scheme, experts from other countries should be invited, which may enrich the rehabilitation programme.
4. Organization like UNICEF should pay attention towards the rehabilitation problem of the stammerers, not only in India but the whole world.
5. The field workers of the health department should be asked to visit every house of their area/blocks and gather information regarding speech disorders. They should arrange preliminary treatment of the patients suffering from speech disorders.
6. Socio-Psycho segregation should be stopped by the society. There is a great need for paying attention on this score. Professional training centers (State or regional or India level) should be open to train the qualified personnel.
7. The Control Social Welfare Board, New Delhi has started various welfare programme for the children, women and the handicapped in U.P. and other states. The Board should include the persons who have speech disorder and a separate financial allotment should be made for this very purpose.
8. The Economic Administration Reforms Commission (EARC) has rightly suggested that the Government should take prompt decisions on the recommendation of the Commissions and Committees appointed by it. It is worthwhile to say that the condition in India is not very alarming

but it should not be treated reluctantly. There is a great need that the socio-psychological imbalances should be eradicated from India, in partial and world at large.

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