

Examples of reading summaries.

I have appended examples of poor and better summaries of William Chambliss's article that is required reading under law and social change. You should strive to produce summaries of the quality of paragraphs D and E.

The second set of sample summarizes a reading I use in another class, Conrad "On the discovery of hyperkinesis."

I have included both a simple summary and a full set of notes on the reading.

Although producing a summary statement, like paragraph D or E is generally sufficient, for some readings, you will want to produce comprehensive notes to capture the subtlety of the argument and the nature of the data.

I appended to the syllabus more extensive suggestions on how to do the reading and what to look for and write down from your reading.

William J. Chambliss, "A Sociological Analysis of the Law of Vagrancy" Social Problems, volume 12, pp. 67-77, Summer, 1964.

A. Chambliss describes how vagrancy became a crime.

(This is a restatement of the title of the text; it may need to be said but indicates nothing about how, or when, or the conditions under which vagrancy was criminalized. It does not say what the students understands about the criminalization of vagrancy.)

B. Chambliss describes how vagrancy became a crime in England in the 14th century as a result of other changes in the social structure.

(This is a minimal level of description and suggests, correctly, the major theoretical insight - that law is a product of social structure - but still lacks sufficient specificity to illustrate both the student's understanding of social structure and the relevance of Chambliss' example.)

C. Chambliss describes how changes in the social organization of English society, specifically the decline in labor supply and rise in wages, resulted in the laws against vagrancy.

(This formulation names the specific changes in English social structure but still fails to fully describe the range of phenomenon that led to the law.)

D. Chambliss describes how changes in the social organization of English society following the Black Death, the consequence decline in labor supply and pressure on wages, was opposed by the landed gentry who attempted to limit labor competition by the passage of laws against vagrancy which prohibited travel from one community to another and refusal to work.

(This summary requires more than a skimming of the text, indicates the salient facts and their historical role. At the same time, it does not completely describe Chambliss' argument.)

E. Chambliss uses historical sources to illustrate how particular social settings influence the emergence, interpretation, and enforcement of criminal law. In particular, he describes how changes in the social organization of English society following the Black Death, a decline in labor supply and consequent pressure on wages, was opposed by the landed gentry who attempted to limit labor competition by the passage of laws against vagrancy which prohibited travel from one community to another and refusal to work. During the following century, when labor supplies increased and wages fell, the law was regularly ignored and unenforced. However, during a period of expanding trade in the sixteenth century, vagrancy laws were resurrected and redesigned as vehicles for policing and regulating traffic on the public roads where commercial transfer of goods and persons had become common.

(This paragraph summarizes Chambliss's general point: law is a product of particular social forces, in particular economic conditions of labor and trade. It also provides the illustrations of the general point. It also names the kinds of data the author uses to make his general point.)

Peter Conrad, "The Discovery of Hyperkinesis: Notes on the Medicalization of Deviant Behavior" Social Problems, October 1975, p. 12-21.

A. Conrad describes the discovery of hyperkinesis as an example of the medicalization of deviance.

(This is the title of the text; it needs to be said but indicates nothing about what the student understands.)

B. Conrad describes both clinical and social factors underlying the discovery of hyperkinesis as a medical disorder.

(This is the minimal level of exposition and indicate one further level of distinction or detail beyond the words of the title.)

C. Conrad describes a series of clinical and social factors that explain why hyperkinesis was "discovered" when it was and why.

(This indicates a larger/broader scope of analysis or judgement by suggesting that discovery is not self evident but is problematic, something that needs to be explained.)

D. Conrad describes the role of pharmaceutical research and advertising, and parental and professional lobbying for governmental action, as major factors that influenced the timing of the "discovery" of hyperkinesis as a childhood disorder.

(This requires more than a skimming of the text, and indicates the salient facts, and their historical role.)

CONRAD, "The Discovery of Hyperkinesis: Notes on the Medicalization of Deviant Behavior" Social Problems, Oct 1975, p.12-21.

This paper describes (1) how certain forms of behavior in children have become defined as a medical problem, (2) how medicine has become a major agent for their social control since the discovery of hyperkinesis.

Defines discovery as (1) the origin of the diagnosis and treatment, and (2) identification of children who exhibit this behavior.

Part I. why hyperkinesis became popular in the 1960s: provides clinical and social factors that set the context for the "discovery" of hyperkinesis.

provides medical diagnostic category: minimal brain disorder, hyperactive syndrome, hyperkinetic disorder of childhood, and several other terms. Usually refers to extreme motor activity, short attention span, restlessness, fidgetiness, oscillating mood swings, clumsiness, 6x more prevalent in boys than girls. Then explains how this came about.

a) clinical factors: describes sporadic citations in medical journals from 1930 thru 1950s that amphetamines had paradoxical consequences for children who exhibited certain behaviors and learning disorders. Note positive result in 15/30 children. The medical literature was unclear about an organic cause and had various groupings of symptoms. In 1957 Laufer described, named and categorized as hyperkinetic impulse disorder, similar to those with clear cut organic cause (still does not name organic cause). 1966 US task force settled on terminology of minimal brain damage. Since the main diagnostic label.

IN mid 1950 new drug developed, Ritalin, many qualities of amphetamines without undesirable side effects. 1961 approved by FDA for use with children. Much research on the use of ritalin, became treatment of choice. Since 1960 more research on hyperkinesis, 3/4 about use of drug, literature citations absent before 1967, by 1970 over 40 per year, By 1975 the most commonly diagnosed psychiatric disorder among children.

b) social factors:

pharmaceutical revolution: identifies role of drug research and increasing acceptability of using drugs therapeutically for social, mental problems. Central to the discovery of hyperkinesis. Much advertising directed at medical profession about the positive consequences of using the drug.

Government action: also supported medicalization of these behaviors, proposed that ONLY doctors diagnosis and treat children's activity syndromes.

Part II. ramifications of medicalization of deviance:

a) how deviant behavior became conceptualized as a medical problem? b) why this occurred when it did? c) what are the implications?

(repeat or interpretation of previous information)

assume that before discovery of hyperkinesis, behavior seen as disruptive perhaps label emotionally disturbed sometimes used, in vogue and managed in context of family and school
how become a medical issue:

treatment available long before disorder was conceptualized
only in 1950 BOTH treatment and label available
increased interest in child psychiatry and pharmaceutical revolution provided
favorable ground
agents outside medical profession were significant: moral entrepreneurs:
pharmaceutical companies and association for children with learning
disabilities.

ramifications: treatment simple, results sometimes spectacular;
minimizes guilt of parents (removes fault)
allow non-punitive control
sometimes aids in classroom performance
children often like magic pills
probably benefit from reduced stigma

Part III: Medicalization of Deviant Behavior:

a little history, why has this occurred, asks the same questions again in a larger
historical framework:

- 1) much scientific research
- 2) application of pharmacological technology related to humanitarian trend in conception
and control of deviance, no longer sin, or weakness, is illness, disease
- 3) problem of expert control, withdrawal of more and more social life to realm of
specialists, non democratic, non participatory, removed from public realm where can be
discussed by ordinary people..
- 4) medical control allows somethings to be done that would not otherwise, psychosurgery
- 5) individualization of social problems
- 6) depoliticization of deviant behavior