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**Sociology of change**

**BY: Rab Nawaz Bhatti**

**PhD Scholar**

**Visiting Lecturer Sociology & Criminology**

**University of Sargodha, Sargodha.**

**The Normality of change**

What’s Normal? What do we mean by the terms “normality” and “abnormality”? An overview, contrast, and critique of three perspectives on normality and abnormality: statistical, normative/cultural, and natural/evolutionary views. How do we place values on normality and abnormality? To what extent does human nature guide what we think of as normal and abnormal? Can norms about normality be universal and not culturally relative? Are many things that we think of as abnormal actually mismatches between human nature and current social environments? How do we know what is “normal,” whether from a statistical, normative, or natural perspective? Sociologists have many research strategies and approaches for conducting their work, including surveys, field observations, in-depth interviews, content analysis, and others. We review key research approaches used to study human behavior – both normal and abnormal.

Normality is a [behavior](https://en.wikipedia.org/wiki/Behavior) that can be normal for an individual (intrapersonal normality) when it is consistent with the most common behavior for that person. Normal is also used to describe individual behavior that conforms to the most common behavior in society (known as [conformity](https://en.wikipedia.org/wiki/Conformity)).

Definitions of normality vary by person, time, place, and situation—it changes along with changing societal standards and [social norms](https://en.wikipedia.org/wiki/Social_norms). Normality has been functionally and differentially defined by a vast number of disciplines, so there is not one single definition. However, normal behavior is often only recognized in contrast to [abnormality](https://en.wikipedia.org/wiki/Abnormality_%28behavior%29). In its simplest form, normality is seen as good while abnormality is seen as bad. Someone being seen as normal or not normal can have social ramifications, such as being [included](https://en.wikipedia.org/wiki/Inclusion_%28value_and_practice%29), excluded or [stigmatized](https://en.wikipedia.org/wiki/Social_stigma) by wider society.

Measurining

Many difficulties arise in measuring normal behaviors—biologists come across parallel issues when defining normality. One complication that arises regards whether 'normality' is used correctly in everyday language. People say "this heart is abnormal" if only a portion of it is not working correctly, yet it may be inaccurate to include the entirety of the heart under the description of 'abnormal'. There can be a difference between the normality of a body part's structure and its function. Similarly, a behavioral pattern may not conform to [social norms](https://en.wikipedia.org/wiki/Social_norm), but still be effective and non-problematic for that individual. Where there is a dichotomy between appearance and function of a behavior, it may be difficult to measure its normality. This is applicable when trying to diagnose a [pathology](https://en.wikipedia.org/wiki/Pathology) and is addressed in the [Diagnostic and Statistical Manual of Mental Disorders](https://en.wikipedia.org/wiki/Diagnostic_and_Statistical_Manual_of_Mental_Disorders).

Statistical normality

In general, 'normal' refers to a lack of significant deviation from the average. The word normal is used in a more narrow sense in [mathematics](https://en.wikipedia.org/wiki/Mathematics), where a [normal distribution](https://en.wikipedia.org/wiki/Normal_distribution) describes a population whose characteristics center around the average or the norm. When looking at a specific behavior, such as the frequency of lying, a researcher may use a [Gaussian](https://en.wikipedia.org/wiki/Gaussian_function) bell curve to plot all reactions, and a normal reaction would be within one [standard deviation](https://en.wikipedia.org/wiki/Standard_deviation), or the most average 68.3%. However, this mathematical model only holds for one particular trait at a time, since, for example, the [probability](https://en.wikipedia.org/wiki/Probability) of a single individual being within one standard deviation for 36 [independent variables](https://en.wikipedia.org/wiki/Dependent_and_independent_variables) would be one in a million.

In [statistics](https://en.wikipedia.org/wiki/Statistics), *normal* is often arbitrarily considered anything that falls within about [1.96](https://en.wikipedia.org/wiki/1.96) standard deviations of the [mean](https://en.wikipedia.org/wiki/Mean), i.e. the most average 95% (1.96). The probability of an individual being within 1.96 standard deviations for 269 independent variables is approximately one in a million. For only 59 independent variables, the probability is just under 5%. Under this definition of *normal*, it is *abnormal* to be normal for 59 independent variables.

Sociology

**Durkheim**

In his [*Rules of the Sociological Method*](https://en.wikipedia.org/wiki/The_Rules_of_Sociological_Method), French [sociologist](https://en.wikipedia.org/wiki/Sociology) [Émile Durkheim](https://en.wikipedia.org/wiki/%C3%89mile_Durkheim%22%20%5Co%20%22%C3%89mile%20Durkheim) indicates that it is necessary for the [sociological method](https://en.wikipedia.org/wiki/Social_research) to offer parameters in order to distinguish normality from [pathology](https://en.wikipedia.org/wiki/Social_pathology) or [abnormality](https://en.wikipedia.org/wiki/Abnormality_%28behavior%29). He suggests that behaviors, or [*social facts*](https://en.wikipedia.org/wiki/Social_fact), which are present in the majority of cases are normal, and exceptions to that behavior indicate pathology. Durkheim's model of normality further explains that the most frequent or general behaviors, and thus the most normal behaviors, will persist through transition periods in society.

[Crime](https://en.wikipedia.org/wiki/Crime), for instance, should be considered normal because it exists in every society through every time period. There is a two-fold version of normality; behaviors considered normal on a societal level may still be considered pathological on an individual level. On the individual level, people who violate social norms, such as criminals, will invite a punishment from others in the society.





**The dream of normality**

How long will it be before we return to the normal times of steady expansion, stable growth, relaxed socialization, and put this crazy turbulence and uncertainty behind us?  How about “never”?  I raise that disturbing possibility because the “normality” that we long for was in fact not at all normal, but was instead the product of unusual social, economic, and political conditions that are in the process of disintegrating.  That means that the confusion and uncertainty that we are facing are not an unfortunate-but-temporary situation, but that they stretch ahead of us as far as we can see.

With the onset of the Covid-19 pandemic the world as we have known it ended. The change happened suddenly. Our world ended abruptly and entirely within a few weeks. The pandemic and economic and social crises plunged us unwillingly into Transition. The ending was vivid and instantaneous, with lives disrupted in dramatic and frightening ways. We did not have the opportunity to weigh in, provide feedback, offer suggestions or make plans. We are now in chaos.

People worldwide, particularly in the U.S., are increasingly becoming sick and dying during this pandemic.  Millions of Americans are unemployed, one of the highest rates in modern history. The economy is unstable, with confusion about when or if businesses will re-open. Many have lost the security of their savings; unemployment benefits keep changing. Social unrest, protests and upheaval have escalated. What is happening?

Well, this is called “reality.”  The idea that the world could be anything but turbulent and uncertain was always a dream, though it was one that many people seriously believed in and tried to realize in their lives.  And we began to realize that we had been living in a dream-world, a historically unusual period which we mistook for the way the world was going to be. We now discover that we need to let go of our fantasy

It’s hard to accept. But things will not return to “just the way they were.” We will never be able to go back to or replicate what we perceived as normal. We are living in uncertainty, not knowing how the future will unfold.

To cope with the dramatic changes, we must first understand and internalize the process of Transition. Transition is the internal psychological process that people go through as they come to terms with the new situation that change brings about.  Even the very things we try to hold on to exist because of change.  It is the inner process through which people adjust to change, as they let go of how things used to be and reorient themselves to the way that things are now.

**Transition has three phases—an ending, a neutral zone, and a new beginning.**

Transition starts with an **ending**. This is paradoxical but true. This first phase of Transition begins as people identify what they are losing and learn how to manage these losses. They determine what is over and being left behind, and then what they will keep. In the ending, you lose or let go of your old outlook, reality, attitudes, your old values, and self-image.  You relinquish hopes, fears, dreams and beliefs that you have held close. You may resist this ending for a while.  The refusal to change will not guarantee that whatever we care about stays the same.

 “Transition does not require that you reject or deny the importance of your old life, just that you let go of it.”

The second step of Transition comes after letting go: the**neutral zone.** The neutral zone is the interim between our past reality before we know what happens next. It is a confusing state of uncertainty when we feel as though our lives have come apart. People get mixed signals and lack of clarity. What will re-open, and when? Will children return to school? Will we continue to work from home? It is hard to make plans because nothing feels solid, and everything appears to be in a state of flux and chaos.

However, the beauty of this phase allows us to pause and consider new possibilities. It is an opportunity to realign thinking and feelings, re-assess values. It is at the very core of the transition process. People become resourceful in inventing temporary guidelines for themselves, their families, and work. It can also be a time when people explore new possibilities.  The neutral zone, this interim time, can be very creative and is the seedbed for new beginnings.

The next phase is “**new beginnings**” and involves new understandings, values, and attitudes. Beginnings are marked by a release of energy in a new direction – they are an expression of a fresh identity. Well-managed transitions allow people to establish new ways of living with an understanding of their purpose and how they will contribute and participate. As a result, they feel reoriented and renewed. People embrace and identify with a new outlook and reality, as well as new attitudes and self-image.  A new chapter in their lives is opening.  They develop a new sense of self, a new outlook, and a new sense of purpose and possibility.

The path of Transition may not be a path that you wanted to take or that you will necessarily find enjoyable. But it is a path with meaning and following it will bring you to a new place. If change were a wall, Transition represents a gate in that wall and offers a path forward to the next phase of your life.

Here is a paradox:  No matter how solid and comfortable and necessary the status quo felt, it was once new, untried, and uncomfortable.  Change is not only the path ahead, but it is also the path behind you, the one along which you traveled to wherever you will next stay. And you understand now that you have the insights and resilience to readjust to a world that will never be certain, settled or “normal.”

Every day brings reminders that the essence of life lies in Transition, where hope, creativity, insight, and possibility reside. Transition is at the heart of renewal and transformation. Renewal occurs whenever you relinquish something significant and follow life’s invitation towards new energy and a fresh purpose. It is the transformation and not the change itself where both the problem and the solution are to be found.

**Brief Course Description:**

 At some point, everyone wonders whether or not they are “normal.”’ Normality encompasses what people think, how they behave, the clothes they wear, the foods they eat, their physical appearance, who they live and sleep with, when and if they marry, and what diseases they have, among many other aspects. To what extent do definitions of normality stem from people’s own experiences, from social definitions, or from universal standards of morality or human nature? To what extent is it possible to change abnormal conditions and when is it desirable to do so?

This course will contribute to a number of learning goals established in the core curriculum. First, *human differences* are integrally related to issues of normality. When are these differences signs of pathology or, conversely, aspects of normal variation? How do gender, social class, ethnic, generational norms, and historical contexts affect notions of appropriate forms of sexuality, physical appearance, eating habits, happiness and the like? How do social values in turn impose conceptions of normality on different groups?

The course also raises a number of issues related to *science and technology.* Many technologies allow people to achieve normality: cochlear implants allow the deaf to hear, psychotropic drugs permit persons with mental illness to overcome their symptoms, human growth hormones can make short people taller, or gastric bypasses can bring the obese into normal weight ranges. Yet, these technologies also raise questions of undue coercion, negative side effects, and limiting valuable differences in human behavior. New technologies also bring about opportunities for enhancement of minds through stimulant drugs or bodies through steroids, breast enhancement, Botox, or hair transplants. The use of enhancement technologies raises questions of fairness and equity because of their unequal distribution across social groups. This subject is also relevant to issues of *social justice* because the financially well-off are better able to purchase and use enhancement technologies than the underprivileged, widening the already large gaps between the rich and poor.

The course also raises issues pertinent to the study of *global issues*. Conceptions of normality intrinsically contain cultural components but are viewed as universally valid. In recent decades, Western and, particularly, American standards of phenomena as diverse as beauty, mental illness, and diet have spread around the world. This course will raise questions such as the extent to which the globalization of normality threatens indigenous cultures, how cultures arise to resist the imposition of seemingly universal standards of normality, and the benefits as well as the costs of adapting Western views of normality in global contexts.

At the end of the course, students should have a better understanding of the influences that create images of normality and how these influences shape their own lives. They should also grasp the many difficulties involved in defining what normality and, consequently, abnormality is. They will come to question the effectiveness of various technologies to measure normality and correct abnormal conditions and even if normality is related to psychological well-being at all. While we have not yet developed particular assessment strategies, we will work with Karen Dennis to ensure that we are able to measure the extent to which students have learned how conceptions of normality influence notions of human difference, how these conceptions can be culturally specific as well as universal, and how science and technology affect conceptions of normality, allow for deviations from normality to be altered, and potentially can lead to enhancements of the normal.

Given the multidisciplinary nature of the course material, we will not be using a textbook nor giving closed-book exams. Rather, students will be required to write five short (5-7 page) papers, each focused on a particular domain covered in the class – such as health, sexuality, or depression. These assignments will allow us to evaluate the students’ comprehension of the core concepts and measures discussed in class, and will demonstrate their ability to apply the concepts of normality and abnormality to a specific case or instance observed in their own daily lives.

Course Framework

Concepts of normality and abnormality pervade social life. Individuals use these concepts to guide their own behavior and make it conform to or depart from social expectations. Doctors classify many conditions, whether levels of cholesterol, blood pressure, or body weight, as “within normal limits” or not. Advice columnists, not to mention professional therapists, constantly handle questions about whether someone is “normal” or not. Corporations, the military, and professional athletic teams employ personality tests to ensure that potential recruits are normal and to screen out those who are abnormal. Legal systems use standards of normality when bringing people to trial and allowing defenses against charges of criminal behavior.

Despite their pervasive nature, “normality” and “abnormality” are highly elusive concepts. For much of human history, religion defined what was normal and abnormal as well as the appropriate responses to those that were deemed as deviant. More recently, science has become a dominant lens used to define normality. Yet, scientific grounds for normality are difficult to establish and always controversial. In general, what is “normal” (and, consequently, “abnormal”) has been defined and used in three ways.

 The first is statistical. In the statistical tradition, the normal is whatever trait most people in a group display. Intelligence tests are the model for this conception of normality. These tests measure intelligence by relating the number of correct answers given by one person to the number that other people answer correctly. The average or normal IQ is set, by definition, at 100. Subnormal people are those who test at or near the bottom of the statistical curve, while the supernormal are well above the mean of the curve. The IQ score of any particular person is only meaningful when compared to the scores of others.

 An unusual characteristic of the statistical conception of normality is that normality is *not* a characteristic of individuals; it is a quality of the distribution of a trait within a particular group. It is impossible to know if any given individual is normal or not without also knowing about that same trait in other people. Indeed, when normality is viewed as an average, we often find that no individual could possibly be normal. For example, a statistically normal woman in the United States has 2.09 children, which no individual could have.

 Statistical conceptions of normality vary from group to group. In societies where the average person dies at age 65, someone who lives to 80 might be statistically abnormal. In the contemporary United States, however, an 80-year lifetime falls within the range of a normal life span. Or, a Japanese person whose scores on a personality test indicate that they are outgoing, gregarious, and friendly might be judged by the same test as shy, introverted, and hostile in the United States, despite giving exactly the same answers. When statistics establish normality, a person may be defined as normal or abnormal depending on the personality characteristics of the relevant reference group.

 Statistical conceptions of normality have other interesting aspects. One is that they can make abnormal phenomena appear to be normal. During World War II, for instance, up to 70 percent of soldiers exposed to extended periods of combat developed mental illnesses. In such contexts, people who are psychologically healthy or with slender physiques are statistically abnormal. Another anomaly of the statistical view is that it severs the connection between normality and social values. Consider that the majority of citizens in Germany during the 1930s and 1940s supported policies of genocide, racialism, and aggressive military conquest. Yet, many people object to claims that such horrific beliefs should ever be considered normal.

 Another quirk of the statistical conception is as the numbers of independently distributed traits increases, it becomes less and less likely that anyone can be normal. For example, one prominent theory assumes that personality has five major dimensions, each independent of the others. People within two standard deviations of the mean - two-thirds of the population - are considered normal on each trait. Using this standard, however, only a minority (40 percent) would be normal on any two traits, and only 13 percent would be normal on all five traits. Someone who fits a profile containing multiple dimensions of normality can be a very extraordinary person!

 The normative, or cultural, approach is a second major way of viewing normality. It assumes that standards of normality stem from conforming to some social norm, regardless of how many people display that characteristic. In contrast to statistical conceptions of normality, cultural conceptions imply that everyone or no one in any particular group can be normal. Normality can be measured by examining individual traits without knowing anything about the distribution of the trait among other members of the group.

 Consider the use of body mass index (BMI) to calculate normal weight. The BMI takes a person’s weight and divides it by the square of that person’s height. For example, someone who weighs 175 pounds and is 5 feet 8 inches tall would have a BMI of 26.6 (175/682). Current guidelines state that people with BMIs less than 18.5 are underweight, those between 18.5 and 24.9 are normal weight, those between 25 and 29.9 are overweight, and those whose BMI is more than 30 are obese. Using these guidelines, which use valued goals such as living longer and having fewer diseases associated with obesity to define ideal weight, far more Americans are overweight than have normal weight. Most people (about 60 percent) are overweight, with BMIs over 25. As more and more Americans have become overweight over the past two decades, it is theoretically possible that at some point nobody would be of normal weight.

 From the normative perspective, an individual is normal or not with reference to some culturally grounded standard. Different groups have different ranges of expected behaviors, so that a normal trait in one culture might be deviant in another and vice versa. For example, the military might strive to recruit soldiers who will conform to standards of discipline, subordinate themselves to group demands, and display obedience to authority. Universities, in contrast, might value qualities of autonomy, self-motivation, and independence. What is considered normal varies from culture to culture and from group to group, so no universal standards exist to judge normality.

 Evolutionary theory provides a third framework for understanding normality, the natural approach. In this view, normality stems from the characteristics humans were designed by natural selection to have. For example, nature has designed our eyes to allow us to see and our ears to allow us to hear; both are essential for survival. Thus, people who cannot see or hear are abnormal. Evolutionary perspectives regard normal human emotions and behaviors as products of the interaction between people and their environments. Normal humans would respond with despair in environments marked by widespread impoverishment, violence, and turmoil; a happy person in such circumstances would not be normal. Conversely, someone who is consistently sad in favorable environments would be abnormal. No trait is intrinsically normal or pathological but only acquires the quality of normality (or abnormality) in regard to the environment in which it arises.

 Evolutionary conceptions differ from statistical conceptions of normality because universal standards of natural functioning, rather than the statistical distribution of a trait, are used to judge the normality of any behavior. They differ from normative views of normality because their criteria are not meant to be evaluative but to stem from how humans are biologically designed to function in certain ways in certain environments. Evolutionary views are also distinctive because they presume that criteria for normality are universal aspects of human nature rather than culturally relative.

 The examination and application of the statistical, cultural, and natural concepts necessarily crosses a wide range of disciplines, especially sociology, psychology, psychiatry, medicine, philosophy, history, anthropology, and the life sciences. Horwitz’s expertise lies in the field of mental illness and a considerable part of this course examines how concepts of normality and abnormality apply to this domain. Carr studies the social nature and consequences of body weight, and of gender roles and behavior; the course content also focuses heavily on these two domains.