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THE CONVERGENCE OF THE INTERACTIONIST AND
BEHAVIORAL APPROACHES TO DEVIANC*

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This paper compares two theoretical perspectives on deviance, the behavioral and interactionist. Although these two perspectives arise from separate disciplines and intellectual traditions, we will argue that their approaches to the study of deviance in general and to mental illness in particular share many basic similarities, as well as some important differences, and that an analysis of each helps us understand the limitations and strengths of the other.

The behavioral and interactionist perspectives¹ are chosen for examination for three reasons. First, it is our opinion that these two theoretical approaches represent the most creative recent work by sociologists and psychologists on deviant behavior. Second, there are few attempts in the literature to integrate the perspectives (Ullman and Krasner, 1969; Singelmann, 1972; and Akers, 1973 are recent exceptions), and, in fact, the perspectives are often posed as antagonistic. Third, both perspectives share a rejection of the dominant psychiatric conceptualizations of deviant behavior and place greater emphasis on the social context of deviance.²

The discussion of these two perspectives will compare them by examining their approaches to one form of deviance, mental illness. Attention will be given to the similarities and dissimilarities of these perspectives in terms of concepts, propositions and methodology, with particular attention to areas of actual or potential cross-fertilization. In order to focus the comparison, we will first outline some of the basic assumptions of each perspective and then move to the topic of mental illness by examining their treatment of (1) the definition of mental illness, (2) primary deviation, (3) the responses of others to primary deviation, (4) secondary deviation, and (5) the philosophy and methodology of research.

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Basic Assumptions of the Two Perspectives

What we are referring to as the interactionist perspective is derived from Mead's symbolic interactionism as a conceptual scheme for understanding human behavior (Mead, 1934; Blumer, 1969). This approach posits that people act toward the objects in their world according to the meanings those objects have for them. Those meanings are learned, handled, and modified in the process of social interaction, specifically the interpretive aspect of that process. Man creates a world of objects and through his interpretations of these he is able to construct lines of action toward them. The person himself and significant others constitute major objects in his world. Social interaction is a process through which action is formulated by reciprocal role taking and self indication. Human society is the product of collectivities engaging in this joint action and can be understood by capturing the viewpoint of the actor who is engaging in designating and interpreting the objects in his world and constructing lines of activity toward them.

Within the behavioral perspective, behavior is assumed to be a function of man's genetic and environmental history as well as of current environmental conditions and states of deprivation (Skinner, 1974). One's learning history is constructed through the interaction of the person and his environment, especially interaction with his significant others (Bandura, 1969; Staats, 1971). The critical factor in understanding behavior is the relationship between behavior and its consequences. These contingencies of reinforcement are considered to determine man's behavior. Since these vary in different situations, environmental antecedents acquire an influencing role through increasing the probability of behaviors which have been reinforced in their presence. Also, since each individual has a unique learning history, each person's behavior is under the control of different contingencies. Feelings and states of mind are considered to be by-products of contingencies rather than "causes" of behavior (Skinner, 1973). Man acts on his environment and may change this environment through self-management, for example, through the analysis of contingencies and the extraction of the rules that governed the behavior (Skinner, 1974).

The Definition of Mental Illness

Both the behavioral and interactionist perspectives reject the notion that "mental illness" is indicative of a disease process (Taber, *et. al.*, 1969). Instead they view mental illness as a label that is differentially employed in some situations with negative effects upon the individuals so labeled (cf. Ullmann and Krasner, 1969; Scheff, 1966). Labeling is thus seen as one mode of reaction to a given actor that is influenced by a variety of situational factors.

The interactionists focus on this reaction process and argue that the nature of mental illness is not found within the person so labeled, but in the evaluation that people make about certain behaviors. Consequently, to understand mental illness, one has to study the circumstances that give rise to that evaluation. This naturally leads to a focus on the nature of the situational norms and expectations that are violated when the mental illness designation is made (Goffman, 1963; Goffman, 1969; Scheff, 1966). It is not a given behavior, then, that is important, but rather the definition imposed on the actor and the situation. This interpretation or definition becomes a crucial variable in the study of mental illness.

The behavioral perspective also recognizes the situational relativity of the use of the mental illness label and often cites the interactionist literature in support of this point (cf. Ullmann and Krasner, 1969). It has not focused, however, as extensively as the interactionists on the contingencies that shape the use of the label mental illness or "unadaptive behavior" which is preferred by behaviorists over the term mental illness. Nevertheless, both perspectives share an increasing concern with the iatrogenic effects of the application of labels (Lemert, 1951; Becker, 1963; Scheff, 1966; Bandura, 1969; Stuart, 1970) and with the failure fostered by the disease model to focus on relevant environmental variables.

Primary Deviation

Primary deviance refers to rule breaking that is not perceived by the interactants as part of the deviant role performance and which has minimal consequence for the rule breaker, e.g. jaywalking (Lemert, 1967:40; Scheff, 1966:51). The interactionists are not concerned with the "causes" of primary deviation. It is assumed that primary deviation is a common feature of social life and arises from diverse sources (Lemert, 1967:40; Scheff, 1966:40).

In contrast, within the behavioral perspective there is a strong interest in the origin and maintaining conditions of both deviant and non-deviant behavior (Bandura, 1969; Staats, 1971). An attempt is made to identify the types of interactions between behavior and the environment that lead to its acquisition, maintenance and change. The initial occurrence of a behavior in a given situation could be the result of a number of processes including generalization of a response to a similar stimulus situation (Bandura, 1969:40), vicarious or direct model presentation followed by subsequent performance of the response (Bandura, 1969:143-174) or a gradual shaping of a given behavior via reinforcement of approximations of that behavior (Ullmann and Krasner, 1969:61-62). There is an extensive literature within the behavioral perspective concerning the establishment of behaviors which under certain circumstances come to be seen as signs of mental illness

(Wolpe, 1958; Bandura, 1969). For example, Haughton and Ayllon (1965) demonstrated that a behavior considered by psychiatrists as indicative of mental illness, in this instance constant broom holding, could be established and maintained by reinforcing this behavior.

Through one's learning history, a unique set of consequences function as accelerators and decelerators of behavior for a given person. Originally neutral stimuli can, through a process of being paired with environmental events which elicit autonomic responses, also acquire an eliciting function (Pavlov, 1927; Rachman and Hodgson, 1968). For example, Rachman and Hodgson (1968) demonstrated that by pairing sexual arousal and boots, the latter acquired the capability of eliciting such excitation. Aversive stimuli have long been seen as a major generator of avoidance and escape behavior which may be labeled as unadaptive (Skinner, 1953; Pavlov, 1927). A person may refuse to leave the house and report that he is "afraid" of being alone away from home (Wolpe, 1970). Such refusal may violate one's own expectations or those of others. Thus, rule breaking behavior, whether involving approach or avoidance behavior which is considered unusual, may be occasioned by the presence of stimuli concordant with idiosyncratic reinforcer systems (Staats and Staats, 1963: 483-488).

Maintenance of behavior is dependent upon whether or not mainly accelerating consequences follow the repeated performance of a behavior, whether provided by the individual himself by virtue of his learning history (Kanfer and Phillips, 1970:420-425) or by some other source (Bandura, 1969:242-269). There is now considerable evidence that behaviors labeled as deviant are often maintained through reinforcement by those significant others who complain about them (Bandura, 1969).

Both perspectives stress the variability of the environment and the consequent variability of behavior. Both recognize that, for any given person, a unique set of environmental stimuli come to influence behavior. These stimuli do not automatically influence behavior, but do so in relation to a unique history of learning occurring in social interaction. Both perspectives recognize that stimuli can have a great range of "meaning" for different individuals and that the person himself provides an important part of his own environment (Bandura, 1969; Kanfer and Phillips, 1970). Both perspectives emphasize the "normality" of rule breaking or norm violation; normality with respect to frequency or occurrence, but more important, normality with respect to the nature of the social processes that lead to deviation. The interactionist is less concerned with the cause of primary deviation than with its documentation and the description of the norms apparently violated (Goffman, 1963; Scheff, 1966). The behaviorist, on the other hand is interested in the construction of behavioral repertoires, both deviant and otherwise, and how they arise and are maintained in social interaction.

Reactions of Others

The reactions of significant others to a person's rule breaking behavior are considered by both perspectives to be influential in determining the actor's future behavior. The behavioral perspective, as we have discussed, views the reactions of others to behavior as a central variable in establishing and maintaining behavior. Consequently, their analysis of the reactions of others to rule breaking behavior is identical to their analysis of non-problematic behavior.

The interactionists consider the reactions of others to rule breaking or alleged rule breaking as a pivotal event which sociologically separates rule breaking from deviance (Becker, 1963; Becker, 1971, Scheff, 1966). These reactions of others are viewed as falling on a continuum with normalization and labeling at opposite poles.

Normalizing reactions to rule breaking refer to those cognitive and behavioral reactions which are prompted by a norm violation, but which attempt to minimize its social significance. The rule breaking is viewed as a temporary, unintentional and unusual behavior for the actor who is conceived to be essentially "normal" with normal commitments to the rules. The rule breaking is seen as a deviation from what one expects of this particular actor. Normalizing reactions may allow the actor to resume conforming behavior (Scheff, 1966:81) or may promote further rule breaking (Roman and Trice, 1971; Yarrow, et. al., 1955).

Labeling refers to reactions that also recognize an instance of rule breaking, but make something significant out of it. In the interactionist literature, labeling is used to refer to three conceptually distinct but interrelated activities: naming or the use of a particular term (cf. Fletcher, et. al., 1969), degradation processes which officially alter the actor's status (Garfinkel, 1956) and the effects these two events may have on the actor himself or those who know him (Becker, 1963). Labeling may involve all of these and when it does, it constitutes a special kind of collective redefinition of the act and actor in which others view the instance of rule breaking as an intentional and expected behavior for a basically abnormal actor (cf. Cohen, 1966:24). Labeling is the antithesis of normalization because it transforms rule breaking into deviance and essentially normal actors into deviant ones.

Regarding mental illness, the interactionists have focused on the contexts of normalizing and labeling responses. It is thought that the definition of an actor as mentally ill constitutes a labeling reaction that often occurs prior to contact with a psychiatric facility (Mechanic, 1962). Since an important arena of reaction is the rule-breaker's intimate social groups, interactionist studies have attempted to reconstruct and analyze the social processes of these groups as the normalizing and labeling reactions emerged (Lemert, 1962; Sampson,

et. al., 1964; Sampson, et. al., 1962; Yarrow, et. al., 1955). Other studies (Goffman, 1961; Scheff, 1964) have focused on the reactions of public officials during commitment proceedings and in mental hospitals, seeing their reactions as particularly influential in creating deviant careers.

The behavioral perspective has not studied conditions leading to normalizing in contrast to labeling responses but is concerned with the possible iatrogenic effects of labeling. It can potentially make a contribution to the interactionist work by offering an analysis of the maintenance of labeling behavior. Given that labeling involves a behavioral response, the circumstances leading to its occurrence and the possible maintaining consequences can be explored. It is possible that most labeling is maintained by the consequent removal of aversive stimuli. The behavior of labeling a given norm violation as the manifestation of mental illness may be followed by any of the following: (1) alleviation of the need to spend more time and effort "trying to understand" a behavior, (2) removal of the disturbing person from the home, work place, etc., (3) the lessening of self-blame by parent, spouse or agency official for one's role in the maintenance of the deviant behavior, since now the deviant behavior can be "explained" as an internal mental disease, or (4) rewarding of the labeler for his diagnostic acumen.

Secondary Deviation

According to the interactionists, "secondary deviance refers to a special class of socially defined responses which people make to problems created by the societal reaction to their deviance" (Lemert, 1967:40). It differs from primary deviance in origin and in significance for the deviant. Being a response to a societal reaction, secondary deviation is essentially an attempted solution to interactional problems encountered by the rule breaker. As a solution, secondary deviation has major consequences for the person's self attitudes, role performances and identity (Lemert, 1967:40-41). Thus the primary rule breaker may exaggerate his rule breaking, begin to see himself as a particular kind of deviant, and organize his life around the facts of his deviance. (Lemert, 1967:41).

The person labeled mentally ill may find that accepting that definition of self and behaving accordingly facilitates social interaction and may be rewarded (Scheff, 1966:84). Whether the mentally ill role will be fully adopted may depend on many factors including (1) whether the role offers a solution to a particular personal problem, (2) the perceived availability of normal roles, and (3) the extent to which others, e.g., peer group, family or control agents, provide support for the deviant role performance. For example, Sampson, et. al. (1964) found that hospitalization may inhibit marital disintegration, rationalize deviant behavior and provide the opportunity

for marital reintegration. Frequently, however, the resumption of normal role behavior is made difficult by the initial acceptance of a deviant identity (Scheff, 1966:87).

The interactionists have sensitized behaviorists to the possible invidious results of labeling. The behavioral perspective can make a contribution to the work of the interactionists by the precision with which they analyze contingencies between behavior and the environment. For example, the behaviorists argue that one learns through social interaction to evaluate and react covertly and overtly to oneself by applying reinforcing or punishing stimuli contingent upon one's behavior. Literature within the behavioral perspective supports the role of self-mediating processes in determining behavior (Bandura, 1969:564-622; Kanfer and Phillips, 1970:408-454), including the role of self-reinforcement (Kanfer and Phillips, 1970:420-425). Bandura notes that mediating processes may serve the same functions as other environmental stimuli, e.g., reinforcing behavior, eliciting arousal reactions, and serving as stimuli which occasion behavior (1969:584-587). Thus, if a person labeled as mentally ill accepts this definition of self, his image of mentally ill behavior may encourage him to perform such behaviors, as well as to decrease behaviors not in accord with his image, particularly if, by virtue of his learning history, he anticipates that the reinforcing consequences for the behavior will outweigh any response costs involved (Bandura, 1969:133-134).

Research Strategy

The research strategies of the two perspectives are grounded in different models of social inquiry. Interactionists accept a model stressing participant observation and phenomenological inquiry whereas the behavioral perspective accepts a model emphasizing experimental manipulation of publicly verifiable events. Both, however, share a commitment to the detailed analysis of social conduct and a rejection of many of the dominant social science research techniques, e.g., questionnaires, attitude scales, random sampling, and so forth. Their different approaches to research stem primarily from different conceptions of science and man as a social actor.

The interactionists, although diverse among themselves, have an affinity for phenomenological inquiry (cf. Bruyn, 1966). The subjective and interpretive experience of people is viewed as not only a legitimate, but a necessary focus for social research, since it is considered an essential dimension of social life. Their inquiry is guided by sensitized rather than operationalized concepts (Blumer, 1969). An attempt is made to gain a holistic picture of the phenomena being investigated by linking symbols, self, social action and situation (Denzin, 1970:7-20). Participant observation is typically recommended

as the most adequate procedure for this purpose (Blumer, 1969:40 ff). Although they religiously attempt to avoid altering the activities they study, they seek to penetrate the social world of those studied to discover how their experience is organized and interpreted (Blumer, 1969:51). Thus, they often appear more committed to the detailed description of social life, both public and private, than to a causal analysis of it. Causal inference, when attempted, is typically approached through analytic induction (Denzin, 1970:194-199; Manning, 1971).

The behavioral perspective emphasizes observable and quantifiable events. Data which are methodologically private are discussed and considered of import, but are not a prime focus of investigation (Skinner, 1973; Bandura, 1969). This perspective relies much more on a positivistic conception of science, stressing operationalization of variables and their systematic manipulation to test hypothesized relationships between behavior and environmental events. It attempts to go beyond description to the determination of functional relationships between variables. Experimental and quasi-experimental research designs are used which permit control of variables and causal inferences (Paul, 1969).

In contrast to the interactionist, the behaviorist engages in non-participant observation. Events are described in terms of frequency, whereas interactionists are often less precise about their observations. Thus, both perspectives gather descriptive data but this differs both in terms of the degree to which it is operationalized and its inclusiveness. While behaviorists are rigorous in quantifying their observations, they tend to ignore some aspects of social life that are of great concern to interactionists, such as the subjective meanings and interpretations given to situations by the participants. This is because behaviorists question the reliability of introspection as well as the nature of what is felt and observed. Although they admit that introspective events may be open to inspection, they feel that an emphasis upon them has impeded the identification of critical environmental variables. Such reports are given a certain practical status in that what is felt and observed may serve as clues to past or present behavior and the conditions which affect it, and also to conditions related to future behavior (Skinner, 1974).

In part, these different styles of inquiry reflect different conceptions of social interaction, although these distinctions are sometimes ambiguous. Some interactionists emphasize man as subject and the author of action and the indeterminant nature of social interaction (Blumer, 1969; Matza, 1969), while others (Becker, 1963; Goffman, 1961) lay greater emphasis upon man as object and the manner in which personal history and environmental contingencies shape behavior. Behaviorists, although granting the inevitability of individual uniqueness due to the idiosyncratic reinforcement history of every

person, assume a more deterministic model of human behavior. They argue that an adequate explanation of behavior can be made by systematically determining which observable, environmental events control the occurrence of a given behavior. Interactionists, on the other hand, stress that only by penetrating the interpretative process of the actors in a situation can their behavior be adequately understood. It is at this point where the epistemological underpinnings of the two perspectives collide and remain relatively unresolved (Matza, 1969; Wann, 1964; Scott, 1971; Day, 1969).

With regard to mental illness, the interactionists have primarily employed participant observation and depth interviews (cf. Goffman, 1961; Lemert, 1962; Mechanic, 1962; Sampson, et. al., 1964; Yarrow et. al., 1955). Their studies attempt to reconstruct and analyze the social processes that unfold prior to and during hospitalization. Interviewing is used extensively with the patient, family and significant others. Case records and other documents are frequently reviewed. In participant observation studies there has been relatively little discussion of the data gathering process, although there have been recent attempts to develop guidelines for this data gathering procedure (Lofland, 1971; Bruyn, 1966; Glaser and Strauss, 1967; Schatzman and Strauss, 1973).

The behavioral research on mental illness is fundamentally part of a therapeutic endeavor. The research emphasizes the specification of variables in a form that permits quantification, typically in terms of the frequency of discrete behaviors. With regard to mental illness such specification refers to those behaviors considered as problematic as well as desirable alternative ones and the events surrounding these. Emphasis is upon direct observation. It is through such observation of the interaction between behavior and the environment that the "meaning" of events is determined in relation to their effects upon behavior. The actual functional relationship between behavior and the environment may or may not be accurately reflected in the verbalized "meaning" of the situation given by the individuals involved, since we do not always recognize the contingencies to which we are exposed (Skinner, 1974). In addition, because the behavior therapist is employing an intervention strategy, he is in a position to introduce an experimental procedure, thus controlling variables and establishing the nature of relationships between given behaviors and the environment in a way that is not possible through the research interview or participant observation techniques.

Conclusions

This paper is not alone in attempting a theoretical merger between symbolic interactionism and other perspectives. There have

been recent attempts to synthesize interactionism with ethnomethodology (Denzin, 1969) and with exchange theory (SINGLEMAN, 1972; Abbott, et. al., 1973; SINGLEMAN, 1973). Two prominent labeling theorists have pointed to the close ties between labeling theory and functionalism (Matza, 1969; Schur, 1971). At the same time, bridges have been built between sociological and psychological approaches to deviance; Akers (1973) proposes that learning theory be integrated with Sutherland's differential association theory and Ullmann and Krasner (1969) draw on labeling theory for their behaviorally oriented approach to abnormal behavior. This paper is another attempt to suggest possible links between two rather independent perspectives on deviance.

It is suggested here that aspects of the interactionist and behavioral approaches to deviant behavior, and to mental illness in particular, are at least compatible, if not congruent in some respects. Although we have stressed the similarities of the two perspectives, we are not arguing that the approaches are identical or that one approach can be subsumed by the other. Indeed, as we have stated, there are differences in their conceptions of human behavior, in the emphasis they place upon the different stages of becoming deviant and, perhaps most profoundly, in their models of scientific inquiry. Nevertheless, their divergences can help develop the study of deviant behavior by raising questions the other perspective fails to ask. For example, behaviorists do not concern themselves as much with the contingencies of labeling, and interactionists infrequently specify the precise relationships between behavior and environmental events. Our deliberate stress on similarities is an attempt to counter the dominant viewpoint that the two perspectives are fundamentally divergent. The significant point is that despite differences in theoretical models and methods, both perspectives reach similar conclusions in studying deviant behavior.

Footnotes

1. The basic characteristics of these perspectives are briefly described in the text that follows. For a presentation of the behavioral perspective see, for example, Bandura (1969), Kanfer and Phillips (1970), Skinner (1974). Basic works describing the interactionist perspective include Blumer (1969), Mead (1934), Lemert (1967), Becker (1963), Scheff (1966).
2. A description and critique of the dominant psychiatric or medical model of deviance can be readily located elsewhere (e.g. Ullmann and Krasner, 1965) and will not be repeated here. This paper is neither a critique of the medical model nor an argument for the validity or invalidity of it or the variety of nutritional, genetic, biochemical, psychological, or psycho-analytic approaches that attempt to explain deviance and mental illness.

- Haughton, Eric and Teodoro Ayllon
 1965 "Production and elimination of symptomatic behavior."
 Pp. 94-98 in Leonard Ullman and Leonard Krasner (eds.),
 Case Studies in Behavior Modification. New York: Holt,
 Rinehart and Winston.
- Kanfer, Fredrick H. and Jeanne Phillips
 1970 Learning Foundations of Behavior Therapy. New York:
 Wiley and Sons.
- Lemert, Edwin
 1951 Social Pathology. New York: McGraw-Hill Book Co., Inc.
 1962 "Paranoia and the dynamics of exclusion." Sociometry 25
 (March): 2-20.
 1967 Human Deviance, Social Problems, and Social Control.
 Englewood Cliffs: Prentice-Hall, Inc.
- Lofland, John
 1971 Analyzing Social Settings. Belmont: Wadsworth.
- Manning, Peter K.
 1971 "Analytic induction." Paper presented to the annual
 meeting of the American Sociological Association, Denver,
 Colorado (August).
- Matza, David
 1969 Becoming Deviant. Englewood Cliffs: Prentice-Hall, Inc.
- Mead, George H.
 1934 Mind, Self, and Society. Chicago: University of Chicago
 Press.
- Mechanic, David
 1962 "Some factors in identifying and defining mental illness."
 Mental Hygiene 46 (January): 66-74.
- Paul, Gordon L.
 1969 "Behavior modification research: design and tactics."
 Pp. 29-62 in Cyril M. Franks (ed.), Behavior Therapy:
 Appraisal and Status. New York: McGraw-Hill.
- Pavlov, I. P.
 1927 Conditioned Reflexes. Translated by G. V. Anrep. New
 York: Liveright.
- Rachman, S. and R. J. Hodgson
 1968 "Experimentally induced 'sexual fetishism': replication
 and development." Psychological Record 18:25-27.
- Roman, Paul M. and Harrison M. Trice
 1971 "Normalization: a neglected complement to labeling theory."
 Paper presented to the annual meeting of the American
 Sociological Association, Denver, Colorado (August).
- Sampson, Harold, Sheldon L. Messinger and Robert D. Towne
 1962 "Family processes and becoming a mental patient."
 American Journal of Sociology 68 (July): 88-96.

- Sampson, Harold, Sheldon L. Messinger, Robert D. Towne, David Ross, Florine Livson, Mary-Dee Bowers, Lester Cohen and Kate Dorst
 1964 "The mental hospital and marital family ties." Pp. 139-162 in Howard S. Becker (ed.), *The Other Side*. New York: The Free Press.
- Schatzman, Leonard and Anselm Strauss
 1973 *Field Research*. Englewood Cliffs: Prentice-Hall, Inc.
- Scheff, Thomas J.
 1964 "The societal reaction to deviance: ascriptive elements in the psychiatric screening of mental patients in a mid-western state." *Social Problems* 11 (Spring): 401-413.
 1966 *Being Mentally Ill*. Chicago: Aldine Publishing Co.
 1968 "Negotiating reality." *Social Problems* 16 (Summer): 3-18.
- Schur, Edwin
 1971 *Labeling Deviant Behavior*. New York: Harper and Row.
- Scott, John Finley
 1971 *Internationalization of Norms: A Sociological Theory of Moral Commitment*. Englewood Cliffs: Prentice-Hall.
- Singlemann, Peter
 1972 "Exchange as symbolic interaction: Convergences between two theoretical perspectives." *American Sociological Review* 37 (August): 414-424.
 1973 "On the reification of paradigms: Reply to Abbott, Brown, and Crosbie." *American Sociological Review* 38 (August): 506-509.
- Skinner, B. F.
 1953 *Science and Human Behavior*. New York: Macmillan.
 1973 *Beyond Freedom and Dignity*. New York: Knopf.
 1974 *About Behaviorism*. New York: Knopf.
- Staats, Arthur
 1971 *Child Learning, Intelligence and Personality: Principles of a Behavioral Interaction Approach*. New York: Harper and Row Publishers.
- Staats, Arthur and Carolyn Staats
 1963 *Complex Human Behavior*. New York: Holt, Rinehart and Winston.
- Stuart, Richard B.
 1970 *Trick or Treatment: How and When Psychotherapy Fails*. Campaign: Research Press.
- Taber, Merlin, Herbert C. Quay, Harold Mark and Vicki Nealey
 1969 "Disease ideology and mental health research." *Social Problems* 16: 349-357.
- Ullmann, L. P. and L. Krasner
 1969 *A Psychological Approach to Abnormal Behavior*. Englewood Cliffs: Prentice-Hall.
- Wann, J. W. (ed.)
 1964 *Behaviorism and Phenomenology*. Chicago: The University of Chicago Press.
- Wolpe, Joseph
 1958 *Psychotherapy by Reciprocal Inhibition*. Stanford: Stanford University Press.
 1970 "Identifying the Antecedents of an Agoraphobic reaction: a transcript." *Journal of Behavior Therapy and Experimental Psychiatry* 1 (December): 299-313.
- Yarrow, Marian Radke, Charlotte Green Schwartz, Harriet S. Murphy and Leila Calhoun Deasy
 1955 "The psychological meaning of mental illness in the family." *Journal of Social Issues* 11: 12-24.