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Defining Deviancy Down

DANIEL PATRICK MOYNIHAN

IN ONE OF THE FOUNDING TEXTS OF SOCIOLOGY, *The Rules of Sociological Method* (1895), Emile Durkheim set it down that “crime is normal.” “It is,” he wrote, “completely impossible for any society entirely free of it to exist.” By defining what is deviant, we are enabled to know what is not, and hence to live by shared standards. This aperçu appears in the chapter entitled “Rules for the Distinction of the Normal from the Pathological.” Durkheim writes:

From this viewpoint the fundamental facts of criminology appear to us in an entirely new light. . . . [T]he criminal no longer appears as an utterly unsociable creature, a sort of parasitic element, a foreign, inassimilable body introduced into the bosom of society. He plays a normal role in social life. For its part, crime must no longer be conceived of as an evil which cannot be circumscribed closely enough. Far from there being cause for congratulation when it drops too noticeably below the normal level, this apparent progress assuredly coincides with and is linked to some social disturbance.

Durkheim suggests, for example, that “in times of scarcity” crimes of assault drop off. He does not imply that we ought to approve of crime—“[p]ain has likewise nothing desirable about it”—but we need to understand its function. He saw religion, in the sociologist Randall Collins’s terms, as “fundamentally a set of ceremonial actions, assembling the group, heightening its emotions, and focusing its members on symbols of their common belongingness.” In this context “a punishment ceremony creates social solidarity.”

The matter was pretty much left at that until seventy years later when, in 1965, Kai T. Erikson published *Wayward Puritans*, a study of “crime rates” in the Massachusetts Bay Colony. The plan behind the book, as Erikson put it, was “to test [Durkheim’s] notion that the number of deviant offenders a community can afford to recognize is likely to remain stable over time.” The notion proved out very well indeed.

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Despite occasional crime waves, as when itinerant Quakers refused to take off their hats in the presence of magistrates, the amount of deviance in this corner of seventeenth-century New England fitted nicely with the supply of stocks and whipping posts. Erikson remarks:

It is one of the arguments of the . . . study that the amount of deviation a community encounters is apt to remain fairly constant over time. To start at the beginning, it is a simple logistic fact that the number of deviancies which come to a community's attention are limited by the kinds of equipment it uses to detect and handle them, and to that extent the rate of deviation found in a community is at least in part a function of the size and complexity of its social control apparatus. A community's capacity for handling deviance, let us say, can be roughly estimated by counting its prison cells and hospital beds, its policemen and psychiatrists, its courts and clinics. Most communities, it would seem, operate with the expectation that a relatively constant number of control agents is necessary to cope with a relatively constant number of offenders. The amount of men, money, and material assigned by society to "do something" about deviant behavior does not vary appreciably over time, and the implicit logic which governs the community's efforts to man a police force or maintain suitable facilities for the mentally ill seems to be that there is a fairly stable quota of trouble which should be anticipated.

In this sense, the agencies of control often seem to define their job as that of keeping deviance within bounds rather than that of obliterating it altogether. Many judges, for example, assume that severe punishments are a greater deterrent to crime than moderate ones, and so it is important to note that many of them are apt to impose harder penalties when crime seems to be on the increase and more lenient ones when it does not, almost as if the power of the bench were being used to keep the crime rate from getting out of hand.

Erikson was taking issue with what he described as "a dominant strain in sociological thinking" that took for granted that a well-structured society "is somehow designed to prevent deviant behavior from occurring." In both authors, Durkheim and Erikson, there is an undertone that suggests that, with deviancy, as with most social goods, there is the continuing problem of demand exceeding supply. Durkheim invites us to

imagine a society of saints, a perfect cloister of exemplary individuals. Crimes, properly so called, will there be unknown; but faults which appear venial to the layman will create there the same scandal that the ordinary offense does in ordinary consciousness. If, then, this society has the power to judge and punish, it will define these acts as criminal and will treat them as such.

Recall Durkheim's comment that there need be no cause for congratulations should the amount of crime drop "too noticeably below the normal level." It would not appear that Durkheim anywhere contem-

plates the possibility of too much crime. Clearly his theory would have required him to deplore such a development, but the possibility seems never to have occurred to him.

Erikson, writing much later in the twentieth century, contemplates both possibilities. "Deviant persons can be said to supply needed services to society." There is no doubt a tendency for the supply of any needed thing to run short. But he is consistent. There can, he believes, be *too much* of a good thing. Hence "the number of deviant offenders a community *can afford* to recognize is likely to remain stable over time." [My emphasis]

Social scientists are said to be on the lookout for poor fellows getting a bum rap. But here is a theory that clearly implies that there are circumstances in which society will choose *not* to notice behavior that would be otherwise controlled, or disapproved, or even punished.

It appears to me that this is in fact what we in the United States have been doing of late. I proffer the thesis that, over the past generation, since the time Erikson wrote, the amount of deviant behavior in American society has increased beyond the levels the community can "afford to recognize" and that, accordingly, we have been re-defining deviancy so as to exempt much conduct previously stigmatized, and also quietly raising the "normal" level in categories where behavior is now abnormal by any earlier standard. This redefining has evoked fierce resistance from defenders of "old" standards, and accounts for much of the present "cultural war" such as proclaimed by many at the 1992 Republican National Convention.

Let me, then, offer three categories of redefinition in these regards: the *altruistic*, the *opportunistic*, and the *normalizing*.

The first category, the *altruistic*, may be illustrated by the deinstitutionalization movement within the mental health profession that appeared in the 1950s. The second category, the *opportunistic*, is seen in the interest group rewards derived from the acceptance of "alternative" family structures. The third category, the *normalizing*, is to be observed in the growing acceptance of unprecedented levels of violent crime.

II

It happens that I was present at the beginning of the deinstitutionalization movement. Early in 1955 Averell Harriman, then the new governor of New York, met with his new commissioner of mental hygiene, Dr. Paul Hoch, who described the development, at one of the state mental hospitals, of a tranquilizer derived from rauwolfia. The medication had been clinically tested and appeared to be an effective treatment for many severely psychotic patients, thus increasing the

percentage of patients discharged. Dr. Hoch recommended that it be used systemwide; Harriman found the money. That same year Congress created a Joint Commission on Mental Health and Illness whose mission was to formulate “comprehensive and realistic recommendations” in this area, which was then a matter of considerable public concern. Year after year, the population of mental institutions grew. Year after year, new facilities had to be built. Never mind the complexities: population growth and such like matters. There was a general unease. Durkheim’s constant continued to be exceeded. (In *Spanning the Century: The Life of W. Averell Harriman*, Rudy Abramson writes: “New York’s mental hospitals in 1955 were overflowing warehouses, and new patients were being admitted faster than space could be found for them. When he was inaugurated, 94,000 New Yorkers were confined to state hospitals. Admissions were running at more than 2,500 a year and rising, making the Department of Mental Hygiene the fastest-growing, most-expensive, most-hopeless department of state government.”)

The discovery of tranquilizers was adventitious. Physicians were seeking cures for disorders that were just beginning to be understood. Even a limited success made it possible to believe that the incidence of this particular range of disorders, which had seemingly required persons to be confined against their will or even awareness, could be greatly reduced. The Congressional Commission submitted its report in 1961; it proposed a nationwide program of deinstitutionalization.

Late in 1961, President Kennedy appointed an interagency committee to prepare legislative recommendations based upon the report. I represented Secretary of Labor Arthur J. Goldberg on this committee and drafted its final submission. This included the recommendation of the National Institute of Mental Health that 2,000 community mental health centers (one per 100,000 of population) be built by 1980. A buoyant Presidential Message to Congress followed early in 1963. “If we apply our medical knowledge and social insights fully,” President Kennedy pronounced, “all but a small portion of the mentally ill can eventually achieve a wholesome and a constructive social adjustment.” A “concerted national attack on mental disorders [was] now possible and practical.” The President signed the Community Mental Health Centers Construction Act on October 31, 1963, his last public bill-signing ceremony. He gave me a pen.

The mental hospitals emptied out. At the time Governor Harriman met with Dr. Hoch in 1955, there were 93,314 adult residents of mental institutions maintained by New York State. As of August 1992, there were 11,363. This occurred across the nation. However, the number of community mental health centers never came near the goal of the 2,000 proposed community centers. Only some 482 received federal construc-

tion funds between 1963 and 1980. The next year, 1981, the program was folded into the Alcohol and Other Drug Abuse block grant and disappeared from view. Even when centers were built, the results were hardly as hoped for. David F. Musto of Yale writes that the planners had bet on improving national mental health “by improving the quality of general community life through expert knowledge, not merely by more effective treatment of the already ill.” There was no such knowledge.

However, worse luck, the belief that there *was* such knowledge took hold within sectors of the profession that saw institutionalization as an unacceptable mode of social control. These activists subscribed to a re-defining mode of their own. Mental patients were said to have been “labeled,” and were not to be drugged. Musto says of the battles that followed that they were “so intense and dramatic precisely because both sides shared the fantasy of an omnipotent and omniscient mental health technology which could thoroughly reform society; the prize seemed eminently worth fighting for.”

But even as the federal government turned to other matters, the mental institutions continued to release inmates. Professor Fred Siegel of Cooper Union observes: “In the great wave of moral deregulation that began in the mid-1960s, the poor and the insane were freed from the fetters of middle-class mores.” They might henceforth sleep in doorways as often as they chose. The problem of the homeless appeared, characteristically defined as persons who lacked “affordable housing.”

The *altruistic* mode of redefinition is just that. There is no reason to believe that there was any real increase in mental illness at the time deinstitutionalization began. Yet there was such a perception, and this enabled good people to try to do good, however unavailing in the end.

III

Our second, or *opportunistic* mode of re-definition, reveals at most a nominal intent to do good. The true object is to do well, a long-established motivation among mortals. In this pattern, a growth in deviancy makes possible a transfer of resources, including prestige, to those who control the deviant population. This control would be jeopardized if any serious effort were made to reduce the deviancy in question. This leads to assorted strategies for re-defining the behavior in question as not all that deviant, really.

In the years from 1963 to 1965, the Policy Planning Staff of the U.S. Department of Labor picked up the first tremors of what Samuel H. Preston, in the 1984 Presidential Address to the Population Association of America, would call “the earthquake that shuddered through the

American family in the past twenty years." *The New York Times* recently provided a succinct accounting of Preston's point:

Thirty years ago, 1 in every 40 white children was born to an unmarried mother; today it is 1 in 5, according to Federal data. Among blacks, 2 of 3 children are born to an unmarried mother; 30 years ago the figure was 1 in 5.

In 1991, Paul Offner and I published longitudinal data showing that, of children born in the years 1967–69, some 22.1 percent were dependent on welfare—that is to say, Aid to Families with Dependent Children—before reaching age 18. This broke down as 15.7 percent for white children, 72.3 percent for black children. Projections for children born in 1980 gave rates of 22.2 percent and 82.9 percent respectively. A year later, a *New York Times* series on welfare and poverty called this a "startling finding . . . a symptom of vast social calamity."

And yet there is little evidence that these facts are regarded as a calamity in municipal government. To the contrary, there is general acceptance of the situation as normal. Political candidates raise the subject, often to the point of dwelling on it. But while there is a good deal of demand for symbolic change, there is none of the marshaling of resources that is associated with significant social action. Nor is there any lack of evidence that there is a serious social problem here.

Richard T. Gill writes of "an accumulation of data showing that intact biological parent families offer children very large advantages compared to any other family or non-family structure one can imagine." Correspondingly, the disadvantages associated with single-parent families spill over into other areas of social policy that now attract great public concern. Leroy L. Schwartz, M.D., and Mark W. Stanton argue that the real quest regarding a government-run health system such as that of Canada or Germany is whether it would work "in a country that has social problems that countries like Canada and Germany don't share to the same extent." Health problems reflect ways of living. The way of life associated with "such social pathologies as the breakdown of the family structure" lead to medical pathologies. Schwartz and Stanton conclude: "The United States is paying dearly for its social and behavioral problems," for they have now become medical problems as well.

To cite another example, there is at present no more vexing problem of social policy in the United States than that posed by education. A generation of ever-more ambitious statutes and reforms have produced weak responses at best and a fair amount of what could more simply be called dishonesty. ("Everyone knows that Head Start works." By the year 2000, American students will "be first in the world in science and mathematics.") None of this should surprise us. The 1966 report *Equal-*

ity of Educational Opportunity by James S. Coleman and his associates established that the family background of students played a much stronger role in student achievement relative to variations in the ten (and still standard) measures of school quality.

In a 1992 study entitled *America's Smallest School: The Family*, Paul Barton came up with the elegant and persuasive concept of the parent-pupil ratio as a measure of school quality. Barton, who was on the policy planning staff in the Department of Labor in 1965, noted the great increase in the proportion of children living in single-parent families since then. He further noted that the proportion "varies widely among the states" and is related to "variation in achievement" among them. The correlation between the percentage of eighth graders living in two-parent families and average mathematics proficiency is a solid .74. North Dakota, highest on the math test, is second highest on the family compositions scale—that is, it is second in the percentage of kids coming from two-parent homes. The District of Columbia, lowest on the family scale, is second lowest in the test score.

A few months before Barton's study appeared, I published an article showing that the correlation between eighth-grade math scores and distance of state capitals from the Canadian border was .522, a respectable showing. By contrast, the correlation with per pupil expenditure was a derisory .203. I offered the policy proposal that states wishing to improve their schools should move closer to Canada. This would be difficult, of course, but so would it be to change the parent-pupil ratio. Indeed, the 1990 Census found that for the District of Columbia, apart from Ward 3 west of Rock Creek Park, the percentage of children living in single-parent families in the seven remaining wards ranged from a low of 63.6 percent to a high of 75.7. This being a one-time measurement, over time the proportions become asymptotic. And this in the nation's capital. No demand for change comes from that community—or as near to no demand as makes no matter. *For there is good money to be made out of bad schools.* This is a statement that will no doubt please many a hard heart, and displease many genuinely concerned to bring about change. To the latter, a group in which I would like to include myself, I would only say that we are obliged to ask why things do not change.

For a period there was some speculation that, if family structure got bad enough, this mode of deviancy would have less punishing effects on children. In 1991 Deborah A. Dawson, of the National Institutes of Health, examined the thesis that "the psychological effects of divorce and single parenthood on children were strongly influenced by a sense of shame in being 'different' from the norm." If this were so, the effect should have fallen off in the 1980s, when being from a single-parent home became much more common. It did not. "The problems associated

with task overload among single parents are more constant in nature,” Dawson wrote, adding that since the adverse effects had not diminished, they were “not based on stigmatization but rather on inherent problems in alternative family structures”—*alternative* here meaning other than two-parent families. We should take note of such candor. Writing in the *Journal of Marriage and the Family* in 1989, Sara McLanahan and Karen Booth noted: “Whereas a decade ago the prevailing view was that single motherhood had no harmful effects on children, recent research is less optimistic.”

The year 1990 saw more of this lesson. In a paper prepared for the Progressive Policy Institute, Elaine Ciulla Kamarck and William A. Galston wrote that “if the economic effects of family breakdown are clear, the psychological effects are just now coming into focus.” They cite Karl Zinsmeister:

There is a mountain of scientific evidence showing that when families disintegrate children often end up with intellectual, physical, and emotional scars that persist for life. . . . We talk about the drug crisis, the education crisis, and the problems of teen pregnancy and juvenile crime. But all these ills trace back predominantly to one source: broken families.

As for juvenile crime, they cite Douglas Smith and G. Roger Jarjoura: “Neighborhoods with larger percentages of youth (those aged 12 to 20) and areas with higher percentages of single-parent households also have higher rates of violent crime.” They add: “The relationship is so strong that controlling for family configuration erases the relationship between race and crime and between low income and crime. This conclusion shows up time and time again in the literature; poverty is far from the sole determinant of crime.” But the large point is avoided. In a 1992 essay “The Expert’s Story of Marriage,” Barbara Dafoe Whitehead examined “the story of marriage as it is conveyed in today’s high school and college textbooks.” Nothing amiss in this tale.

It goes like this:

The life course is full of exciting options. The lifestyle options available to individuals seeking a fulfilling personal relationship include living a heterosexual, homosexual, or bisexual single lifestyle; living in a commune; having a group marriage; being a single parent; or living together. Marriage is yet another lifestyle choice. However, before choosing marriage, individuals should weigh its costs and benefits against other lifestyle options and should consider what they want to get out of their intimate relationships. Even within marriage, different people want different things. For example, some people marry for companionship, some marry in order to have children, some marry for emotional and financial security. Though marriage can offer a rewarding path to personal growth, it is important to remember that it cannot provide a secure or permanent

status. Many people will make the decision between marriage and singlehood many times throughout their life.

Divorce represents part of the normal family life cycle. It should not be viewed as either deviant or tragic, as it has been in the past. Rather, it establishes a process for “uncoupling” and thereby serves as the foundation for individual renewal and “new beginnings.”

History commences to be rewritten. In 1992, the Select Committee on Children, Youth, and Families of the U.S. House of Representatives held a hearing on “Investing in Families: A Historical Perspective.” A fact sheet prepared by committee staff began:

“INVESTING IN FAMILIES: A HISTORICAL PERSPECTIVE”

FACT SHEET

*HISTORICAL SHIFTS IN FAMILY COMPOSITION
CHALLENGING CONVENTIONAL WISDOM*

While in modern times the percentage of children living with one parent has increased, more children lived with just one parent in Colonial America.

The fact sheet proceeded to list program on program for which federal funds were allegedly reduced in the 1980s. We then come to a summary.

Between 1970 and 1991, the value of AFDC [Aid to Families with Dependent Children] benefits decreased by 41%. In spite of proven success of Head Start, only 28% of eligible children are being served. As of 1990, more than \$18 billion in child support went uncollected. At the same time, the poverty rate among single-parent families with children under 18 was 44%. Between 1980 and 1990, the rate of growth in the total Federal budget was four times greater than the rate of growth in children’s programs.

In other words, benefits paid to mothers and children have gone down steadily, as indeed they have done. But no proposal is made to restore benefits to an earlier level, or even to maintain their value, as is the case with other “indexed” Social Security programs. Instead we go directly to the subject of education spending.

Nothing new. In 1969, President Nixon proposed a guaranteed income, the Family Assistance Plan. This was described as an “income strategy” as against a “services strategy.” It may or may not have been a good idea, but it was a clear one, and the resistance of service providers to it was equally clear. In the end it was defeated, to the huzzahs of the advocates of “welfare rights.” What is going on here is simply that a large

increase in what once was seen as deviancy has provided opportunity to a wide spectrum of interest groups that benefit from re-defining the problem as essentially normal and doing little to reduce it.

IV

Our *normalizing* category most directly corresponds to Erikson's proposition that "the number of deviant offenders a community can afford to recognize is likely to remain stable over time." Here we are dealing with the popular psychological notion of "denial." In 1965, having reached the conclusion that there would be a dramatic increase in single-parent families, I reached the further conclusion that this would in turn lead to a dramatic increase in crime. In an article in *America*, I wrote:

From the wild Irish slums of the 19th century Eastern seaboard to the riot-torn suburbs of Los Angeles, there is one unmistakable lesson in American history: a community that allows a large number of young men to grow up in broken families, dominated by women, never acquiring any stable relationship to male authority, never acquiring any set of rational expectations about the future—that community asks for and gets chaos. Crime, violence, unrest, unrestrained lashing out at the whole social structure—that is not only to be expected; it is very near to inevitable.

The inevitable, as we now know, has come to pass, but here again our response is curiously passive. Crime is a more or less continuous subject of political pronouncement, and from time to time it will be at or near the top of opinion polls as a matter of public concern. But it never gets much further than that. In the words spoken from the bench, Judge Edwin Torres of the New York State Supreme Court, Twelfth Judicial District, described how "the slaughter of the innocent marches unabated: subway riders, bodega owners, cab drivers, babies; in laundromats, at cash machines, on elevators, in hallways." In personal communication, he writes: "This numbness, this near narcoleptic state can diminish the human condition to the level of combat infantrymen, who, in protracted campaigns, can eat their battlefield rations seated on the bodies of the fallen, friend and foe alike. A society that loses its sense of outrage is doomed to extinction." There is no expectation that this will change, nor any efficacious public insistence that it do so. The crime level has been *normalized*.

Consider the St. Valentine's Day Massacre. In 1929 in Chicago during Prohibition, four gangsters killed seven gangsters on February 14. The nation was shocked. The event became legend. It merits not one but two entries in the *World Book Encyclopedia*. I leave it to others to

judge, but it would appear that the society in the 1920s was simply not willing to put up with this degree of deviancy. In the end, the Constitution was amended, and Prohibition, which lay behind so much gangster violence, ended.

In recent years, again in the context of illegal traffic in controlled substances, this form of murder has returned. But it has done so at a level that induces denial. James Q. Wilson comments that Los Angeles has the equivalent of a St. Valentine's Day Massacre every weekend. Even the most ghastly re-enactments of such human slaughter produce only moderate responses. On the morning after the close of the Democratic National Convention in New York City in July, there was such an account in the second section of the *New York Times*. It was not a big story; bottom of the page, but with a headline that got your attention. "3 Slain in Bronx Apartment, but a Baby is Saved." A subhead continued: "A mother's last act was to hide her little girl under the bed." The article described a drug execution; the now-routine blindfolds made from duct tape; a man and a woman and a teenager involved. "Each had been shot once in the head." The police had found them a day later. They also found, under a bed, a three-month-old baby, dehydrated but alive. A lieutenant remarked of the mother, "In her last dying act she protected her baby. She probably knew she was going to die, so she stuffed the baby where she knew it would be safe." But the matter was left there. The police would do their best. But the event passed quickly; forgotten by the next day, it will never make *World Book*.

Nor is it likely that any great heed will be paid to an uncanny reenactment of the Prohibition drama a few months later, also in the Bronx. The *Times* story, page B3, reported:

**9 Men Posing as Police
Are Indicted in 3 Murders
Drug Dealers Were Kidnapped for Ransom**

The *Daily News* story, same day, page 17, made it *four* murders, adding nice details about torture techniques. The gang members posed as federal Drug Enforcement Administration agents, real badges and all. The victims were drug dealers, whose families were uneasy about calling the police. Ransom seems generally to have been set in the \$650,000 range. Some paid. Some got it in the back of the head. So it goes.

Yet, violent killings, often random, go on unabated. Peaks continue to attract some notice. But these are peaks above "average" levels that thirty years ago would have been thought epidemic.

LOS ANGELES, AUG. 24. (Reuters) Twenty-two people were killed in Los Angeles over the weekend, the worst period of violence in the city since it was ravaged by riots earlier this year, the police said today.

Twenty-four others were wounded by gunfire or stabbings, including a 19-year old woman in a wheelchair who was shot in the back when she failed to respond to a motorist who asked for directions in south Los Angeles.

["The guy stuck a gun out of the window and just fired at her," said a police spokesman, Lieut. David Rock. The woman was later described as being in stable condition.

Among those who died was an off-duty officer, shot while investigating reports of a prowler in a neighbor's yard, and a Little League baseball coach who had argued with the father of a boy he was coaching.]

The police said at least nine of the deaths were gang-related, including that of a 14-year old girl killed in a fight between rival gangs.

Fifty-one people were killed in three days of rioting that started April 29 after the acquittal of four police officers in the beating of Rodney G. King.

Los Angeles usually has above-average violence during August, but the police were at a loss to explain the sudden rise. On an average weekend in August, 14 fatalities occur.

Not to be outdone, two days later the poor Bronx came up with a near record, as reported in *New York Newsday*:

Armed with 9-mm. pistols, shotguns and M-16 rifles, a group of masked men and women poured out of two vehicles in the South Bronx early yesterday and sprayed a stretch of Longwood Avenue with a fusillade of bullets, injuring 12 people.

A Kai Erikson of the future will surely need to know that the Department of Justice in 1990 found that Americans reported only about 38 percent of all crimes and 48 percent of violent crimes. This, too, can be seen as a means of *normalizing* crime. In much the same way, the vocabulary of crime reporting can be seen to move toward the normal-seeming. A teacher is shot on her way to class. The *Times* subhead reads: "Struck in the Shoulder in the Year's First Shooting Inside a School." First of the season.

It is too early, however, to know how to regard the arrival of the doctors on the scene declaring crime a "public health emergency." The June 10, 1992, issue of the *Journal of the American Medical Association* was devoted entirely to papers on the subject of violence, principally violence associated with firearms. An editorial in the issue signed by former Surgeon General C. Everett Koop and Dr. George D. Lundberg is entitled: "Violence in America: A Public Health Emergency." Their proposition is admirably succinct.

Regarding violence in our society as purely a sociological matter, or one of law enforcement, has led to unmitigated failure. It is time to test further whether violence can be amenable to medical/public health interventions.

We believe violence in America to be a public health emergency, largely unresponsive to methods thus far used in its control. The solutions are very complex, but possible.

The authors cited the relative success of epidemiologists in gaining some jurisdiction in the area of motor vehicle casualties by re-defining what had been seen as a law enforcement issue into a public health issue. Again, this process began during the Harriman administration in New York in the 1950s. In the 1960s the morbidity and mortality associated with automobile crashes was, it could be argued, a major public health problem; the public health strategy, it could also be argued, brought the problem under a measure of control. Not in “the 1970s and 1980s,” as the *Journal of the American Medical Association* would have us think: the federal legislation involved was signed in 1965. Such a strategy would surely produce insights into the control of violence that elude law enforcement professionals, but whether it would change anything is another question.

For some years now I have had legislation in the Senate that would prohibit the manufacture of .25 and .32 caliber bullets. These are the two calibers most typically used with the guns known as Saturday Night Specials. “Guns don’t kill people,” I argue, “bullets do.”

Moreover, we have a two-century supply of handguns but only a four-year supply of ammunition. A public health official would immediately see the logic of trying to control the supply of bullets rather than of guns.

Even so, now that the doctor has come, it is important that criminal violence not be defined down by epidemiologists. Doctors Koop and Lundberg note that in 1990 in the state of Texas “deaths from firearms, for the first time in many decades, surpassed deaths from motor vehicles, by 3,443 to 3,309.” A good comparison. And yet keep in mind that the number of motor vehicle deaths, having leveled off since the 1960s, is now pretty well accepted as normal at somewhat less than 50,000 a year, which is somewhat less than the level of the 1960s—the “carnage,” as it once was thought to be, is now accepted as normal. This is the price we pay for high-speed transportation: there is a benefit associated with it. But there is no benefit associated with homicide, and no good in getting used to it. Epidemiologists have powerful insights that can contribute to lessening the medical trauma, but they must be wary of normalizing the social pathology that leads to such trauma.

V

The hope—if there be such—of this essay has been twofold. It is, first, to suggest that the Durkheim constant, as I put it, is maintained by a

dynamic process which adjusts upwards and *downwards*. Liberals have traditionally been alert for upward redefining that does injustice to individuals. Conservatives have been correspondingly sensitive to downward redefining that weakens societal standards. Might it not help if we could all agree that there is a dynamic at work here? It is not revealed truth, nor yet a scientifically derived formula. It is simply a pattern we observe in ourselves. Nor is it rigid. There may once have been an unchanging supply of jail cells which more or less determined the number of prisoners. No longer. We are building new prisons at a prodigious rate. Similarly, the executioner is back. There is something of a competition in Congress to think up new offenses for which the death penalty is seemed the only available deterrent. Possibly also modes of execution, as in “fry the kingpins.” Even so, we are getting used to a lot of behavior that is not good for us.

As noted earlier, Durkheim states that there is “nothing desirable” about pain. Surely what he meant was that there is nothing pleasurable. Pain, even so, is an indispensable warning signal. But societies under stress, much like individuals, will turn to pain killers of various kinds that end up concealing real damage. There is surely nothing desirable about *this*. If our analysis wins general acceptance, if, for example, more of us came to share Judge Torres’s genuine alarm at “the trivialization of the lunatic crime rate” in his city (and mine), we might surprise ourselves how well we respond to the manifest decline of the American civic order. Might.