

Missing the moral: Excited delirium as a negative case study of a moral panic

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Abstract

This article examines Excited Delirium, a controversial medical explanation offered as an explanation for a variety of in-custody deaths. It appears to fit all essential criteria to incite a moral panic, featuring a powerful moral entrepreneur playing off of well-established fears of drugs use and psychosis, with a classic folk devil in the form of young men of color. Yet Excited Delirium has failed to provoke a widespread response, raising the question of how a phenomenon that meets all the classic criteria can fail to incite a moral panic. I argue this stems from the entrepreneurs involved failing to present themselves as sufficiently moral, their campaign to medicalize the phenomenon meeting an unreceptive medical field, and their broad conception of Excited Delirium too easily facilitating strong counter-narratives. This study uses Excited Delirium as a negative case to demonstrate several important factors to consider in the development of moral panics.

Keywords

Excited Delirium, moral panics, negative case studies, social control theory, Tasers

In October 2006, Roger Holyfield had an “episode” unlike any he had before. The frail, mentally disturbed teenager was running through the streets carrying a Bible and a cordless phone, intermittently yelling “I want Jesus!” in the midst of otherwise incoherent babbling. When police were called to the scene, Holyfield refused to calm down. After continued refusals to follow orders, officers shot Holyfield twice with their stun guns. A few hours later, he died while in jail awaiting arraignment.

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Community groups were outraged, charging the police with brutal and heavy-handed tactics. Police, on the other hand, maintained that Holyfield's death was not their fault, but rather that of a little-known medical phenomenon, Excited Delirium.

Excited Delirium is a controversial medical explanation offered for a range of in-custody deaths. Proponents of Excited Delirium (Chan et al., 1997; Di Maio and Di Maio, 2006) define it as a phenomenon in which individuals, mostly young men with a history of narcotics abuse and/or mental illness, have brains so damaged that all limits to their physiological abilities are suspended. These individuals are allegedly temporarily imbued with super-human strength and an inability to feel pain. They exhibit bizarre behavior, act aggressively, and "in virtually all such cases, the episode of excited delirium is terminated by a struggle with police or medical personnel" (Di Maio and Di Maio, 2006: 1). After this short outburst, they quickly go into shock, and death is imminent without immediate medical action.

Intuitively, it would seem the phenomenon of Excited Delirium as defined by its proponents meets the "essential criteria" (Goode and Ben-Yehuda, 1994) to ignite a moral panic. The proposed folk devils are mainstays of American moral panics—young men, mostly of color, who are either abusing illegal narcotics or are significantly mentally impaired, groups already widely demonized as vicious, amoral "super predators" (Dilulio, 1995; Loury et al., 2008), who are committing street crimes, always a high-ranking threat to the moral order (Critcher, 2009; David et al., 2011). The would-be moral entrepreneur, Taser International (herein Taser Int.), is a major weapons manufacturer which has poured a significant amount of resources into promoting and publicizing the existence and fearful effects of Excited Delirium. As such, this poses an interesting problem for theorists of social control and moral panics: how can something appear to fulfill the classic criteria for a moral panic and yet be met with public indifference?

Stanley Cohen (2003) was the first to explore the concept of moral panics in great depth; broadly speaking, he defines them as irrational over-reactions to societal phenomenon. The concept quickly gained traction among sociologists and has been used to study such wide-ranging phenomena as Satanism (DeYoung, 1998), school shootings (Burns and Crawford, 1999), crack-cocaine (Reinarman and Levine, 1997), and terrorism (Rothe and Muzzatti, 2004). In Cohen's model, the "flow" of a moral panic can be traced through five stages. In the initial stage, there is the deviant act itself. Stages two and three consist of an inventory (typically in the mass media) of all deviant acts known or thought to have occurred and a sensitization of the public in which neutral or ambiguous events or people are reinterpreted as potentially or actually deviant. These two stages tend to be coterminous and mutually reinforcing, followed by an over-estimation of the deviance in the public mind. Finally, there is nearly always an escalation in social control to respond to the allegedly rampant deviance.

Recently a number of scholars (Altheide, 2009; Garland, 2008; Rohloff and Wright, 2010) have argued the term experienced a "conceptual inflation" (Heir, 2002: 312), becoming an unscientific mish-mash of concepts, often deployed with little thought of the appropriateness of its use. However, I agree

with Critcher (2008) that the concept retains its viability as a scientific model, albeit one best understood as an ideal type (Young, 2009). This study contributes to reclaiming a scientific understanding of the term by critically evaluating a seemingly ideal case that failed to ignite a panic.

In determining why something has failed to become a moral panic, it is imperative to identify the necessary causes for a panic to occur (Cohen, 2003; Goode and Ben-Yehuda, 1994). There must be a heightened level of concern about the subject (Garland, 2008), as well as widespread consensus that the threat is “real, serious, and caused by the wrongdoing group members and their behavior” (Goode and Ben-Yehuda, 1994: 34). Yet concern and consensus do not develop on their own; someone must take an interest in and publicize the problem. This work is led by “moral entrepreneurs” (Becker, 1964), actors who define a phenomenon (teenage mothers, drunk driving, etc.) as an absolute evil, and their drive to combat it a holy crusade, finding points of identification to tap into people’s fears and desires (Heir, 2002). Goode and Ben-Yehuda (1994) argue that without moral entrepreneurs there are no moral panics and that “most social problems are brought to public awareness by representatives of institutions or organizations whose interests are advanced in some way by the discovery” (p. 92).

Of course, a moral panic is nothing without someone or something for the public to panic over. Cohen referred to the scapegoats of moral panics as “folk devils,” the “visible reminders of what we should not be” (2003: 2). Because moral panics are predicated on the diffusion of normative concerns, successful creation of folk devils “rests on their stereotypical portrayal as atypical actors against a background that is overly typical” (p. 45). They are not simply arbitrarily selected scapegoats, but rather “flagrantly exacerbate the discontent” (Young, 2009: 10) of those panicking.

Because it is not being discussed in any large-scale manner in the national media or by the public, we can safely conclude Excited Delirium has not become a moral panic. But the question remains—how can such a seemingly tailor-made phenomenon fail to ignite a panic? Is Excited Delirium simply a cultural object that has failed to take hold? Or have scholars yet to fully understand why some phenomena achieve widespread panic while others fail to produce significant reaction?

Why we are not panicking about Excited Delirium

I argue Excited Delirium has failed to become a moral panic for four interrelated reasons, and that by understanding these, we can bring more analytical clarity to the study of moral panics, as well as begin to build a theory of negative moral panics (e.g. Jenkins, 2008). First, proponents of the phenomenon have employed an outmoded sickness-as-deviance model likely to be resisted by a medical community that jealously guards its professional jurisdiction (Abbott, 1988). Second, the folk devil is ill defined, as an overly broad conception of whom the public is to be panicking over is far too diffuse to inspire action. Third, the vagaries in such accounts open the way for counter-narratives to enter the media, especially those that posit Excited Delirium as a fictional, catchall category. However, fourth and

foremost among the reasons Excited Delirium has failed to incite a moral panic is because of Taser Int.'s inability to position themselves as a properly *moral* entrepreneur. In working to establish a panic, Taser Int. has instead revealed itself to be insufficiently moral, opening up counter-narratives that posit it simply as self-interested and profit-seeking (Garland, 2008; Heir, 2008).

A folk devil too broadly drawn

The concept of Excited Delirium itself is too broad to make meaningful sense to key actors. For a moral panic to be successful, it “must be comprehensible to agencies and journalists themselves before it can be repackaged for the general public” (Jenkins, 2008: 45). As discussed below, proponents of Excited Delirium have failed to present their ideas in ways that make sense to key audiences. Without the support of police, media and the medical establishment, it will likely be impossible for proponents of Excited Delirium to ever ignite a full-scale moral panic.

Similarly, there is a need not simply for a folk devil, but for a *specifically defined* folk devil (Young, 2009), as “heroes and villains must have identifiable faces” (Jenkins, 2008: 45). Here Excited Delirium can be contrasted with the more successful War on Drugs; in the latter, the folk devil is a well-crafted persona, playing off established fears of a racialized underclass seeking hedonistic pleasure at the expense of Middle America (Armstrong, 2007; Beckett et al., 2005). With Excited Delirium the folk devil can be anyone from a drug addict to a mental patient to “any patient, at any time” (Di Maio and Di Maio, 2006: 116). While the folk devil of the War on Drugs is clearly a cultural villain, it is hard to say what exactly the person experiencing Excited Delirium is—an irresponsible drug user? A freak accident? A victim of psychological troubles outside of their control? The far-reaching concept opens itself too easily to the counter-narrative that Excited Delirium is a catch-all cover up, clearly failing to mobilize Schudson's (1989) concepts of rhetorical force and resonance. If the phenomenon were defined more clearly, perhaps narrowly applied only to illicit-drug-using males, it would have a far greater likelihood of retrievability and therefore a greater chance of acceptance.

Failing to mobilize proper authorities

Similarly, those striving to create a panic around Excited Delirium attempted to mobilize an unreceptive authority, opening up space for counter-narratives. As Conrad (1992) argues, competing definitions and negative associations can prevent the medical field from accepting a concept that has been medicalized by outsiders. This is especially true when the competing definition comes from those who are not only without a claim to jurisdiction in medical manners, but can be seen as a “tainted” profession far below the medical field in hierarchies of professional prestige (Abbott, 1981). This would point to the idea that if those attempting to create a panic around Excited Delirium were to mobilize a different authority, they may have more success in creating a panic.

Because the medical field is still clearly conflicted about the existence of Excited Delirium, the counter-narrative presented in the media is not coming only from the “expected” opposition (e.g. civil and human rights advocates), but from the very authority being invoked, namely the medical field. Therefore, not only is the counter-narrative coming from the same group necessary to legitimate the phenomenon, but a group of socially legitimated actors. Contrast this again with opponents of the panic surrounding the War on Drugs (e.g. legalization advocates) who are not only lacking the social esteem of the medical field, but seen having a biased interest in proceedings. This points to another important aspect of potential counter-narratives—they are more likely to be successful when coming from a socially legitimated group, especially one with no overt interest in the matter.

Counter-narratives in the media

Although Cohen (2003) was writing long before the advent of the Internet and the recent informational technology explosion, he highlighted the central role the media plays in shaping panics. However, Excited Delirium is an illustration of how the media can be equally important in *preventing* moral panics. While many scholars (Ben-Yahuda, 2008; McRobbie and Thorton, 1995; Thompson, 1998) have argued today’s media landscape makes moral panics more likely, recent scholarship (David et al., 2011; Garland, 2008; Heir, 2002) has challenged this assumption, arguing the media is far from monolithic in opinion and the “increasing democratization of knowledge... allows counterclaims to be voiced and heard” (Rohloff and Wright, 2010: 411). By consistently presenting strong counter-narratives from socially legitimated actors, both print and radio media clearly played a pivotal role in shaping this non-panic.

This points to the integral role of counter-narratives entering (or failing to enter) the debate surrounding a potential moral panic. While previous scholars have touched upon this (Ben-Yahuda, 2008; DeYoung, 1998; Ungar, 2001), those works have focused on the ability of folk devils to resist the label. However, in the case of Excited Delirium, it was not the folk devil fighting the claims of moral entrepreneurs, but rather a relatively wide range of actors, from activists to medical personnel to even members of law enforcement agencies. This study highlights the importance of considering the effects of “media moderation” (Ungar, 2001: 280), demonstrating that if those opposing a panic can mobilize counter-narratives with strong retrievability, rhetorical force, and resonance (Schudson, 1989), such as opponents of Excited Delirium have done with claims of police brutality and corporate maneuvering, they can prevent a moral panic before it happens.

The centrality of morality

This study also raises the question of how a moral entrepreneur comes to be “moral.” Taser, Int.’s failed attempt to cast themselves as a moral entrepreneur is due in large part to the ambiguous position companies like Taser, Int. occupy in

contemporary American policing. As with most non-lethal weapons, the technology underlying the stun gun has only recently come under serious consideration and study (Rappert, 2003). Stun guns such as the Taser are unique among police armaments in that many departments allow officers to carry the weapon, but because of their cost and controversial history, do not provide them to officers. Unlike most police weaponry, officers often purchase these personally and it is their individual decision to carry it. Previous research has demonstrated that despite neoliberal rhetoric of market-based solutions and greater inclusion of the private sector, corporations such as Taser have had to expend great energy and resources in attempting to enter the notoriously closed-off police subculture (Wozniak and Uggen, 2009).

However, to become a staple of police arsenals, non-lethal weapons producers like Taser need not satisfy only the police, but also a wide-range of independent third parties, from politicians to human and civil rights monitors to police brutality watchdogs. To do this, they have attempted to position their weapon as the ideal-typical post-modern weapon for the new penology of risk management (Feely and Simon, 1992). They present the Taser as a mix of police and public desires: powerful enough to be used to stop even the most dangerous of suspects, yet safe enough to be used on anyone at anytime (Wozniak and Uggen, 2009). This same process can be seen in the attempt to create a panic surrounding Excited Delirium, as Taser posits their weapon as the only technology capable of containing such a violent threat without causing undue injury or harm. However, my findings suggest this message has not resonated with the media or the public, instead making Taser, Int. appear as simply a profit-oriented business attempting to fill a hole in the market, not a righteous crusader seeking to preserve our moral order.

In the last 20–30 years, victim's organizations have become major political actors (Garland, 2001), in many cases operating hand-in-hand with those seeking to defend them. In examining the relationship between the California Correctional Peace Officer's Association and Crime Victims United of California, Page (2008) demonstrates the power victim's groups have to put a moral veneer on professional organizations, as corrections officers did by establishing victims' organizations to speak on their behalf. In the case of Excited Delirium, Taser Int. has no similar group of victims hurt by people experiencing the phenomenon to give them the "cultural power" (Williams and Demerath, 1991) necessary to incite moral concern. As such, the counter-narrative that this concept was being used to deflect blame from the company was easily mobilized.

Comparable to the discussion above of Taser, Int.'s employment of an out-moded form of medicalization, their attempted moralization similarly lacks a nuanced understanding of the current social landscape. Contrary to panics of old, in which a relatively monolithic response was assumed, the heterogeneity of media outlets and diversity of counterclaims has led to a "volatility of moralization" (Heir, 2008), in which moralization is not a monolithic expression, but instead a continually re-negotiated process which must account for a wide variety of competing claims and moral heuristics (David et al., 2011). This study points to

the necessity of anyone attempting to ignite a panic needing to be a strongly *moral* entrepreneur. Taser Int.'s attempt to position itself as a moral entrepreneur actually paved the way for many of the counter-narratives, as it is not a moral entrepreneur, but rather a conventional business entrepreneur, requiring a different mobilization of authorities.

The perceived status of Taser Int. as self-serving entrepreneurs concerned about image and legal liabilities rather than the moral and physical safety of the public demonstrates that just as it is important to understand the frame(s) being deployed in the creation of a moral panic, it is equally important to understand who is doing the framing. Garland (2008) argues the classic model of moral panics underestimates the importance of the moral dimension of the reaction, but this study demonstrates the importance of the moral dimension of those seeking to *provoke* that reaction. Coming from a source perceived as neutral, studies highlighting the safety of Tasers and the existence of Excited Delirium could have been a powerful addition to framing it as a moral panic. Yet because they were produced and disseminated by a group too easily perceived as acting in its own interests, they instead became counter-productive, cited as evidence the only proof to the existence of Excited Delirium was from biased research and publications. While many moral entrepreneurs have a self interest in promoting panics (Goode and Ben-Yehuda, 1994; Young, 2009), this case demonstrates the absolute necessity of moral status for the entrepreneur to achieve the "cultural power" necessary to ignite a moral panic.

All the makings of a moral panic . . .

Yet despite the problems highlighted above, Excited Delirium appears to fit nearly all existing predictive categories for inciting a moral panic. When investigating such a negative case, much can be learned from Cohen's (2003) example of a failed panic, the Stephen Lawrence murder. Lawrence was an 18-year-old black youth who was murdered by a group of white youths. Although several witnesses were present, the police failed to apprehend the already-identified assailants. While the case had all the makings to become a moral panic, it failed to take hold because the only folk devils to be had were either white youth or the police, both of whom "were just unsuitable as folk devils" (p. xi). Michael Schudson (1989) examines the necessary causes for a cultural object (such as those that may ignite a moral panic) to have an impact on people's lives, with interest in why some gain widespread acceptance, while other, similar objects fail to do so. His framework for understanding those that are successful identifies five dimensions of the potency of a cultural object. He labels them retrievability, rhetorical force, resonance, institutional retention, and resolution. The latter two, however, are less important for the development of a moral panic.

Retrievability is simply the notion that to have force, a cultural object must be "available" to people. People assess the likelihood of an event "by the ease with which instances or occurrences can be brought to mind" (Schudson, 1989: 161).

As such, recent, dramatic, or widely discussed events are viewed as more likely to occur again. Rhetorical force concerns how cultural objects enter public discourse, having more or less effect depending on how they support or oppose existing rhetoric. Finally, resonance means that for a cultural object to be relevant to the public, it must resonate with their experiences. Schudson argues that, similar to moral panics, these cultural objects are not typically something that will overturn society and radically alter the way people think; rather, they often serve as reminders of the cultural values many already have and share.

As such, the Lawrence case lacked three crucial elements necessary to create a successful moral panic: there was no suitable enemy that could be easily denounced; there was no suitable victim with which the majority of society could identify; and there was no consensus the beliefs and actors being denounced were not isolated, but part of the wider society. Similarly, Philip Jenkins (2008) argues there has not been a major moral panic surrounding child pornography because those consuming and sharing it are far more technically sophisticated than police. Because traditional law enforcement techniques are inapplicable to the particular methods of child pornographers, potential moral entrepreneurs are unable to understand the extent of the problem and thus neither able nor willing to promote it as a moral panic.

Yet Excited Delirium features none of the problems, as it meets all the essential criteria for a moral panic (Goode and Ben-Yehuda, 1994). The folk devils are (mostly) people of color, illegal-drug-using or mentally impaired young men, groups already widely demonized as vicious, amoral “super predators” (Dilulio, 1995; Loury et al., 2008). Multiple sources have found that people of color are far more likely to be the victim of a fatal incident involving a Taser (e.g. Electronic Village, 2014; Mumola, 2007; Trimel, 2012), that “racism is a major factor in the use of Tasers” (Willey, 2008), or that their use “ignites racial tensions” (Witt, 2008). More specifically, peer-reviewed publications in forensic journals argue Excited Delirium is more likely to occur among people of color, especially Black or Afro-Caribbean men (Devlin and Henry, 2008; Rutenber et al., 1999).

Furthermore, these folk devils are typically also involved in committing street crimes, always a high-ranking threat to the moral order (Critcher, 2009). The moral entrepreneur is a major weapons corporation putting large sums of money into actively promoting the recognition of Excited Delirium. And given the history of such scares, and the notable similarities between the alleged effects of Excited Delirium and those of crack cocaine (Reinarman and Levine, 1997), it seems as if Excited Delirium would play right into the well-documented fears Americans harbor of illegal drugs, mental illness, and youth of color.

Importantly, police officers would also likely support such a panic as a means to absolve themselves from blame surrounding arrest-related deaths. Although still enjoying relatively high levels of support among the general public, police practices are increasingly coming under scrutiny and the levels of support they experience in general, and for the use of force specifically, have been dropping steadily over the past several decades (Davis and Smith, 2007; Lai and Zhao, 2010; Langton and

Durose, 2013; Skogan and Frydl, 2004). The concept of Excited Delirium being responsible for a large number of in-custody deaths (as opposed to police malpractice) could significantly aid the currently deteriorating image of American police. For the years 2003 to 2009, 61.5% of arrest-related deaths were ruled police homicides (US Department of Justice (US DOJ) Bureau of Justice Statistics, 2011a), and the victims bear a striking resemblance to those most likely to be labeled as experiencing Excited Delirium; they are overwhelmingly male (95.4%), young (76.1 % under the age of 44), and people of color (57.9%) (US DOJ Bureau of Justice Statistics, 2011b).

Excited Delirium is especially well suited for a moral panic because the folk devil, the young male who is an implicitly racialized other, has great retrievability, resonance, and rhetorical force. Cohen (2003) argues that young, working-class males “are the most enduring of suitable enemies” (viii), and in the American case, even more so when the young men are African-American or drug-using (Chambliss, 1994; Sears et al., 2000). Critcher (2009) identifies three “measures of discursive construction” in regard to moral panic creation—threats to the moral order, being amenable to social control, and involving generalized ethical self-formation—with cultural objects ranking high on these scales much more likely to incite a moral panic. Excited Delirium would rank highly on all three measures; the use of illicit “street” drugs violates multiple conventional American moral codes, Taser Int. positions their weapon as the means to bring it under control, and the recurring theme of Excited Delirium as arising from irresponsible drug use clearly violates conventional conceptions of ethical self-formation.

Furthermore, many scholars have argued moral panics signify a breakdown or crisis in prevailing hegemony (Hall et al., 1978; Young, 2009), occurring “when the subjectification of the Other is deemed to be in a state of ‘crisis’ or breakdown” (Heir, 2002: 329). Herein lies the genesis of Taser Int.’s attempt to create an elite-engineered moral panic (Critcher, 2008; Garland, 2008): as Heir (2002) argues, the “discursive conflation” of the Other with the signification of harm “precipitates the development of an apparatus of security and the symbolic fortification of an inclusive sense of collective safety” (p. 323). As discussed in detail below, Taser Int. expends a significant amount of time and resources to achieve this “discursive conflation” while positioning their weapons as the only security apparatus capable of subduing this dangerous threat.

Mapping a moral panic . . .

This study is a combination of ethnographic data, interviews, and discourse analyses of news sources. I employ a synthesis of negative case methodology (Emigh, 1997), extended case method (Burawoy, 1998) and ethnographic discourse analysis (Choaliaraki and Fairclough, 1999). Both Emigh and Burawoy focus on how anomalistic cases can build theory, with the former arguing that negative case studies can identify theoretical gaps and are often more fruitful than positive cases for theory construction, while the later argues for reflexive science and

theory reconstruction in light of anomalous cases. Ethnographic discourse analysis complements these, looking past traditional, text-based analysis into how discourse is embedded in a wide variety of practices. In marrying these models, I glean the positive contributions of negative case methodology (such as the focus on phenomena that do not fit predictive categories as a way of advancing science) paired with the meticulous attention to the richness and complexity of data in ethnographic discourse analysis and the extended case method.

This is done to combat one of the greatest problems of moral panics literature: sampling on the dependent variable. Although existing studies provide rich data on the creation, continuity, and desistance of moral panics, nearly all focus on moral panics that *have* occurred. This dearth of negative cases leads to a situation in which “conclusions about key variables and processes amount to asserting that what transpired (more or less) had to” (Ungar, 2001: 277). Extant literature has focused on the impact and aftermath of moral panics to the neglect of how and why they are produced (Rohloff and Wright, 2010). This study broadens the conversation to include panics that fail to materialize. Using negative cases, we can build upon our understanding of how and why panics succeed to begin a conversation on why certain cultural objects that seem poised to produce wide-scale panic fail to materialize any meaningful social reaction (Ryan and Bernard, 2008).

Ethnographic data was gathered in the summer of 2006 at a major non-lethal weapons sales and education convention during which discussions of Excited Delirium took center stage. Interviews took place in a major Midwestern metropolis over the course of fall and spring in 2008 and 2009. The interviews supplement and contextualize the ethnographic and textual data through discussions with actors central to making Excited Delirium a moral panic. Ten targeted, open-ended interviews were conducted; six with members of the media who had reported on Excited Delirium, three with police officers with first-hand experience with ED, and one with a Chief Medical Examiner responsible for determining cause of death in such cases. Each interview lasted around an hour, and was transcribed and open-coded inductively.

The discourse analysis examines all known newspaper reports of Excited Delirium in the United States and Canada for the years from 2006 to 2009. Articles were limited to this time period for two reasons. First, such a time frame provides an adequate number of articles to speak to the general themes and frames being deployed by all sides in the discussion. Second, this time frame includes the 2007 death of Robert Dziekanski, a Polish immigrant who died in a Canadian airport after police used Tasers on him, claiming him to have been experiencing Excited Delirium (Canadian Press, 2008). Mr Dziekanski’s death is by far the most prominent case in which Excited Delirium has been invoked, and prompted major inquiries into the use of Tasers and the existence of Excited Delirium across both the US and Canada (e.g. Joyce, 2008; Walsh, 2009).

Newspaper articles were gathered through a Nexus Lexus search for the term “Excited Delirium.” In instances wherein multiple articles contained the same verbatim quotes as their only mentions of Excited Delirium, the first such article using

the quote was included in the data set while the others were not. Similarly, wire articles run in multiple newspapers were treated as an individual article. Finally, articles in which Excited Delirium was simply mentioned among a string of possible contributing causes, with no context or explanation, were excluded from the data set. This resulted in a total of 194 distinct articles. Also examined are a two-part series on stun guns and Excited Delirium on National Public Radio (NPR), and the sole book published exclusively on the subject (Di Maio and Di Maio, 2006). These sources were open coded inductively, allowing the dominant themes to emerge organically from the sources themselves (Glaser, 1992; Kendall, 1999).

How an attempted moral panic can fail

In order to ignite a moral panic, interested parties must mobilize legitimized authorities to create panic surrounding a problem defined in moral terms. In trying to legitimate Excited Delirium, proponents have attempted to medicalize it, but have improperly mobilized an outmoded form of punitive sickness-as-deviance, which has long since fallen out of favor with both the medical establishment and the public (Conrad, 1992). Furthermore, this attempt by non-medical actors to create a medical term has clearly run into resistance from a medical field that jealously guards its jurisdiction (Abbott, 1988, 1981). This failure to properly medicalize Excited Delirium, combined with resistance from the medical field, leaves proponents without the necessary moral veneer, giving opponents a relatively easy counter-narrative.

The entrepreneur

The leading proponent of Excited Delirium is Taser Int., the world's largest producer of stun guns. Amnesty International claims that since 2001 at least 500 Americans have died as a result of being subjected to the use of a stun gun (Trimel, 2012), and the Department of Justice reports at least 36 in-custody deaths for the period of 2003–2005 were directly related to the use of stun guns, although they note this number does not represent a complete count (Mumola, 2007). Once again, these deaths closely reflect the demographics of Excited Delirium deaths; all were male and the majority were people of color (Mumola, 2007). Taser Int., however, posits there has never been a death attributable to the use of a product; instead arguing those deaths were actually the result of Excited Delirium.

In well over half of the news articles examined, stun guns are mentioned as being involved in the death of a suspect, either as used in the scuffle or as a contributing factor, while in a quarter of the articles, stun guns are listed as being responsible for the death. Because of the increasing association between stun guns and in-custody deaths, Taser Int. has embarked on a “proactive” approach to educating politicians and the media, sending “hundreds of pamphlets each year” to medical examiners explaining how to detect Excited Delirium, and holding seminars across the country attended by hundreds of law enforcement officials (Norris and Block, 2007a).

Yet interviews with print journalists suggest that Taser Int.'s efforts may be having the opposite of their intended effect. While reporters were clearly getting the message that Excited Delirium stems from drug abuse or mental illness, none of them felt confident giving an answer as to what exactly it is or who it is likely to affect. Especially evident during interviews was that Taser Int.'s news alerts are so clearly biased they often increase skepticism of their claims. One reporter noted the only good Excited Delirium statistics available were from Taser Int. and thus "obviously self-serving," while a second complained Taser Int. "puts out press releases on media sensationalism but [doesn't] acknowledge their own problems," which makes him skeptical as a reporter, and also "didn't play well publicly" after his article was published. Another reporter summed up his skepticism by saying Excited Delirium is a "buzzword," made "sexy" by the pseudo-scientific title and connection to drug use and mental illness. He cautioned that "while it's probably good we're talking about it" now that it has a label and is getting attention, as a "skeptic I've come to believe it is a way of excusing increased force."

Several articles spoke of Taser Int.'s litigious nature as evidence the company is not necessarily to be trusted in its pronouncements on Excited Delirium or the safety of its product. An editorial from the *Telegraph-Journal* (New Brunswick) notes the company has sued a coroner who implicated their product in a death, a scientist whose research has contradicted theirs, and "even once sued an investigative reporter" (Smith, 2008). A Canadian wire piece raises the point that "Taser International has funded research it cites to support Taser safety while challenging and sometimes suing those who raise concerns" (Canadian Press, 2007). Many more articles spoke of how the company "pushed" (Walsh, 2009) the Excited Delirium diagnosis in court cases, or spoke of the "pseudo-science" (*North Shore News*, 2008) used by the company.

It quickly becomes clear how the obvious profit motive of the Taser Corporation taints their attempt at becoming a moral entrepreneur. While it is true that many moral entrepreneurs have an interest in highlighting a particular social problem (Garland, 2008; Goode and Ben-Yehuda, 1994), the case of Excited Delirium makes it clear that this cannot be an overt interest. As discussed above, a successful moral entrepreneur must convince the general public that their particular concern is a great danger *and* that efforts to combat it amount to a crusade of moral righteousness. It is here we find the failings of Taser Int.—while they disseminate a frightening story about the effects of Excited Delirium, their crusade to have the term recognized and validated is anything but moral. Rather, their obvious profit motive in deflecting blame from their product makes their case more akin to tobacco producers attempting to correct "junk science" about the dangers of smoking than the much more successful attempt of a group of mothers to publicly combat the dangers of drinking and driving.

Critics and counter-narratives

Such "self-serving" claims leave Taser Int. open to easily mobilized counter-narratives, strongly supporting Garland's (2008) argument of a shift from

consensus moral panics to a conflictual culture wars model in which “the meaning and value of the conduct in question will tend to be much more contested” (p. 17). Several articles explicitly note Taser has used Excited Delirium as a defense in lawsuits raised against them, and what is implied in many articles is stated explicitly by Laura Sullivan in an NPR feature on the phenomenon. According to Sullivan, “civil-liberties groups and legal filings’ claim Taser may have financial reasons to support and even encourage the use of the excited delirium diagnosis” (Norris and Block, 2007b). She goes on to note that such groups fear “the diagnosis is being used to cover up police abuse and to protect companies like Taser International from lawsuits” (Norris and Block, 2007b).

Even the defenses Taser Int. employs to combat these claims leave it open to powerful counter-narratives. An editorial in the St. Louis (MO) *Post-Dispatch* quotes promotional material claiming Tasers are capable of “debilitating even the toughest individuals with minimal risk of injury” but then flips that discourse by saying “Roger Holyfield wasn’t tough. The 17-year-old, who weighed 130 pounds and stood 5-foot-7-inches tall, died earlier this week, a day after he was shot twice with a Taser by police” (*St. Louis Post-Dispatch*, 2006). The article goes on to note that stun guns have been deployed on populations ranging from six-year-old children to pregnant women to elderly persons confined to wheelchairs. The author also quotes a 2004 Denver *Post* article that concluded Denver police have used stun guns to avoid having to chase suspects or to get suspects to comply with orders more quickly, as well as an investigation by the Indianapolis *Star* that found that people of color are tased at a “far higher rate” than their white counterparts. Multiple other articles join this editorial in noting that numerous police departments have either put a moratorium on the use of stun guns or have delayed purchase of them until further research is available. These competing narratives paint an unflattering picture of Taser International and police who use Excited Delirium as an explanation for in-custody deaths. Instead of being seen as heroic defenders of public safety, they are painted as concerned more for their own welfare.

The medical community responds

Even more telling than the opposition the concept of Excited Delirium is receiving from civil and human rights advocates are the challenges coming directly from the medical community. In fact, 80 articles explicitly note that Excited Delirium is a controversial phenomenon that may not exist. For any phenomenon to be successfully medicalized, proper authorities must be mobilized in defense of the concept (Conrad, 1992, 1975). To this end, proponents seemingly do a good job, as there are multiple medical professionals that intervene in the discussion on behalf of Excited Delirium, in both the popular media and a handful of scholarly journals.

However, it is exactly in this mobilization of medical authorities where the moral panic breaks down. There is a long history of “medical excusing” in America, ranging from a simple doctor’s note up to the insanity defense (Conrad, 1992).

While trying to place Excited Delirium in this spectrum of medical excusing, the discourse employed belies the intentions of proponents; while they attempt to frame Excited Delirium as a “medical excuse,” they are at the same time framing it as the result of a deviant life style, whether through poor choices such as drug usage or through factors out of the individual’s control which are still heavily stigmatized, such as severe psychoses.

Conrad (1992) argues that competing definitions of a problem, especially when represented by strong interest groups, can significantly affect the chances of any given phenomenon becoming medicalized. In the case of Excited Delirium, there is a strong counter-narrative voiced by strong interest groups—the notion that it is not a medical problem, but rather a cover-up for dangerous weapons and police brutality. As a coroner quoted in several articles noted, “I’ve been in practice 37 years, and the only time I hear Excited Delirium used is when it’s in connection with a Taser death” (Gurman, 2008).

In 28 articles, Excited Delirium is specifically referenced as a non-existent phenomenon employed as a cover-up. “Critics say excited delirium exists purely in the imaginations of those who are anxious to defend the use of Taser weapons and excessive police force,” reads one article from the Canadian wire (Morris, 2007). Several more articles quote Eric Balaban of the American Civil Liberties Union (ACLU) arguing that Excited Delirium is simply an excuse to “whitewash” deaths resulting from police brutality. In an interview with NPR, Balaban notes that not only is he concerned that Excited Delirium may not exist, but that it is already being overused in lawsuits and “on the streets” (Norris and Block, 2007b). Even articles that do not directly challenge the existence of Excited Delirium still often refer to it as a “legal,” “police,” or “trial” term, rather than a medical diagnosis.

An article from the Spokane (WA) *Spokesman-Review* quotes Alexis O’Brien, a representative for the National Alliance on Mental Illness, as saying she’s “never heard of [excited delirium]” and that her agency does not recognize it. The article goes on to quote a neurologist who calls it a “made-up word,” and while it’s a “good lay description of what’s going on...it’s not a medical diagnosis” (Lawrence-Turner, 2007). An article from the Prince George (British Columbia) *Citizen* (Canadian Press, 2007) notes that Excited Delirium does not exist in the American Psychiatric Association’s Diagnostic and Statistical Manual or in the World Health Organization’s international classification of diseases. Several other articles describe Excited Delirium as on the fringes of accepted medical knowledge, noting not only is it not accepted by any medical or psychological professional association, but that it is framed so that “even with an extensive autopsy there is no definitive way to prove someone died of excited delirium.” (Norris and Block, 2007a).

This problematic diagnostic procedure was confirmed in an interview with the Chief Medical Examiner. While he “certainly never heard about [Excited Delirium] in medical school” and guesses most doctors are probably completely unaware of it, he felt the real controversy stems from the fact that a label of Excited Delirium comes from a negative autopsy; that is, an autopsy in which there was no clear

cause of death. As such, the police report and descriptions of the deceased's activities immediately prior to death are "much more important than the autopsy, which doesn't show you a whole heck of a lot." This is why, in his opinion, "there's almost always going to be allegations of excessive use of force or brutality by the police," when Excited Delirium is invoked.

The police

Interviews with police officers were even more illuminating in understanding how the attempt to medicalize and promote the phenomenon are failing. While each officer had learned about Excited Delirium directly from Taser Int. and got the general idea of what it is supposed to be (caused by drug abuse or mental illness, intense bursts of energy, etc.), even these Taser-educated officers had doubts and confusion about what exactly Excited Delirium is, what causes it, and how it is to be handled. Perhaps most revealing are the responses of "Sgt. Stevens," a Taser Master Instructor (meaning he received intensive training from Taser, Int. and instructs others on their use). Stevens aggressively defends the use of Tasers (even calling himself "a little biased" because of his affiliation with the company), and instructs his department's courses on how to recognize and respond to Excited Delirium, yet he feels there's nothing "real definite" about the term, and that it's more of a label for something no one really understands. He goes on to say that while his department recognizes and uses the term, he's not sure where it came from or who else uses it. Sgt. Stevens is certain, however, that there is "no such thing as the cause of death being Excited Delirium" in the medical field, and as such "we [police] can throw that term around, but it doesn't really mean anything."

Sgt. Stevens' account is an interesting microcosm of the problems plaguing the development of Excited Delirium as moral panic. While Sgt. Stevens is affiliated with Taser Int. and instructs courses on Excited Delirium, he shows evidence of the problem in medicalizing the phenomenon and confusion around what it is. Although the Chief Medical Examiner in his own city recognizes and uses the term, Sgt. Stevens believes it is an exclusively law enforcement term the medical community does not recognize. Furthermore, despite his strong agreement with Taser, Int. that their product is not at fault in these cases, he does not see any necessity to educate the populace about Excited Delirium. If Taser, Int. is having difficulty getting Sgt. Stevens to publicly promote Excited Delirium, there is little hope of inciting the general populace to panic.

Conrad (1992) speaks of cases of active resistance in the medical field to a concept being medicalized, using the example of lethal injection, which medical authorities resisted involvement in as a "threat to their professional interests" (p. 219). This same threat may well be perceived in the case of Excited Delirium; an article from the *Edmonton Journal* (Alberta) quoted Michael Webster, a police psychologist who gave testimony in the Dziekanski inquiry, as arguing "the continuing diagnosis of excited delirium as a legitimate cause of death further drives a wedge between law enforcement and the majority of the medical community" (Gelinas, 2009).

Abbott's (1988) work on professional jurisdictions and hierarchies is similarly illuminating. He notes that not only is jurisdiction the defining relation among professions, but that a profession "also claims rights to exclude others . . . to dominate public definitions" (p. 60). An attempt by Taser, Int. and police officers to develop and promote a medical concept such as Excited Delirium can be seen as a clear violation of the professional jurisdiction of the medical community. Such an intrusion into the creation of medical terms by police and weapons manufacturers is highly unlikely to be successful given the "tainted" nature of their profession (Abbott, 1981). Whereas the medical profession carries with it a high amount of prestige, policing (and by extension, those who produce their weaponry) falls into that lowest stratum of professionals, "those who deal with problems from which the human complexities are not or can not be removed" (p. 824). Thus, not only would the medical field likely resist intrusion from such a subordinate profession, the lower status of police (relative to medical experts) makes them unlikely to win much favor in the media or the court of public opinion as well.

Educating the medical community

The introduction to *Excited Delirium Syndrome: Cause of Death and Prevention*, the only book published exclusively on the subject, is "dedicated to all law enforcement and medical personnel who have been wrongfully accused of misconduct in deaths due to excited delirium syndrome" (Di Maio and Di Maio, 2006: v; herein, all references are to this book unless otherwise noted). The book is aimed at medical and legal authorities and relates the history, causes, and preventions of Excited Delirium in attempt to gain legitimacy for the concept. The preface speaks of how the authors seek to "dispel some of the misconceptions regarding deaths due to excited delirium syndrome" to prevent lawsuits and prosecution of police and medical personnel (vii).

Throughout the book there is a constant refrain of finding the roots of Excited Delirium in causes that have already engendered their own moral panics, whether it be "street drugs" such as crack cocaine and methamphetamine (e.g. Armstrong, 2007; Reinerman and Levine, 1997) or extreme mental illnesses such as schizophrenia (Anderson, 2003). The construction of the folk devil fits this pattern as well. Those most susceptible to Excited Delirium are "typically . . . male between the ages of 16 and 44 years" (p. 101), which is also the age and gender group most prone to law-breaking activity (US DOJ Bureau of Justice Statistics, 2008a, 2008b, 2008c). These themes are continued throughout the book, showing those affected by the phenomenon are by implication young, and by "code" people of color (Excited Delirium being a mainly 'urban' phenomenon, for instance).

Originally known as "Bell's Mania," the concept dropped out of usage by the mid-twentieth century and was not revived again until the 1980s, when a "flood of deaths" allegedly due to cocaine-induced Excited Delirium began sweeping the East Coast (p. 20). While once a "chronic" disease, with symptoms "presented over weeks and months" (p. 9), because of the introduction of anti-psychotics

and illegal stimulants into wider society, the chronic form has been replaced by today's "acute" form.

This is just one of many conflicting reports in the book. While earlier forms of Excited Delirium were marked by an overwhelmingly female population (in one cited case, the ratio of women to men was 7:1), the newer form affects almost exclusively men. No explanation is offered for this gender shift, though one could hazard to guess that while it was previously a phenomenon used to explain deaths in Victorian-era mental institutions, which were heavily female, it has moved to the sphere of public policing, an overwhelmingly male domain (US DOJ Bureau of Justice Statistics, 2008a).

Although attempting to promote the concept, disagreements as to what constitutes Excited Delirium or if it even exists are still present in the book. The authors reject outright a large volume of scholarship contradictory to their position, favoring Chan (1997), a scholar whose work supporting the existence of Excited Delirium is mentioned as contradicting and superior to the conventional wisdom at least a dozen times throughout the book. They note that while the medical community ignores his work, the legal community has employed Chan's studies to "put a major crimp in lawsuits against police departments" (p. 27).

Obvious conflict among medical authorities does not stop at silence in reaction to the authors' favorite researcher. While they typically present illegal narcotics and/or mental illness as the cause of Excited Delirium, they also note "any patient, at any time, for a variety of reasons, can develop excited delirium" (p. 116). Similarly, while it is repeatedly emphasized that death is imminent in cases of Excited Delirium, they admit to not having any solid reason as to why some die from it while "the bulk of the population does not" (p. 72). In fact, in defining Excited Delirium, they posit it as the explanation for any death that follows a period of extreme agitation in which an autopsy "fails to reveal any evidence of sufficient trauma or natural disease to explain this death" (p. 69), a definition unlikely to satisfy those who fear it is used as a cover-up.

Even more so than Taser Int., the authors of this book fail to utilize the proper genre for persuading intended audiences as to the reality of the phenomenon. The book employs a defensive tone throughout, adding grist to the mill for the counter-narrative that Excited Delirium is a cover, not a legitimate medical condition. For instance, they explain the reason police are blamed for deaths is because the legal system does not realize that the "intervention most proximate to the time of death" (p. 3) is not necessarily the cause of the death. They are similarly critical of the media, claiming journalism favors "controversy and blame rather than balance and exploration" (p. 3), and "indulges in inflammatory verbiage" intended to "turn off the mind and appeal to passion" (p. 15). The public itself is often run through the wringer; it is argued the problem in presenting the idea of Excited Delirium is that it does not "conform" to the mindset of Americans that any time tragic events occur, "someone must be at fault and that person should be punished, or even better, sued" (p. 75). Such denunciations of large swaths of society may resonate with law enforcement (Bouza, 1990; Herbert, 1998, 2001). However, to a public

increasingly skeptical of policing practices (Langton and Durose, 2013; Lai and Zhao, 2010; Wilson, 2000) and a medical field unlikely to risk its prestige on a controversial phenomenon (Abbott, 1981), such polemics are unlikely to engender a positive response.

Conclusion: Moving beyond the dependent variable

The past several decades of American policing have been marked by somewhat contradictory processes of professionalization and militarization (Garland, 2001; Kraska, 2007). At the same time, civil society has moved further toward racial, gender, and sexual equality, dramatically changing the world within which police operate. As police tactics are increasingly called into question, law enforcement has often abandoned discourse and tactics that are unpalatable to the general public (Wilson, 2000). Taser is attempting to position itself as the righteous compromise between these opposing forces of militarization and decreasing levels of public support; their weapon is marketed as powerful enough to stop any suspect yet safe enough to appease all critics. However, what they fail to explain is how their righteous crusade differs from standard business practices in any meaningful way.

This study pushes moral panics scholars to move beyond sampling on the dependent variable to examine panics that fail to materialize, to bring greater analytical clarity to the model. Although doing so requires the combination of multiple methodologies, negative cases are likely to add far richer understanding than are yet more examples of archetypical panics neatly fitting predictive categories (Rohloff and Wright, 2010; Ungar, 2001). The negative case of Excited Delirium shows the value in this line of inquiry. On its face, it meets the predictive categories for a moral panic; a suitable folk devil which already bears the brunt of multiple panics (male, drug-using, youth of color), a moral entrepreneur putting large amounts of money and resources into promoting it, and the phenomenon itself is largely just a medicalized spin on the trope of the “super predator” (Dilulio, 1995).

As Critcher (2008) notes, “the contestation of a moral panic . . . is permitted in theory but ignored in practice” (p. 1138). This paper serves to begin a conversation on how such contestation may take place. For despite the seemingly tailor-made conditions surrounding Excited Delirium, a panic has failed to materialize for four important reasons: although the folk devil was constructed in line with other successfully demonized groups, proponents of Excited Delirium over-reached by claiming it could effect any person any time; the attempt to medicalize the phenomenon was met by a skeptical medical community unwilling to risk its prestige on such a questionable concept; Taser Int. failed to either make themselves appear as moral crusaders or to align themselves with a cause that could give a moral veneer to their campaign; and these miscues allowed for the inclusion of powerful counter-narratives to enter the discourse surrounding Excited Delirium, largely discrediting the concept before the public had a chance to panic.

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