Psychology essays - psychiatric diagnosis

To what extent do the negative implications of a psychiatric diagnosis outweigh the benefits?

The idea that a diagnosis of mental illness can be more harmful than beneficial is a concept which many might find surprising. However if we examine the emergence of sociological theories originating from the symbolic interactionist movement of the 1960s we can construct an argument based on these theoretical insights as to how a diagnosis of being mentally ill might be harmful outside of the implications for possible treatment with which such a diagnosis would bring. In this manner we consider what the most effective strategy of treatment should be.

Emerging from dissatisfaction with the structural functionalist's theories drawing on symbolic interactionists are interested in analysing how the various interactions between people within social situations are played out (Rogers and Pilgrim, 2001). In the works of Goffman this is portrayed as a drama with actors of sorts and his work on stigma for example showed how the rules of the game varied for people perceived as being different in some way (Goffman, 1968a, 1968b). Thus in relation to mental health it is the possible societal reactions arising out of a diagnosis of mental illness which is the vital element. The theory which developed out of these ideas hence became known as labelling theory and it became strongly associated with the anti-psychiatry movement of the late 1960s and 1970s (Cockerham, 1992).

At the heart of this theory are two concepts related to deviance or mental disorder these being called primary deviance and secondary deviance. Primary deviance refers to those symptoms which do indeed have a basis

and grounding in clinical symptoms. These are the actual incidences of disease. Labelling theorists have some interesting things to say about this, in that namely much of primary deviance goes undiagnosed (Pilgrim and Rogers, 1999). The reasons for this is the reaction of those around the sufferer attempting to make sense of the individuals behaviour, rationalising it until a certain point is reached when it is impossible to dismiss the behaviour as aberrant anymore. Indeed labelling theorists argued that it was not just family members or other people close to suffers who displayed this sort of behaviour but also medical practitioners demonstrating a wide range and extensive set of either mis-diagnosis or non-diagnosis of mental illness (Yarrow et al, 1955).

However it is the realm of secondary deviance in which labelling theory has the most interesting things to say and it is here this essay argues that the most harmful aspects of a diagnosis of mental illness can be found. For labelling theorists secondary deviance refers to ways in which other members of society, the psychiatric and medical profession and eventually the person who has been diagnosed act as a result of the category of mentally ill being applied to them (Pilgrim and Rogers, 2001).

Working from this supposition then a number of factors are critical for labelling theorists and one of the most important is how conformist a particular society is. The reason for this is that the higher a level of conformity is found in a society the greater the chance that a particular behaviour which breaks the rules of that society will be labelled as deviant. A particularly interesting feature of this idea built upon subsequently by social constructivist theories is that concepts of deviancy also change as the

conformity levels of a society alter, thus while homosexuality was a deviant behaviour for western societies in the 19th century and psychiatric treatment was recommended for those who were ‘ afflicted’ with the disorder the changing prevalent views on homosexuality have lessened its perception as a deviant behaviour, though not completely dispelled it (Cockerham, 1992).

In a series of studies it was demonstrated that otherwise sane people who mentioned specific circumstances of strange behaviour were labelled as insane and where those people did normal behaviours these other behaviours in turn then became labelled as insane and became seen as part of the behavioural pattern of the insane person. Thus in Rosenham’s (1973) study his fake patients who gained admission into institutions and who were taking notes of their own observation and treatment by doctors had in the observations kept on them notes on how they displayed incessant note taking behaviour. Thus patients who are labelled as mentally ill face difficulties when they try to escape the label and the behaviours which are the objects of labelling. Even where for example patients have been cured they will carry the stigma of such a label and the consequent reactions of people who learn of the past status of the individual will labelling theory argues lead to a vicious cycle of reinforcement of both label and behaviour.

However while labelling theory was a powerful critique of psychiatric practice which was popular also it has since fallen out of favour and its concepts can be critiqued on a number of grounds. In Yarrow’s study case it was found that subsequent to the experiment that his patients in fact did not continue to display aberrant behaviours for long after the study. Thus we can argue

that there is a weakness in the idea of a secondary deviance, that for those who are not mentally ill the labelling of being mentally ill which while it might have an effect may not be as strong as the theory suggests (Rogers and Pilgrim, 1999).

But it remains to be said that the practice of diagnosis and cure of the mentally ill must be aware of the broader social environments in which those who are mentally ill will operate in, thus a primarily bio-medical model of mental health, i. e. in that there is a specific cause which when cured will make the patient better, is inadequate and as labelling theory and more recently the field of health psychology suggests we must consider a holistic type therapy which factors in the effects of wider social phenomenon such as the reactions of people and clinicians to the patient in order that effective strategies of cure can be developed which benefit the person involved (Heller, 1996). As such while moves away from institutional care can be commended as ceasing to separate the mentally ill from society and thus stigmatising them in a highly visible manner the effectiveness of community care must be judged against both successful curative techniques and levels of effective integration with the community setting in which the care is provided.