

Diagnosed label helpful or harmful psychology essay



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A diagnostic label can influence a person with a disability life domain in both positive and negative way; therefore, should people be labeled with a psychiatric diagnosis is worth to research on it. Current research is concerned with the effect of labeling on an individual with disabilities as it can cause others to predict future outcomes for these individuals (Algozzine & Stoller, 1981 not current - over 30 years old). The current methods of classifying and identifying these individuals do not seem to meet patients' best interests in general. Partly, due to the negative stigmas that come hand in hand with the label. ¶ I find that Diagnostic and Statistical Manual of Mental Disorders(DSM) from the American Psychiatric Association can place many negative stereotypes and compromising ones dignity as well effecting his/her family. This paper will provide arguments proving that the labels placed on oneself can be horrifically damage on many aspects of life. ¶

Historical Context

In 19th century, medicine had reached a point where people were discovering that different ailments require different treatments; people in the field of studying abnormal behavior began to take notice of their classification. The result was a primitive system of classifying the known abnormalities in human behavior and illness. This would help the professionals to diagnose and treat individuals suffering from the illness. If one professional discovered an effective treatment for an illness, a universal classification would allow others to recognize the treatment for the particular illness (Davison, Neale, Blankstein, Flett, 2001). These first attempts were met with much confusion, little organization and a lot of inconsistencies.

The first strong effort at a classification system that could be universally accepted was by the Statistical Committee of the Royal Medico-Psychological Association, based out of the United Kingdom. A lot of effort was placed into the system but it could not gain the support from the members. More efforts were made in the following two decades by the Congress of Mental Science in Paris and by the Association of Medical Superintendents of American Institutions for the Insane. Although these led to the result of little success, the progression was still made toward perfecting a classification system. The major efforts in the 20th century were put forth by the World Health Organization (WHO) and the American Psychiatric Association. The Diagnostic and Statistical Manual (DSM) and its successive versions, by the American Psychiatric Association have emerged over the last 50 years as a North American referencing tool when it comes to diagnosing mental illness. The most recent version, DSM IV, is becoming more and more acknowledged throughout world. Reference?

However, the assumption of the DSM comes in form of once assigned a label, people are similar and treatment techniques should be similar; therefore, the treatments all come in “ package” form (Eifert & Georg, 1990). Not matter how much similar people are, each individual is still different. How can treatment techniques be successful without taking individual differences into account? Furthermore, Phelan, Link, Stueve, and Pescosolido (2000, as cited in Davison et al.) observed from a consensus that the numbers of people labeled mentally that are viewed as being violent, frightful people has increased by 2.5 times between 1950 and 1996.

Central Issue

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We live in a technologically advanced day and age, where medical knowledge is rapidly helping us ease the anguish of the sickness. With new discoveries occurring regularly in the field of disease and diagnosis, the professionals of these fields find it exceedingly important for proper classification. This allows for better care and less room for error when treating a patient. However, living in a time where image and status can mean everything, adding a diagnostic label to a sufferer may not only add unnecessary emotional pain, but also create more barriers to living a normal life. No one can deny the fact that we live in a very cynical world. Several studies that will be discussed later in this paper will also show how a diagnostic label can have a negative effect on social skills, self-esteem and lead to the denial of basic human rights. The question that one must ask is whether the current state in which we diagnose our mentally ill is in fact the best method for helping them live a normal life. Throughout the next two paragraphs, both issues will be dealt with in order to completely understand this argument.

As we gain more knowledge on what may cause abnormal behavior, Davison et al. notes that more attention than ever is now being drawn to categorizing them into several different dimensions. Remschmidt (1995, as cited in Essau et al.) believes that a complete classification system should “ be reliable and valid; have a comprehensive coverage of important disorders; take into account developmental perspectives; be based on principles and rules which are clearly defined; contain information which are clinically important; and finally result in assessment technologies” (p. 19). A classification format such as the one just discussed would supply the professional with a good base to

start forming theories on the disorder, which leads to the proper retrieval of information, and finally effective selection of treatment (Blashfield, 1984; Renschmidt, 1995, as cited in Essau et al.). The current standard for classifying in North America is the fourth version of the DSM. DSM IV includes a multi-axial system that pays particular attention to environmental factors, different types of the disorder and other areas that may be over looked when concentrating on the single problem at hand (Essau et al.).

Even though the DSM is arguably important in advancing the knowledge of abnormal behavior, it seems that for every one step it takes forward, the negative label that it places could be taking one step back. If the whole point of treating these individuals so they experience less suffering throughout their life, why do we continue to use a system that labels them with false negative images? Individuals who are unfortunate enough to acquire one of the illnesses face additional hurdles to the rest of us, when it comes to living life day to day. When an individual becomes stamped with a psychiatric diagnosis they more often than not, are removed from what public sees as a model human being and become slotted into a different category of society all together. People firmly believe and studies clearly show that a label can drastically distort the image of the mentally ill populace from an outsider's perspective as well as the view of one's self Reference? Which studies?. An example would be someone acting in a normal behavior, but viewed by the public as abnormal because of a schizophrenic label placed over one's head (Rosenhan, 1973 as cited in James, 2002). Throughout the following paragraphs, I will discuss the relevance of several studies on the effects of these labels. 🧑 🗄

My Position

The subject concerning whether people should be branded with an image such as a psychiatric illness is an intense discussion as to whether it is the right thing to do. I believe that a label in the form of a diagnosis is helping to partially solve one problem, yet create a whole new one at the same time. True there has been observable evidence that expresses how a diagnosis can be damage many aspects of one's life. The general public tends to have very negative thoughts towards those termed mentally ill, crazy, or insane. Often, the trait of being ill is unfairly singled out, when they could be a very compassionate, loving, and caring person as well. Hasui, Sakamoto, Sugiura, and Kitamura, (2000) found that out of a group of mentally ill, 62% felt that themselves as well as their family have felt the stigma in the society they live in. I find that this really brings down society as a whole.

First, it is important to discuss the research on labels themselves and their direct influence on someone's life. There is empirical evidence that displays how a label can generate lowered expectancies of achievement and behavior, which could lead to what is known as the "self-fulfilling prophecy" (Holguin & Hansen, 2002). In a study of children labeled "emotionally disturbed" Foster, Ysseldyke, and Reese (1997, as cited in Holguin, 2003) displayed a video clip of a child to two groups of participants. One group was told that the child in the video was "normal", while the other half was told the same child was emotionally disturbed. The findings showed that the people who thought they were viewing an emotionally disturbed child rated that child more negatively than the others who thought he was normal.

Foster et al. concluded that the child received preconceived stereotypical
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expectancies regarding the child's behavior. It can then be hypothesized from the bias in this study that others will react to the same label in real world.

Another study by Bromfield, Weisz, and Messer (1986, as cited in Holguin), which observed a child labeled as mentally retarded versus a non-labeled child, complete a puzzle task. Bromfield et al. took notice that the labeled subject had a lower level of continued motivation and persistence, even though the subject was seen to have higher puzzle ability than the unlabeled child who completed the same puzzle. In conclusion, they harbored that as disturbing as it may be, that we continue to label children even though " it has the potential to condone and/or foster a learned helplessness." † 🗑️ Holguin agrees, noting that the diagnostic labels " emotionally disturbed," " mentally retarded," or " behaviorally disturbed" can lead to the negative consequences just from others perceptions and reactions to the children and their label. On top of how others view this, the label has the influence to affect the individual directly and can be quite devastating. Guskin, Bartel, and Macmillan (1975, as cited in Holguin) hypothesize the idea that labeled children have views of themselves as worth less than previous to being labeled. This is a situation they believe can result in both negatively affecting the behavior, as well as how others react to the label.

The relationship between stigmatization and psychiatric diagnosis was examined when 104 medical students and 233 non-medical students from Japan were questioned on their views of the mentally ill (Hasui et al.). The students rated on a scale from positive to negative, how they viewed images of the labels. The results of the study showed that schizophrenia had largest
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negative response, viewed by both medical and non-medical student. When Psychiatrists and other mental health professionals where asked about diagnosing someone with schizophrenia, some of their answers were very unenthusiastic about the topic. Hasui et al. discovered that some psychiatrists had hesitation to inform patients of their diagnosis, because of the heavily stigmatized label “ seishinbunretsu-byo” (schizophrenia). Iwadata et al. (1996, as cited in Hasui et al.) states that approximately 2. 7% of the psychiatrists in Japan will in fact never inform the patient or the family of the true diagnosis. They found the diagnosis was coupled with ‘ appalling images’. The study found that disguises of schizophrenia such as “ neurasthenia,” “ autonomic nervous system dysfunction,” and “ psychogenic reaction” to have a more approvable image among the tested.

It is the Declaration of Human Rights that states anyone in the world, considered an adult, has the right to make the basic life choices on their own. However, when a person is diagnosed with a “ mental illness”, many of these basic rights such as the right to marry, enter into a contract, or even ability to work in preferred profession can be lost (Chamberlin, 1997).

Custody of children is an issue that Chamberlin brings up in her argument and Benjet, Azar, and Kuersten-Hogan (2003) delve further into. The majority of the mentally ill, like everyone else, have the physical ability to give birth. However, when women with these diagnoses are involved in the most extreme of custody proceedings, namely termination of parental rights hearings, parental unfitness may be assumed from diagnosis without close examination of how the disorder specifically impacts their parenting. Thus a

lower threshold for the termination of parental rights for these women is set.



This example shows how a label can very quickly and unfairly take away one's rights. There are clearly different intensities that one will be affected by an illness, but the law system does not acknowledge this well. A legal writer once suggested that "From the perspective of the law, the mentally retarded parent is an oxymoron-in-waiting" (Hayman, 1990, p. 1202 as cited in Benjet et al.). The main concerns seem to be that the parent may pose a risk of maltreatment to the child, provide inadequate parenting or that the diagnosis denotes the parent forever unfit. These are all based on assumptions, the fact whether the parent has a label or not decides whether they are fit; nothing in between.

Chamberlin brings up parents who live in poverty stricken areas, where high rates of child abuse and child development conditions are poor. The assumptions of whether they are fit to raise a child are not close to as harsh as a parent who has been diagnosed mentally ill. Lastly, since there have been no classification system as of yet that can be called perfect, there are many criticisms of the current methods to be brought up. There is much confusion as to whether parents should be classified categorically (either you have the illness or you don't) or on a continuum. Many would argue that abnormal behavior will range from normal behavior in intensities. Most importantly, there is no way to prove how valid the DSM criterion is.

Implications of Community Rehabilitation Practice

Rehabilitation professionals are exposing a variety of labels every day. In order to help client successfully, get to understand an individual is a key point to support that person. ¶ Under the Canadian Association of Rehabilitation Professionals (CARP) Code of Ethics the most important principle to “ respect the dignity, autonomy, self-determination and rights of all persons with whom they interact in a professional capacity” (CARP, 2002, pg. 10). Rehabilitation professionals are bound by the ethics of their association to treat all persons that they interact with professionally with respect and dignity; interacting with a person regardless of their background or disability. Principle 1. 2 of the CARP Code of Ethics states “ Non-discrimination against clients, students, supervisees or others on the basis of their age, color, disability, ethnicity, gender, religion, sexual orientation, marital status, or socioeconomic status” (CARP, 2002, pg. 11). Rehabilitation professionals can help create a world that values disabilities instead of tolerating disability. Continuing their roles as resources, supports and advocates will assist persons with disabilities to be successful in their environment. When persons with disabilities are successful in their environments and others witness it, society can start to value persons with disabilities. ¶

Conclusion

To bring this to a close, it is important to state that nothing is for certain when classifying with the current version of DSM. If there is one thing that has been for certain is the stigmatization and loss of rights that corresponds with the labels. This has been displayed by investigations of Holguin and effects of labels on children. This study showed that the effects of labeling <https://assignbuster.com/diagnosed-label-helpful-of-harmful-psychology-essay/>

brought negative thoughts from others as well as how the child viewed himself. Mental illness is for the most part, at the fault of no one. It should be our responsibility to make sure that they are at no more of a handicap than the rest of us. We live in a world filled with pessimism, and the ones victimized by illness are additionally sent through gauntlet of harmful discrimination, damaging prejudice and denial of basic human privileges. I believe that classification systems need to be revised in order to remove the harmful tags that are being placed on patients.