# Exploring Diagnosis in a Socially Constructed World

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My brother was diagnosed with attention deficit hyperactivity disorder (ADHD) when he was seven. Prior to his diagnosis, my brother's first-grade teacher voiced that he was disruptive in the classroom, had a hard time focusing on his schoolwork, and was not making positive progress in his academics. Herb Kutchins and Stewart A. Kirk's "Making Us Crazy" discusses overdiagnosis: the tendency to classify everyday behaviors as mental illness. Treated as symptoms of ADHD rather than the behaviors of a hyper and happy seven-year-old boy, my brother was medicated to satisfy the Western education system's societal expectations. While I am not questioning my mother's decision to medicate my brother, it does prompt exploration into the relationship between social constructs and their influence on medicalization. I argue that psychiatry's medicalization of everyday behavior is harmful as it serves as a tool of social conformity that oppresses indivuals through harmful stigmas.

Formation of my argument will begin by defining key terms: social constructs, medicalization, validity, and overmedication. I will then discuss Arthur Kleinman's insights on cultural biases revealed through psychiatric research, highlighting how the Diagnostic Statistucal Manual of Mental Disorder (DSM)'s universal symptomology imposes a single set of social constructs globally. Next, I will draw on Gary Greenberg's The Book of Woe to show the concequences of pathologizing everyday behavior by the pression and biases it perpetuates. Following, I will consider the counterargument that the medicalization and pathologizing everyday behavior is not harmful in diagnoses, and refute it using Ian Hacking's work on the concept of labeling. Finally, I will conclude by restating my thesis and summarizing the clarity and charability of my stance.

Medicalization describes the pathologization of otherwise expectable human behaviors, and when such medicalized behaviors are treated as psychiatric disorders rather than the "routine problems that provide the bumpty texture of human life" (Kutchins et al. 22). Constructs are ideas "held together by agreements" that "change over time" (Kitchens et al. 23). They organize societies through institutions such as government and laws, shape indentities such as gender class, and can also perpetuate biases, stigmas, and discrimination by imposing societal norms. Kutchens and Kirk argue that the DSM is a "compendium of constructs" that falsely presenta itself as evolving with rapidly changing knowledge, rather than merely chaning with the pathologizing of "new" everyday behaviors that present (Kutchens et al. 25). Validity plays a vital role in accurate diagnoses and the reliability of disease construction in the DSM. Kutchins and Kirk describe validity as the "extent of truth within scientific constructs" (Kutchens et al. 280). Connecting to my thesis, medicalization raises concern about the validity of diagnoses due to the subjectivity in diagnoses and the risk of perpeturated stigmatization. A concequences of medicalization is overmedication, which Gary Greenberg in The Book of Woe describes as "a cocktail

of pills," a symbolizing the overperscirption of unnecessary medications in attempts to relieve symptoms of one's condition (Greenberg 15). for the prescribing of many medications that exceed what is necessary for an individual's condition in attempts to "cure" a condition (Greenberg 15). The terms medicalization, validity, and social constructs are recurrent and central to essay, as they are central to my argument.

Standardizing psychiatric diagnoses involves establishing uniform criteria for identifying mental illness, which overlooks the impact of societal constructs on symptom manifestation across cultures. The DSM, utilized globally as the standard classification system for mental health disorders, serves as a medical text that standardizes diagnoses in order to facilitate effective treatment for patients worldwide. However, the DSM's tendency to include "so many common quirks and experiences" holds patients form all cultures to the same diagnostic criteria predominately based on Western symptomology (Kutchins and Kirk 22). Cross-cultural research aims to "demonstrate that psychiatric disorder is like any other disorder and therefore occurs and all societies" making it so "standardized diagnostic techniques" can detect illness globally" (Klienman 18). The influence of social constructs on mental illness impacts the validity of diagnosis across cultures, as social constructs are unique to the society they belong to.

In the book "Rethink Psychiatry," Arthur Kleinman takes an anthropologic cross-cultural lens to criticize psychiatry, showcasing that standard symtomplogy causes harm as it does not account for the differentiation of cultural expression. Klienman defends through his essay that symptoms of the same illness can present differently across cultures, uncovering the dangers of creating a universal nosology in psychiatriy. For example, psychiatric paitnes in Nigeria have described symtoms of illness as "ants creeping in various parts of [their] brain" and feeling "head in their [head]" (Keinman 30). Despite these symptoms being strong indicators of mental illness, they are not accounted for in the language of standard screening checklists used to diagnose patients. Concequentially, these symptoms remain overlooked in diagnostic assessment, raising doubts about the accuracy and validity of psychiatric diagnosis" (Klienman 30). As culturally specific symptoms risk exclusion from univeriversal classification, the validity of standarzied diagnostic tools is questioned. Universal symptomoly forces all patients to conform to one standardized manifestation of symptoms, which is oppressive because it overlooks the diversity of human experience and invalidates expressions of mental distress that are not classified as "standard."

Psychiatry can not be addressed in the same way as biological disease classification because there are no existing biological tests to diagnose mental illness, rather it is a practice of reading a patient's symptomology and matching it to criteriam in the DSM. In a cross-cultural study by the International Pilot Study of Schizophrenia, researchers attempted to prove there are "core symtoms of schizophrenia that cluster into more or less the same syndreomal pattern in Western and non-Western" societies, thereby establishing validity in the DSM's disorder diagnosis criterium (Kleinman 18). Through this study, researchers were trying to establish a pattern in symtpoms that all patients must have in order to quality for diagnoses. The study was successful in finding reliability in diagnoses using a specific schizophrenia diagnostic instrument known as the Present State Examination, but however turned many patients away from inclusion in the study because their

symtoms "did not fit the critera" (Klienman 18). Exclusion of symptom-presenting patients simply because they did not fit the critera of the diagnostic instrument lead to a distorded sample, because it was not representative of all psychiatric patients seeking diagnoses of schizophrenia. In this outliers, those that did not meet the criteriam, Kleinman argues that they actually "demonstrated the greatest cultural difference" (Kleinman 19). Klienman's criticism that is the DSM does not have cross-culturable reliability beacsue while it provides the framework for mental illness diagnoses, it fails to create symptomologies for the enture world, and instead unscientifically imposes constructs drawn from the west on every patient, regardless of their location.

As the DSM is a scientific text, it attempts to classify symptoms of an illness uniformly in order to treat patients worldwide. Kleinman says that "psychiatrists maintain a strong bias toward discovering cross-cultural similarities and "universals" in mental disorder" when creating DSM with a purpose to diagnoses patients worldwide (Kleinman 18). He shows throughout his essay that symptoms of the same illness can present differently in different cultures, uncovering the problem of creating a universal nosology in psychiatry. Psychiatry cannot be handled in the same way as biological disease classification, as it there are not biological tests to diagnose mental illness, rather it is a subjective practice of reading a patient's symptomology. Due to this, one scientistic text cannot encompass all aspects of every disorder for every patient, like biological literature can. In a cross-cultural schizophrenia study by the International Pilot Study of Schizophrenia, researchers attempted to prove there are "core symptoms of schizophrenia that cluster into more or less the same syndromal pattern in Western and non-Western" societies, proving validity in the DSM's disorder descriptions (Kleinman 18). Researchers were trying to show that there stamped symptoms for mental disorder that all patients must have in order to qualify for diagnoses. The study published success in finding reliability in diagnoses using the Present State Examination diagnostic instrument, a very specific schizophrenia screening. However, many patients were turned away from the study despite their symptoms because they "did not fit into the criteria" of the test despite presenting symptoms of schizophrenia (Kleinman 18). However, in these outliers, Kleinman sees that were the ones patients who prove his point, that "demonstrated the greatest cultural difference" (Kleinman 19). This discovery speaks to my argument that constituting everyday behaviors as the symptoms of mental illness is problematic because while the DSM provides the framework for mental illnesses, it is not effective to create one all-knowing book encompassing diagnoses for the entire world. It does not take into account cultural variation of symptoms around the world, imposing a singular set of social constructs on every patient.

The distorting prevalence of nonrepresenative constructs in the DSM's attempt to universal symptology inflects harmful stigmas on effected groups. Gary Greenberg, in The Book of Woe, speaks to the effects DSM places on society, specifically in its ability for the inclusion of "society's revulsion" finding "expression in the official diagnostic manual of a medical profession" (Greenberg 8). Including societal biases in a diagnostic manual endorses their perpeturation in society. Greenberg presents the example of drapetomania, a mental illness of the 1850s, with one symptom: "absconding from service," and a treatment of: "whipping the devil out" of individuals presenting symptoms (Green-

berg 6). It was a disorder for runaway slaves, and it was never in the DSM simply because the DSM did not exist at the time. Drapetomania was widely accepted by society and enabled the public to inflict harm as treatment for a disorder endorsed by science and convincing "biological" studies." Drapetomania provided explanation as to why enslaved individuals were not conforming to the societal standard in which they were expected to, rather than a recognizition that the "symptoms" presenting were "normal response[s] to atrocious conditions" (Greenberg 7). Since runaway slaves were negatively impacting "individuals and society," Dr. Cartwright pathologized their desire for freedom, exceptable human behavior, as mental illness by bringing these behaviors "under the light of science" (Greenberg 7)/ Medicalizing excpetable behaviors of enslaved indivuals was a societal tactic to gain control over slaves by framing resistance to inhumane treatment as symtoms to mental illness, rather than as a reponse to oppression and mistreatment. The scientific community granted society grounds to perpetuate biases and justify mistreatment through the "discovery" of Drapetomania, as well as the continuation of oppressive social constructs. Drapetomania shows how medical diagnoses can be infleucned by social contstructs and perpetuate harm by targeting groups of people through medicalization. When constructs leak into medicine, it grants approval to oppression in the name of science.

Greenberg argues that Drapetomania was not a fluke and that there are many other cases of societal biases and norms infiltrating the mental health field today. A prime example of science endorsing the perpetuation of stigmas and oppression is the inclusion of homosexuality in the DSM in the 1950s. This inclusion reinforced to society that homosexuality was a disease; it was something the could to be diagnosed and therefore could be treated. The harmful stigmas that surround homosexuality impacted personal lives detrimentally by giving society grounds to label people of diverse sexual orientation as sick, and encourgage them to seek psychiatric treatment, because who they were attracted to defied the common understanding of what attraction was defined by through construct. As soon as "doctors said homosexuality was a disease," it was "not an opinion, let alone bigotry" but a "fact" ( Greenberg 8). Treatment required "countless therapies, shocks to the brain... behavior modification and surrogate sex" (Greenberg 8). Looking at drapetomania and homosexuality, Greenberg shows that the addition of mental disorders in the DSM that reflect socially opinions and attitudes endorse the use of stigmas in society, causing harm to those who are classified under its illnesses.

Countering my argument, medicaliazation perhaps is not harmful heascuse it helps individuals find validation within their diagnoses. With the addition of seeming everyday behaviors included in symptomology, patients can potentially find solace in medical validation. Instead of internalizing the mental health symptoms they experience and blaming themselves for not being "normal," the DSM provides validation in their undesired experiences. The patient can identify their mental health struggles and seek professional guidance to ease and understand their experiences despite judgement from ohters. The medicalization of everyday behaviors can reduce the negative attitudes surrounding individuals' mental health hardships through medical validation.

However, this counterargyment is weaker that the latter because it oversimplifies medicalization's harmful impacts. The practice of being labeled as mentally-ill because your everyday behaviors constitute diagnoses allows for society to put

you in a box, shrinking the individual down to the social limitations of their illness. Greenberg points out that psychiatrists do not even know if these labels "carve nature at it joints," as they do not have the knowledge of "what a mental illness is," (Greenberg 21). Even though there is this uncertainty, the white coat gives power to label patients, compartmentalizing them into symptom-sets within the DSMwhen psychiatrists are not even sure of its accuracy. Ian Hacking in "The Social Construction of What," explains that "these classifications are highly contingent," and "reflects the medical and social attitudes of a particular epoch" (111). As everyday behaviors in a society change over time, it is unfair to label an individual with a condition that changes society's view on a patient, knowing how constructed symptomology is. Although it may provide comfortability to a patient on the induvial scale in some ways, I argue that the negative outweighs the positive.

The pathologizing of everyday behavior is harmful because it provides grounds for social conformity, which inflicts damaging stigmas and oppression of individuals or groups. Kleinman's research on the cross-cultural lens of psychiatry to see that the DSM creates a universal symptomology that is not truly representative of all cultures. This dangerous because the DSM is used globally, despite its symptomology's disregard for all patients. Medicalization poses a threat by targeting specific groups and endorsing stigmas and oppression in diagnoses. Overall, psychiatry is a medical field that takes patient's symptoms and fits them into narrow and distorted DSM claassifications, perpetuating stigmas and pression. The white coat is a powerful entity, along with the socially influenced text we know as the Diagnostic and Statistical Manual of Mental Disorders.

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