

AP Capstone Seminar

Labels are for Life: The Impact of Labeling a Minor Psychological Disorder

People every day are diagnosed with minor psychological disorders. There are both advantages and disadvantages in labeling such a condition. The obvious positive outcome to labelling a psychological disorder is that the patient can seek the help needed. The negative impact, often unseen, lies in the social response which the patient has to deal with as soon as the condition becomes known. Minor cases of disorders should not be labeled: labeling negatively impacts lives socially and, once labeled, individuals can find it difficult to shake off the stamp. The labeling too can be self-fulfilling. As a result of its drastic social effects, labeling of minor psychological disorders is, therefore, less beneficial than it is harmful.

When a psychological condition can be treated, it is obvious that diagnosis is very helpful. A diagnosis gives the patient a formal name to what they are experiencing and information about treatments. Diagnosis is not only beneficial, it can also sometimes be worrying. According to Columbia University's Co-Director of the Health and Society Scholars Program and Research Scientist at New York State Psychiatric Institute Bruce Link:

“people develop conceptions of what others think of mental patients long before they become patients. These conceptions include the belief that others devalue and discriminate against mental patients. When people enter psychiatric treatment and are [diagnosed], these beliefs become personally applicable and lead to self-devaluation and/or the fear of rejection by others. Such reactions may have negative effects on both psychological and social functioning.”¹

Thus the stigma attached to a minor psychological disorder can be significant for the patients themselves, as well as for the people with whom they live and interact.

¹ Link, Bruce G. "Understanding Labeling Effects in the Area of Mental Disorders: An Assessment of the Effects of Expectations of Rejection." *American Sociological Review* 52, no. 1 (February 1987): 96-112. <http://www.jstor.org/stable/2095395>.

Labels bring more problems. They are extremely hard to lose and with labeling can come negative behavior. John Ruscio, Professor of Psychology at the College of New Jersey, writes, “The stigma of mental illness is a profound social problem with a long history, and it is widely believed that diagnostic labels cause or contribute to such stigmatization.”² Once people know about another’s disorder, they begin to treat the person in a particular way. Every behavior, large or small, even if performed by healthy people, becomes a feature of disorder in the eyes of the observer. Whether from teachers in school or colleagues in the office, prejudice is likely to arise, even if implicitly. A parallel example given by David Myers, Professor of Psychology at Hope College and author of 17 psychological textbooks, about racial implicit prejudice is, “Despite increased verbal support for interracial marriage, many people admit that in socially intimate settings (dating, dancing, marrying) they would feel uncomfortable with someone of another race.”³ Implicit prejudice can be as harmful as explicit prejudice.

Labels have damaging effects in the workplace. Current laws in the United States state that one is allowed to stay silent, allowing workers to keep their disorders from their colleagues unless the disorder directly affects their job. David Sack, a journalist specializing in addiction psychiatry and mental health, writes, “The majority of employees with mental illness exercise their right to remain silent (a right that ceases if you cannot safely and competently perform the basic requirements of your job).”⁴ This is a very sensible law and it protects many workers from discrimination however, it does not mean that no discrimination occurs at all. “Most employers, like much of the public, still believe people with mental illness are dangerous, incompetent and untreatable, and become blind to their positive skills and attributes once a diagnosis is made public.”⁵ As a result of this ignorance, prejudice forms and leads to anxiety in the patient to ‘come out’ as doing so may very easily cost them their job. “A survey by Shaw Trust showed that more than half of employers wouldn’t hire someone with a known mental disorder.”⁶

² Ruscio, John. "Diagnoses and the Behaviors They Denote." *The Scientific Review of Mental Health Practice*. Summer 2004. Accessed March 08, 2015. <http://www.srmhp.org/0301/labels.html>.

³ Myers, David G. "Abnormal Psychology." *Myers' Psychology for AP*. New York, NY: Worth, 2011. 560-604. Print.

⁴ Sack, David. "To Disclose or Not to Disclose: Mental Illness at Work." *Psych Central.com*. Accessed March 27, 2015. <http://blogs.psychcentral.com/addiction-recovery/2014/06/to-disclose-or-not-to-disclose-mental-illness-at-work/>.

⁵ Sack, David. "To Disclose or Not to Disclose: Mental Illness at Work."

⁶ Sack, David. "To Disclose or Not to Disclose: Mental Illness at Work."

Prejudice does not just occur in the workplace. A large area for implicit prejudice is in schools and education institutions. If teachers know about a certain disorder then they may treat students in a particular way through providing them with extra attention or treating them as slow-witted. In turn, classmates may pick up on this, even if the teacher's behavior was well intended, and this can have a damaging effect on the student.

Bullying in schools is a big problem. Children with psychological disorders are often victims of bullying. And children can be cruel. If someone is different from them, ostracism can easily occur. Ostracism leads to isolation and with isolation comes an increased risk of additional psychological problems, specifically anxiety disorders. According to David Myers, "When bad events happen unpredictably and uncontrollably, anxiety often develops."⁷ Ostracism provides a particularly high risk to developing generalized anxiety disorder, Myers writes: "Many people with generalized anxiety disorder were maltreated and inhibited as children."⁸

Environmental factors such as these social ones can easily lead to more psychological problems. David Myers says, "Today's psychologists contend that all behavior, whether called normal or disordered, arises from the interaction of nature (genetic and physiological factors) and nurture (past and present experiences)."⁹ This shows that psychological disorders are made up by a combination of biological and environmental issues. If one already has a minor disorder then they show that they already have the biological makeup for a disorder. It does not help if, on top of this, stressors are added to their lives.

Stressors, or "events...that we appraise as threatening or challenging" as defined by David Myers, are a major environmental cause of anxiety disorders, so adding them to the lives of people who already have a disorder only makes things worse.¹⁰ Labeling one with a minor psychological disorder causes social issues which in turn create stressors. Possible stressors

⁷ Myers, David G. "Abnormal Psychology." *Myers' Psychology for AP*.

⁸ Myers, David G. "Abnormal Psychology." *Myers' Psychology for AP*.

⁹ Myers, David G. "Abnormal Psychology." *Myers' Psychology for AP*.

¹⁰ Myers, David G. "Abnormal Psychology." *Myers' Psychology for AP*.

include lowering of income, problems with friends and work, all of which can be the effects of labeling. In extreme cases these extra stressors can cause new disorders to occur. It is likely that stressors would add to the extremity of the disorder already there. In worse cases, however, it is possible for entirely new disorders to occur. Anxiety disorders or mood disorders, such as depression, can be caused if enough stressors are in play. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM), “stresses at home, work, or school, are involved in [depression’s] onset.”¹¹ Not only can stressors cause psychological disorders, they also create stress. Myers writes, “Experiencing severe or prolonged stress may harm us [physically]”¹² Stress weakens our body’s defenses and therefore make us susceptible to diseases.

Another issue contributing to problem of labeling is misdiagnosis. According to Psychologist Jerome Kagan, Harvard Professor for Developmental Psychology, “The number of adults diagnosed with a mental illness has been growing steadily over the past fifty years and absorbing a larger share of the health budgets of many nations...physicians...have invented what seem like new illness categories.”¹³ The problem with diagnosing a psychological disorder is it is mainly based on the verbal description of the symptoms a patient is feeling which cannot easily be verified. Diagnosing is also quite subjective and can depend on the particular psychologist, despite attempts to improve objectivity, diagnosing is still not completely accurate. A great example of this can be seen in the diagnosis of attention deficit hyperactivity disorder (ADHD). The DSM states, “attention deficit hyperactivity disorder...does not show physical signs that can be detected by a blood or other lab test” so some level of subjectivity comes into play.¹⁴ ADHD has become much more common in recent years and some such as Dr. Monika Buerger believe that it is often being misdiagnosed, “perhaps the child is more energetic, lethargic, or lacks concentration compared to his/her ‘normal’ peers; therefore, the child is hastily slapped with a label of possible ADD or ADHD and there is a predisposed bias going into such an evaluation” she continues to say, “the diagnosis may be noted in the child’s permanent school records as a

¹¹ PSYCH CENTRAL STAFF. "Symptoms and Treatments of Mental Disorders." Psych Central. Accessed March 06, 2015. <http://psychcentral.com/disorders/>.

¹² Myers, David G. "Abnormal Psychology." *Myers' Psychology for AP*.

¹³ Kagan, Jerome. *Psychology's Ghosts: The Crisis in the Profession and the Way Back*. New Haven: Yale University Press, 2012.

¹⁴ PSYCH CENTRAL STAFF. "Symptoms and Treatments of Mental Disorders." Psych Central.

‘mental disorder’ and follows the child throughout life.”¹⁵ This is not the only downfall of diagnosing ADHD, if diagnosed, the patient may have to take medications such as Ritalin which have negative side effects although there are alternatives on the way as science journalist Dan Hurley points out: “People with disorders including attention-deficit hyperactivity disorder (ADHD) and traumatic brain injury have seen benefits from [working memory] training.”¹⁶ As a result of misdiagnosis, ‘patients’ may actually be completely healthy but must still carry around the weight of a label. Even if the misdiagnosis is undone, they may never be able to lose the stigma attached to the original diagnosis.

Some, such as study researcher Brea Perry of the University of Kentucky, disagree with the claim that labels negatively affect a patient's life. She argues, instead, that labeling a psychological disorder helps the person as it “[evokes] a strong supportive response from close friends and families”, allowing bosses and teachers to be more tolerant towards the one with the disorder.¹⁷ According to Perry, “compared with their schizophrenic or bipolar counterparts, those with depression and similar disorders are also less vulnerable to stigma.”¹⁸ Although such psychological disorders may not carry a strong stigma, as long as the patient believes there is a stigma attached, their well-being will decrease. If they believe that others are constantly thinking negatively about them, there is even a chance they may slip into depression. The DSM states, “People who have low self-esteem, who consistently view themselves and the world with pessimism or who are readily overwhelmed by stress, are prone to depression.”¹⁹

In conclusion, labeling minor psychological disorders should not be done. University of Texas’ Associate Professor of Sociology Dr. Sarah Rosenfield writes, “Because of stigma,

¹⁵ Buerger, Monika. "ADD / ADHD Misdiagnosis and Mistreatment." Pathways to Family Wellness. December 1, 2014. Accessed March 27, 2015.

<http://pathwaystofamilywellness.org/Informed-Choice/add-adhd-misdiagnosis-and-mistreatment.html>.

¹⁶ Hurley, Dan. "Can You Make Yourself Smarter?" The New York Times. April 21, 2012. Accessed March 27, 2015. http://www.nytimes.com/2012/04/22/magazine/can-you-make-yourself-smarter.html?_r=0.

¹⁷ Parry, Wynne. "Mental Illness Labels May Have Contradictory Effects." LiveScience. April 11, 2012. Accessed March 05, 2015. <http://www.livescience.com/19608-mental-illness-labels-depression.html>.

¹⁸ Parry, Wynne. "Mental Illness Labels May Have Contradictory Effects." LiveScience.

¹⁹ PSYCH CENTRAL STAFF. "Symptoms and Treatments of Mental Disorders." Psych Central.

official labeling...has negative consequences for mental patients.”²⁰ The labels add social stressors to the lives of those affected which in turn could worsen their current condition and may even create an entirely new disorder. A balance, therefore, is needed between helpful diagnosis and harmful labeling. Although current laws give some protection against the effects of labels, there needs to be more put in place to protect the patient’s secrecy. Diagnosing a disorder needs to become more objective and accurate to avoid the possibility of misdiagnosis and mistreatment. No one is perfect, it is not normal to be completely average, almost everyone has something quirky about them. We should not think differently of someone or treat them differently just because of a minor psychological disorder.

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Annotated Bibliography

²⁰ Rosenfield, Sarah. "Labeling Mental Illness: The Effects of Received Services and Perceived Stigma on Life Satisfaction." *American Sociological Review* 62, no. 4 (August 1997): 660-72. doi:10.2307/2657432.

Buerger, Monika. "ADD / ADHD Misdiagnosis and Mistreatment." Pathways to Family Wellness. December 1, 2014. Accessed March 27, 2015.

<http://pathwaystofamilywellness.org/Informed-Choice/add-adhd-misdiagnosis-and-mistreatment.html>.

Monika Buerger is a teacher at International Chiropractic Pediatric Association (ICPA) and offers a course on Neurosensory Integration and Sensory Processing Disorder. The audience for her article is mainly parents as it talks mainly about children being diagnosed with ADHD and what action parents should take. This article is useful to me as it has research on the misdiagnosis of ADHD and the possible effects of labeling. I have used this in my paper to show the example of ADHD and how misdiagnosis can have negative effects.

Hurley, Dan. "Can You Make Yourself Smarter?" The New York Times. April 21, 2012. Accessed March 27, 2015.

http://www.nytimes.com/2012/04/22/magazine/can-you-make-yourself-smarter.html?_r=0.

Dan Hurley is a journalist, focusing on science. His article "Can You Make Yourself Smarter?" was one of the most read articles on The New York Times of the year, targeting a giant range of audiences. His article, although mostly about improving working memory, touches on ADHD and has psychological themes throughout. I used it in my ADHD example to show other possible treatments for the disorder.

Kagan, Jerome. *Psychology's Ghosts: The Crisis in the Profession and the Way Back*. New Haven: Yale University Press, 2012.

Jerome Kagan is an American psychologist. He was Harvard Professor for Developmental Psychology and played a key role in the findings of his field. This book contains extensive research but is written in layman's terms so as to reach a wide audience, from scholars to a general readership. It has information on mental illness and describes how mental illness can also be misdiagnosed. This focus fits nicely with my topic. I used this source to show statistics of increasing diagnosis of disorders and to show an increase in misdiagnosis.

Link, Bruce G. "Understanding Labeling Effects in the Area of Mental Disorders: An Assessment of the Effects of Expectations of Rejection." *American Sociological Review* 52, no. 1 (February 1987): 96-112. <http://www.jstor.org/stable/2095395>.

Bruce Link holds two positions. He is Co-Director of the Health and Society Scholars Program at Columbia University as well as a research scientist at New York State Psychiatric Institute. Since this is a highly detailed research paper, the intended audience is other researchers and students. The paper explores the effects of labeling, specifically, of labeling people with disorders. This bears directly on my paper's topic, and looks into labels' negative effects. This was used in my paper to show that even diagnosing a psychological disorder can have negative effects.

Myers, David G. "Abnormal Psychology." *Myers' Psychology for AP*. New York, NY: Worth, 2011. 560-604. Print.

David G. Myers is Professor of Psychology at Hope College and is the author of 17 books including multiple textbooks such as *Myers' Psychology for AP*. The audience of this textbook is exclusively for students as it follows the curriculum for the AP Psychology course. The chapter "Abnormal Psychology" is focused on psychological disorders so fits perfectly into my topic. I used this source multiple times throughout my paper to provide definitions and examples on what I was saying.

Parry, Wynne. "Mental Illness Labels May Have Contradictory Effects." LiveScience. April 11, 2012. Accessed March 05, 2015. <http://www.livescience.com/19608-mental-illness-labels-depression.html>.

Wynne Parry is a journalist. Her work covers biological and scientific material, and has appeared in the *New York Times* and *Scientific America*. The article targets those who wish to know more about the issue of labeling. It provides an introduction to the effects of labeling, a focus which can bears on my paper. I used this source to provide a counter argument to my paper as it mentioned that there was less stigma around the issue of labeling.

PSYCH CENTRAL STAFF. "Symptoms and Treatments of Mental Disorders." Psych Central. Accessed March 06, 2015. <http://psychcentral.com/disorders/>.

The Diagnostic and Statistical Manual of Mental Disorders (DSM) is the official tool used by psychiatrists everywhere to diagnose those with disorders. The DSM contains a list of all the known symptoms and effects of all accepted disorders, and is utilized mainly by

professional psychologists. It fits, therefore, perfectly into my research paper: it provides context to the disorders I am exploring. I used the DSM in my paper to provide official definitions and explanations of psychological disorders.

Rosenfield, Sarah. "Labeling Mental Illness: The Effects of Received Services and Perceived Stigma on Life Satisfaction." *American Sociological Review* 62, no. 4 (August 1997): 660-72. doi:10.2307/2657432.

Dr Sarah Rosenfield is Associate Professor of Sociology at the University of Texas. Her paper is mainly aimed at scholars as it has very dense language but also very detailed research. It is an exploratory piece that looks at both sides of the argument of labeling so it is useful for my topic. I have used this to summarize the argument in the conclusion of my paper.

Ruscio, John. "Diagnoses and the Behaviors They Denote." *The Scientific Review of Mental Health Practice*. Summer 2004. Accessed March 08, 2015. <http://www.srmhp.org/0301/labels.html>.

John Ruscio is Professor of Psychology at the College of New Jersey. This is a very detailed research paper. Its intended audience is that of scholars and researchers. Professor Ruscio's topic is the negative stigma associated with disorders. He also mentions the history of this stigma. Both points of emphasis are useful to my paper. I used this source to show the stigma that follows labeling a psychological disorder.

Sack, David. "To Disclose or Not to Disclose: Mental Illness at Work." *Psych Central.com*. Accessed March 27, 2015. <http://blogs.psychcentral.com/addiction-recovery/2014/06/to-disclose-or-not-to-disclose-mental-illness-at-work/>.

David Sack is a journalist specializing in addiction psychiatrist and mental health. This article targets people who are generally interested in the effects of labeling in everyday life and has a bigger audience as it is a smaller article to read. It covers some of the laws that protect a patient with a disorder in the workplace and has interesting facts about hiring people with mental illnesses which is what I have cited in my own paper.