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Foucault, Disability Studies and mental health diagnoses: A literature review

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ABSTRACT

This review provides an overview of Foucault's pertinent work and Disability Studies, which work together to form a framework for understanding mental health diagnoses in the United States. First, I look at the history of mental health differences. Next, I provide more specific information on Foucault's concepts of biopower, historicizing, and nominalism and the Disability Studies' concepts of social construction of disability, normative culture, and voice. Throughout the piece, I provide a review of recent research relevant to this study. The literature review was originally compiled as part of a study to document and understand the voices of children with mental health diagnoses.

Keywords: Foucault, disability studies, mental health, social construction

INTRODUCTION

History of Mental Health Diagnoses

"Social norms [are] used to separate people with disabilities through classification systems."[1]

The history of mental health differences in society goes back thousands of years and includes beliefs that behavioral differences were caused by the devil, that people with behavioral differences were not human, and that people with behavior differences were being punished for previous actions.[2] The idea that doctors needed to help people with different thinking and behavior, began in the 1700s with Pinel and Tuke in England. These doctors released prisoners believed to be mentally ill and brought them to the first asylum. Even this move, which sounds philanthropic and kind, came with doubt about the real motives and the real outcome. The shackles and chains which were once controlling the prisoners were taken off, but the interventions provided in their place were sometimes internally stressful and mentally controlling.[3]

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The history of mental health diagnoses and interventions did not skip the United States. More than 25% of people who are homeless in the United States have a mental health diagnosis.[2,4] Abled citizens have a history in the United States of discriminating and separating people who are asking for money on the streets; in the 1800s nearly every major American city had laws against public appearance and begging by people who were "unsightly," "ugly," and "deformed.".[5] This makes clear the long history of the marginalization of people with mental health diagnoses.

Today, United States medical professionals and insurance companies use the Diagnostic and Statistical Manual of Mental Disorders (*DSM*) to diagnose (label) and "confirm" the presence of mental illness.[6] The manual is used for diagnosis of adults and children and outlines which diagnoses are appropriate for certain age groups.[6] The *DSM* serves the role of maintaining consistency among and between professionals; if a person is diagnosed with a certain mental illness, one can assume at least some of the presenting symptoms align with those listed in the manual. Because a diagnosis is based on a professional's (or even several professionals') experience and beliefs, even with the manual, diagnoses are subjective.[7,8,9]

Originally the classification of mental illness served a different purpose. In 1840, the United States listed "idiocy/insanity" on the census for the first time (an example of biopower, or counting and sorting individuals into groups with supposedly similar characteristics, needs, and resources). The census gained specificity with the addition of categories over time and its purpose grew to keep track of the number of people

in mental asylums and then to diagnose severe mental illnesses "requiring" asylum placement. When World War II veterans came home, the medical community determined a need for more categories and oriented the cause of illness as situational reaction (war). The first *DSM* was created in 1952, with help from the international medical community.[10] Each edition of the *DSM* has been influenced by the epistemological beliefs of the writers and editors. All editions have had the intent to ensure appropriate and consistent labeling of people with mental health disorders, however, the *DSM* is controversial even among mental health professionals. Scholars tend to agree the categories are subjective and risk either including everyone or leaving out children with behavior differences that do not come with a label.[8,9] For example, if there are changes in the manual with each edition, how can one be sure the diagnosis they receive is still correct or is real? Questions also remain for many professionals whether behavior differences come before diagnosis or the behavior differences come as a result of the diagnosis.[11]

Foucault

Foucault's work questions the existence of any type of categorization of people, including mental health diagnoses.[3] He reminded us through his writings that any system or institution and its policies, procedures, and routines, should be considered and questioned by people both within and outside of the institution. The researcher and philosopher's role in society is to highlight how and why systems and society work as they do. Why do we believe the truths we do? Are they really truths or simply what we have come to believe as true based on what we have been told? Why do we act in the way we do? Is it correct and for the reasons we believe? Finally, much of Foucault's work hinges on power–who has it, when do certain actors have it, is it stagnate, how does it move? How does the power effect, change, and impact the systems in our lives? The question of power may align to self-perception and the telling of one's truth.[12]

While Disability Studies stems from critical theory that is Marxist at its core,[13,14,15] this review draws more on Foucault's work with mental illness. The connection of Disability Studies and Foucault has previously been made with different aspects of Foucault's work including one-dimensional power,[16] genealogy,[17] institutionalization,[11] problematization,[18] and lack of corporeality.[13] This review, however, uses Foucault's concepts of biopower, historicizing, and nominalization to connect to Disability Studies and children with mental health diagnosis. Foucault's work on madness shows the history of people with mental illness as a history of oppression. Foucault suggested mental illness is socially constructed; rather than an actual condition, labeling a mental illness in connection with a person's behavior or feelings is a way of marking people as different from some expected norm. From this perspective, mental illness exists not as a personal attribute but as a phenomenon socially constructed through discourse and social norming practices.[19] What we miss by looking at people in this

way is the idea that we all have different, unique, and individual characteristics that make up who we are, and we are both alike and different in multiple ways from those around us. Rather than celebrating and working with difference, our society tends to point it out (label it), and try to make the person with the difference more normal. Taking the example a bit further, consider the intelligence quotient (IQ). An IQ is a normal part of how we talk about people's abilities. Foucault would suggest this discourse is how power is exerted and "truth" is created. Eventually, it becomes common place and we all believe the IQ score is important and tells us something real, conclusive and whole about a person's intelligence.[20]

Historicizing

To understand the current experience of children with mental health diagnoses, it is important to look not just at the present, but to also look at the past and consider how we came to arrive at this point. All systems should be critically analyzed to ensure we know why we are doing what we are doing, if what we are doing is working, and if our desired outcomes are focused on the right aims.[3,15] By historicizing, or digging in and critiquing the history of the system, we can discover how words or terms, policies, procedures, routines, practices, traditions, and ways of seeing and explaining children with mental health diagnoses over centuries impact ourselves, the current system and the children as individuals.

Often in government systems, we continue with the status quo because we believe it is right; it is how it has always been. Critiquing systems and critically analyzing them is important work scholars should be involved in.[21] Historicizing and questioning to interrogate, to criticize, and to critically analyze our societal norms is not only at the center of Foucault's work, but it is also at the heart of Disability Studies. When we historicize the treatment of children with mental health diagnoses, we see labeling and separating (marginalizing) of others based on our societal and historical beliefs (those of our fathers' fathers) dating back centuries. While we think we make decisions based purely on the newest and best truths known to us, we cannot possibly make any decisions without leaning on our current situation, experiences, and the way in which we were socialized. In fact, history shows us society has made difference wrong and has created a situation in which people who are different are subjectified through socially produced discourse.[22]

Nominalism

Part of historicizing is looking at the specific words used as the system came to be.[23] Nominalism is giving something that does not actually exist, a name. We can use the terms "mental health" and "mental illness" as examples. There is no reality in the health or illness of the mind; rather, it is what we have constructed and named to describe people who are different from the norm.[1] Not only do we use nominalism with children by giving their difference(s) a specific name, we also use nominalism with the specific words in our policies and laws.[24,25,26]

It is believed by giving difference a name such as bipolar, emotional disturbance, attention deficit disorder, etc., professionals can then go about the task of training children to behave normally with therapy, medication, and behavior modification techniques. Some argue the search for normal began in the late nineteenth and early twentieth century in America;[16] however, the French word "fol" was used in the 12th century to describe "mad" or "insane" people,[27] and the search for other names to identify difference was at work in the 1700s, clearly indicating an early need for a quantifiable "normal."[19]

Biopower

Biopowersignals authority and power over the body of another through turning people into numbers and statistics.[3] Prisons, hospitals, the military, schools, and even the government, continually gather data about people: where they live; where they work; how much money they make; and who their parents are, as if these data stand in for a person. These data have power, as does controlling and manipulating these data. Using the IQ test as an example again, we can agree that everyone who takes it is given a number, which is meant to represent the person's intelligence. This number can be used to assign labels such as normal, gifted, and cognitively disabled. The exertion of power over these data, as if power over the people they symbolize, is biopower.[3] When we talk about generalities and group characteristics in place of real children and their complex selves, we produce averages, or the typical/normal lives of people instead of a more complete, individualized picture.[3,15,28] While many of us are accustomed to such tracking and see the benefits of population studies, illness tracking, and employment forecasting, an adverse effect of biopower is that numbers can be used to codify difference and marginalize people.[3,15,22,29]

The concept of biopower helps explain the process of being given a mental health diagnosis. This process may include meeting with a mental health professional, making observations, completing nationally normed behavior rating scales, and reviewing child discipline and family history. While not all of this data gathering is bad, these practices do illustrate biopower, or decontextualizing people and reducing them to a set of numbers in order to make decisions about what resources to share or withhold from them.[3] The discussions of these data tend not to include the child's own perception of the situation, but instead these data are gathered by others who have the power to interpret them and use them in a system that can marginalize or centralize the person. Thus the government, or people gathering data, end up having control over others who are being counted and codified.[3,15]

Taken in its best light, biopower might be understood as a tool for helping people change and get along in society. Our culture has a history of wanting people seen as different to change to be more normal. As a society, we want people to act a certain way in certain situations and for them exhibit "appropriate" behavior.[3] By concentrating on this belief that to be different is also to be wrong and to need fixing, we begin to see how public behavior that makes others uncomfortable may lead to a desire to describe and label the difference.[9]

Thinking through Foucault's work on criminality, the move from public spectacles of criminals being tortured (stoned, hanged, torn apart) to lesser sentences of time in prisons are a move to punishing the *soul* rather than the *body*.[30] We can analyze our system of placement and treatment of children with mental health diagnoses from this perspective. Often the solution for children with outward behavior differences is to place them in separate behavior programs.[11,24] Is this benefitting or punishing the child? Our assumption is the problem is located within the child; culture, societal structures, and social norms are not the culprits. In programs designed for children with behavior differences and mental health diagnoses, children are asked to change their behavior and their thinking patterns in order to better get along with their peers and adults (or to become more like the normal kids).

Power

Foucault used power to help explain the relationship between individuals and the social world. Power is a constant and yet it is not constantly the same in each interaction or context.[3] In other words, power is not a fixed object that belongs to a person, role, or situation, but is more like air–ever-present and all around. Foucault also saw potential in power to move situations in a positive direction. In research, power is taken up by children and by the researcher at different times during interviews, impacting the reality created in the interaction.[12]

Using Foucault's concepts of biopower, historicizing, nominalizing, and power, and connecting them to Disability Studies concepts, we get a complete picture of a solid framework driving the need for children with mental health diagnoses to tell about their lived experiences.[12]

Disability Studies

Disability Studies is a newly emerging field in the United States that questions the treatment of people with disabilities. Many of the advocates for Disability Studies have disabilities themselves and have experienced discrimination in the form of overt behavior and microaggressions across their lives. These experiences happen in everyday life and spaces, as well as in institutions bound by anti-discrimination laws.[31] International Disability Studies scholars are questioning the systems surrounding individuals with disabilities and positing that disability is not within the person, but rather a problem of societal barriers.[32] Disability Studies researchers advocate for reviewing literature, media, institutions, and social discourse for how life with a disability is presented and offered up as reality. Three of the main focuses of Disability Studies are normative culture, social construction of disability, and missing voice as a counter narrative to popular belief.[33]

Normative Culture

In our society, we use a medical, deficit model of disability, which leads us to believe that disability is wrong and should be

fixed.[13] This is precisely where Disability Studies steps in. Disabilities Studies researchers believe we have a history of discriminating against people with difference. Limiting one's options because one has a disability is no different than limiting one's options because one is black, female, gay, or queer. People with disabilities have been oppressed, separated, and even used, but their plight received less attention than other marginalized groups until Disability Studies came into the picture.[34]

It is important to note our history of using disability as a way to further discriminate against people in marginalized groups. Labels of disability found through testing, have, at different times in our history, been used to suggest a generalized disability and lack of worth of people of color, women, and people of Jewish decent.[35] Understanding societies' discomfort and fear of disability leads to great self-reflection. Do we believe people with disabilities are worth less? While most people would answer "no," our traditions, agencies, and societal treatment would suggest people with disabilities have to fight to show their worth.[13] Research continually suggests there is a preference toward people who are normal.[36,37,38] A person with a difference in mental well-being is particularly stigmatized and seen as abnormal.[1,39] Regardless of whether a difference is real or perceived, normative culture does not tolerate such diversity, but instead seeks conformity.[2]

Social Construction

To socially construct something is to create reality through social interactions and discourse. According to Disability Studies scholars, the social construction of disability leads to the social reproduction of a belief that something is wrong and needs to be fixed within the individual. In contrast, Disability Studies locates the problem of difference within society and the environment.[32] Disability Studies scholars suggest our society should accept and expect difference; policies which point out differences through naming them are actually the problem, not the solution.[40]Instead, policies and laws should require inclusive, accessible environments across our society.

Disability Studies argues disabilities are socially constructed, unnecessary, and harmful to children, families, professionals, and society.[17,33,34,41,42,43] The medical model of disability is based on a deficit model[44] which points out the difference and works to "fix" it.[45]The federal laws put in place to protect children with disabilities, along with the popular discourse, lead us to believe this marginalization is appropriate, necessary, and even helpful.

Voice

One of the key ideas of Disability Studies is to utilize the voices of people with disabilities to provide a narrative counter to that which is socially accepted as truth.[34,46,47,48,49] As a career special educator, I am drawn to these voices and believe if we listen well, we will learn from them. In telling their story, people with disabilities carve out a space in the able normative literature to consider, understand, and imagine multiple perspectives. Creating this space aims to allow all people to tell

their story, and imagine and live the life they want. Sharing new and emerging discourse is an important way for people with disabilities to show others what they need and want and what barriers they experience.[31]

Research using child voice is emerging in the literature with the increased awareness of the value this voice adds to the understanding of situations.[50] There are researchers who feel voice may shake up socially produced and accepted discourse. In this study, Traditionalists are understood to be the keepers of the established discourse while Disability Studies scholars are raising historically silenced perspectives to interrupt the status quo. Disability Studies scholars point out that labeling any type of disability creates a form of marginalizing which becomes normative and accepted instead of questioned.[51] Disability Studies seeks out the voice and viewpoint of people with disabilities and encourages the rest of us to listen.[51]

Several studies have been done seeking child voice. A study of student perspective on classroom climate was conducted using mixed methods of focus groups and questionnaires.[52] An additional chance for children with disabilities to speak up about their experience was given in a study focusing on the conversations between students and their teachers, and then specific interviews.[53]The authors point out that children are the key stakeholders in their education, yet they are not asked for their input. The study was completed in Holland at a school known for its inclusive practices and students felt their experience was valued and appreciated when they were asked to give input.

There are concerns about the ethical use of child voice that are important to note. Of specific concern is the lack of attention to silence.[54] Child voice can be used in unethical ways when we fail to remember silence is a form of voice.[54] In fact silence may be an important tool of power used by children.[12]

REFERENCES AND NOTES

1. J.I. Charlton. Nothing about us without us: Disability oppression and empowerment. University of California Press: Berkeley, CA, **1998**.
2. S.P. Hinshaw, D. Cicchetti. Stigma and mental disorder: Conceptions of illness, public attitudes, personal disclosure, and social policy. Development and Psychopathology, **2000**, 12, 555-598.
3. P. Rabinow, (Ed.). The Foucault reader. Random House: New York, NY, **1984**.
4. 4. Mental Illness Policy Org. 250,000 mentally ill are homeless: Number is increasing. **2011**. Retrieved March 2, 2015, from http://mentalillnesspolicy.org/consequences/ homeless-mentally-ill.html
5. S.M. Schweik. The ugly laws: Disability in public. New York University Press: New York, NY, **2009**.

6. American Psychological Association. Diagnostic and statistical manual of mental disorders (5th ed.). Washington, DC: **2013**.

7. M. Foucault. The order of things. Vintage: New York, NY, **1966**.

8. T.J. Landrum, M. Tankersley, & J.M. Kauffman. What is special about special education for students with emotional or behavioral disorders? Journal of Special Education, **2003**, 37(3), 148-156.

9. D.D. Smith. Emotional or behavioral disorders defined. In Introduction to special education: Making a difference. Pearson Education: New York, NY, **2007**, pp. 236-242.

10. American Psychological Association. DSM: History of the manual. Retrieved January 19, 2014, from http://www.psychiatry.org/practice/dsm/dsm-history-of-the-manual: 2014

11. S.L. Snyder & D.T. Mitchell. Cultural locations of disability. The University Press, Chicago, IL, **2006**.

12. S.E.R. Crane. Foucault, Disability Studies, and mental health diagnoses in children: An analysis of discourse and the social construction of disability. Lewis & Clark College, **2015**.

13. B. Hughes. What can a Foucauldian analysis contribute to disability theory? In Foucault and the government of disability; S. Tremain, Ed.; The University of Michigan Press: Ann Arbor, MI, **2005**; pp. 78-92.

14. J. M. Kauffman. Education deform: Bright people sometimes say stupid things about education. Scarecrow Education: Lanham, MD, **2002**.

15. S. Tremain. Foucault, governmentality, and critical disability theory: An introduction. In Foucault and the government of disability; S. Tremain, Ed.; The University of Michigan Press: Ann Arbor, MI, **2005**; pp. 1-26.

16. P. Smith. Cartographies of eugenics and special education: A history of the (ab)normal. In Disability and the politics of education: An international reader; S. L. Gabel, & S. Danforth, Eds.; Peter Lang: New York, NY; **2008**; pp. 417-432.

17. R. Michalko. Double trouble: Disability and disability students in education. In Disability and the politics of education: An international reader; S. L. Gabel, & S. Danforth, Ed.; Peter Lang: New York, NY, **2008**; pp. 402-415.

18. V. Harwood, N. Humphry. Taking exception: Discourses of exceptionality and the invocation of the "ideal." In disability and the politics of education: An international reader; S.L. Gabel & S. Danforth, Eds,; Peter Lang, New York, NY, **2008**; pp. 372-383.

19. M. Foucault. Madness and civilization: A history of insanity in the age of reason (R. Howard, Trans.). Random House: France, **1965**.

20. J. Harwood. Review: The IQ in history. Social Studies of Science, **1983**, 13(3), 465-477.

21. M. Chomsky, & M. Foucault. The Chomsky-Foucault debate: On human nature. The New Press: New York, NY, **2006**.

22. L. Downing. The Cambridge introduction to Michel Foucault. Cambridge University press: New York, NY, **2008**.

23. B. Allen. Foucault's nominalism. In Foucault and the government of disability; S. Tremain, Ed.; The University of Michigan Press: Ann Arbor, MI, **2005**, pp 92 - 107.

24. Individuals with Disabilities Education Improvement Act of 2004, Pub. L. No. 108-446, 108th Cong. **2004**. Retrieved from http://idea.ed.gov/

25. M. Rozalski, J. Miller, & A. Stewart. Least restrictive environment. In Handbook of Special Education. J. M. Kauffman & D.P. Hallahan, Eds.; Routledge: New York, NY, **2011**, pp. 107-119.

26. M.L. Yell, J.B. Crockett, Free appropriate public education. In J.M. Kauffman & D.). Hallahan, Eds.; Handbook of special education, routledge: New York, NY, **2011**; pp. 77-90.

27. D. Harper. Online etymology dictionary. **2001**. Retrieved March 5, 2015, from http://etymonline.com/index.php?allowed_in_frame=0&search= fool%2C+harper+d&searchmode=none

28. M. Foucault. Abnormal: Lectures at the College de France, 1974-1975 (G. Burchell, Trans.). Picador: New York, NY, **2003**.

29. M. Sullivan. Subjected bodies: Paraplegia, rehabilitation, and the politics of movement. In Foucault and the government of disability; S. Tremain, Ed.; The University of Michigan Press: Ann Arbor, MI, **2005**; pp. 27-44.

30. M. Foucault. Discipline and punish: The birth of the prison (A. Sheridan, Trans.). Random House: New York, NY, **1997**.

31. D. Snyder-Grant. The hierarchy of disability: Let me tell you. Inside MS, **2001**, 19(3), 54.

32. D.Z. Fleischer, F. Zames. The disability rights movement: From charity to confrontation. Temple University Press: Philadelphia, PA, **2011**.

33. T. Siebers. Disability theory. Ann Arbor, MI: University of Michigan Press, **2008**.

34. D.J. Connor. Studying disability and disability studies: Shifting paradigms of LD–a synthesis of responses to Reid and Valle. Journal of Learning Disabilities, **2005**, 38(2), 159-174.

35. S. Baglieri, J. Valle, D. Connor, & D. Gallagher. Disability studies in education: The need for a plurality of perspectives on disability. Remedial and Special Education, **2011**, 32(4), 267-278.

36. D. C. Baynton. Disability and the justification of inequality in American history. In The New Disability

History; American Perspectives; P. K. Longmore & L. Umansky, Eds,; New York University Press: New York, NY, **2001**, pp 33 - 57.

37. A.K. Adler, O.F. Wahl. Children's beliefs about people labeled mentally ill. American Journal of Orthopsychiatry. **1998**, 68(2), 321-326.

38. A. Thomas. Stability of Tringo's hierarchy of preference toward disability groups: 30 years later. Psychological Reports, **2000**, 86, 1155-1156.

39. J.L. Tringo. The hierarchy of preference toward disability groups. Journal of Special Education, **1970**, 4, 295-306.

40. F.K. Campbell, F. K. Legislating disability: Negative ontologies and the government of legal identities. In Foucault and the government of disability; S. Tremain, Ed.; The University of Michigan Press: Ann Arbor, MI, **2005**, pp 108-132.

41. L. Barton. The politics of special educational needs. Disability, Handicap and Society, **1986**, 1(3), 273-290.

42. D. Goodley, B. Hughes, & D. Lennard. Disability and social theory: New developments and directions. Palgrave Macmillan: New York, NY, **2012**.

43. T. Titchkosky. Disability studies: The old and the new. Canadian Journal of Sociology, **2000**, 25(2), 197-224.

44. M.E. Gold, H. Richards. To label or not to label: The special education question for African Americans. Educational Foundations, **2012**, 143-156.

45. C.A. Capper, & M.A. Rodriguez, & S.A. McKinney. Leading beyond disability: Integrated, socially just schools and districts. In Leadership for Social Justice; C. Marshall & M. Oliva, Eds,; Allyn & Bacon: Boston, MA, **2010**, pp 175-193.

46. D.J. Connor. Michael's story: "I get into so much trouble just by walking": Narrative knowing and life at the intersections of learning disability, race, and class. Equity and Excellence in Education. **2006**, 9, 154-165.

47. D. Goodley. "Learning difficulties," the social model of disability and impairment: Challenging epistemologies. Disability and Society, **2001**, 16(2), 207-231.

48. M. Nind. Social constructions of young children in special, inclusive and home environments. Children and Society, **2011**, 25(5), 359-370.

49. L. Polvere. Youth perspectives on restrictive mental health placement: Unearthing a counter narrative. Journal of Adolescent Research, **2010**, 26(3), 318-343.

50. J. McLeod. Student voice and the politics of listening in higher education. Critical Studies in Education, **2011**, 52(2), 179-189.

51. D.J. Connor. The disability studies in education annual conference: Explorations of working within, and against, special education. Disability Studies Quarterly, **2014**, 34(2) 1-26.

52. A. Gillen, A. Wright, & L. Spink. Student perceptions of a positive climate for learning: A case study. Educational Psychology in Practice, **2011**, 27(1), 65-82.

53. D.L. Ferguson, A. Hanreddy, & S. Draxton. Giving students voice as a strategy for improving teacher practice. London Review of Education, **2011**, 9(1), 55-70.

54. A. Lewis. Silence in the context of "child voice." Children and Society, **2010**, 24, 14-23.