

## ABSTRACT:

Early psychiatric classification systems were influenced by psychoanalytic concepts and tended to use diagnoses loosely; the subsequent development of the DSM-III (and later editions) can be seen as an increasing medicalisation of mental distress. Modern diagnostic categories used by psychiatry are profoundly influential, with the result that medicalised language is commonly used by both professionals and lay people when talking of mental suffering. Diagnosis is now generally understood to be a process that seeks to identify the causes of mental suffering in order to 'cure' it; human distress could possibly be seen 'as a situation to be understood and addressed, rather than an illness awaiting treatment' (Middleton and Moncrieff 2011), but is instead framed within a discourse that seeks to identify, intervene in, and 'cure' it. It could also be argued that psychiatric diagnosis may just be a way of medicalising problematic behaviour which is perceived to lie outside social norms. This presentation will consider the cultural context of diagnosis and the social consequences of medicalisation, why it is still legitimate, and whose interests it serves. Given that psychiatric labelling affects both those who are labelled and those who are responsible for giving the labels, I will look at how the 'psy' professions, including the talking therapies, have benefitted from the medical model. There will be a discussion of how the medicalisation of emotional suffering is subject to such issues as: how the pharmaceutical industry drives diagnosis and the market forces involved; the decontextualisation of social problems and which leads to their being placed under medical control; and how, due to social, economic and political factors being ignored, mental distress is being increasingly located within the individual. Finally, consideration is given to the notion that people are seen as consumers within our society, and so there is a discussion of how this then extends to the type of therapy offered by the state, and the way in which it is offered.

## References:

Middleton, H. and Moncrieff, J. (2011) 'They won't do any harm and might do some good': time to think again on the use of antidepressants? *British Journal of General Practice*. January 2011 pp. 47-49