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Recommended Citation

Harwood, Valerie: Disorderly 2012.

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Abstract

Over the past thirty years the word disorderly has become increasingly linked to discourses of mental disorder. This change points to the effects that the social and cultural has in the production of 'scientific' knowledge of youth. Unlike uses in the mid twentieth century, the word disorderly is now medicalized, conjuring images of aberrant behavior together with psychopathology. Earlier depictions of disorderliness such as James Dean's famous role as Jim Stark, the drunk and disorderly youth outsider in *Rebel Without a Cause* (Weisbart & Ray, 1955) were not underwritten with medicalized notions. Such representations linked youth with "out of order" behavior, attributing youthfulness with drunkenness and irresponsibility. The somewhat uncomplicated incorporation of mental disorder into the everyday is due to the creep of psychiatric concepts into wider cultural knowledge. From this perspective the production of disorderly meanings can be understood as cultural effects of medicalization and psychopathologization.

Keywords

ERA2015

Disciplines

Arts and Humanities | Social and Behavioral Sciences

Publication Details

Harwood, V. (2012) Disorderly, in Lesko, N. & Talburt, S. (Eds) *Youth Studies: Keywords, Connections, Movements*, New York: Routledge.

Disorderly

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Over the past thirty years the word disorderly has become increasingly linked to discourses of mental disorder. This change points to the effects that the social and cultural has in the production of ‘scientific’ knowledge of youth. Unlike uses in the mid twentieth century, the word disorderly is now medicalized, conjuring images of aberrant behavior together with psychopathology. Earlier depictions of disorderliness such as James Dean’s famous role as Jim Stark, the drunk and disorderly youth outsider in *Rebel Without a Cause* (Weisbart & Ray, 1955) were not underwritten with medicalized notions. Such representations linked youth with “out of order” behavior, attributing youthfulness with drunkenness and irresponsibility. The somewhat uncomplicated incorporation of mental disorder into the everyday is due to the creep of psychiatric concepts into wider cultural knowledge. From this perspective the production of disorderly meanings can be understood as cultural effects of medicalization and psychopathologization.

The DSM

Current concepts underlying the word disorderly are largely informed by the American Psychiatric Association’s (APA) *Diagnostic and Statistical Manual of Mental Disorders (DSM)*. This manual is the dominating system for classifying mental disorder, producing definitions used worldwide. Intriguingly, practices of defining people as disorderly are based upon the idea of mental disorder for which there is not an adequate definition (Bailey, 2010; Harwood, 2006). Over the years different *DSMs* have been produced, with the number of mental disorders increasing with each version (American Psychiatric

Association, 1980, 1987, 1994; American Psychiatric Association Committee on Nomenclature and Statistics, 1952, 1968). While proponents of the *DSM* maintain changes reflect enhanced scientific knowledge, other viewpoints emphasize the role scientific and cultural processes play in the construction of knowledge (Bailey, 2010; Harwood, 2006; 2010). The first *DSM* (known as *DSM-I*) was published in 1952 and 132 pages long . Three new editions and two revisions have since been produced: *DSM-II* (1968); *DSM-III* (1980); a revised third edition, *DSM-III-R* (1987); *DSM-IV* (1994); and a text revision, *DSM-IV-TR* (2000). Compared to the first edition, the most recent is 943 pages long. Also, the first *DSM* did not have a distinct section on childhood (or youth) disorders. While more attention was placed on childhood issues in *DSM-II* (1968), the greatest change occurred in *DSM-III* (1980) (Kirk & Kutchins, 1992) and the current edition, *DSM-IV-TR* has a section titled “Disorders usually first diagnosed in Infancy, Childhood or Adolescence” that numbers almost 100 pages. With each *DSM* new disorders are introduced and disorders may be removed or modified. Numerous changes and additions are listed for the forthcoming fifth revision (known as *DSM-5*) to be published in May 2013. This revision may include six new childhood disorders and numerous new adult disorders. One of these adult disorders, Hoarding Disorder, has been represented on the US reality show *Hoarders* (Chan et. al., 2010), now in its third season. This show depicts hoarders as obese, lower social class or racialized, which are characterizations that link difference with mental disorder. The show’s popularity prompts consideration as to how media representations may positively influence the legitimacy of the new disorders such as the *DSM-5* Hoarding Disorder.

The Effect of Media Portrayals

Media representations that spread knowledge about disorderly youth include forms such as film, song, and television series. These portrayals have what Henry Giroux (1999) calls a public pedagogy role; that is, they have constitutive effects that participate in the construction of disorderly youth subjectivities. This idea can be used to grasp how representations of disorderly youth influence young people's understandings of mental disorder. For instance, words linked with mental disorder such as psychopath or sociopath are used in Macy Gray's (2001) *Relating to a Psychopath*, a funky tune that includes the lines "You must be real far gone/You're relating to a psychopath/Noah's elephants are leaving the ark in eights/during the upside of my manic depressive state." Likewise, Andrew Bird's (2009) *Oh No* incorporates an upbeat melody to accompany the chorus line "arm and arm with all the harmless sociopaths." While these lyrics are provocative insofar as they ironically situate sociopathy as harmless, they nevertheless insert specialist psychiatric terminology into fashionable discourse.

Like popular songs, cinematic and television portrayals of disorderly youth distribute knowledge about mental disorders to a wider audience. There are numerous examples of these, such as *Temple Grandin* (Ferguson & Jackson, 2010) starring Clare Danes as a young woman diagnosed with Autism, and the cult classic *Donnie Darko* (Kelly, 2001) where Jake Gyllenhaal plays a young man who experiences visual and auditory hallucinations (and who is taken by his parents to see a psychiatrist). Researchers in the field of adolescent psychology have suggested film depictions of mental disorder can convey valuable information about treatment (Jamieson, Romer, &

Hall Jamieson, 2006). Alternately, emphasis on mental disorders can be critiqued for providing psychopathological interpretations as an explanatory force. This force can be especially problematic when portrayals are misinformed, since mistakes can be difficult to recognize for a non-specialist audience.

This is the case with *Girl, Interrupted* (Konrad, Wick & Mangold, 1999), the film adaptation of Susanna Kaysen's (1993) bestselling memoir. Set in an adolescent psychiatric hospital in the 1960s, the film depicts young women with a range of mental disorders including Borderline Personality Disorder, Depression, Anti-Social Personality Disorder, Obsessive Compulsive Disorder, Schizophrenia, and disorderly behaviors such as psychopathy. In the film and memoir, Susanna, the main character, is given the *DSM* definition of Borderline Personality Disorder. While Kaysen's records (displayed in the memoir) list "borderline personality" as diagnosed at the hospital in 1967, this is not identical to the mental disorder introduced to the *DSM* in the 1980s. The Borderline Personality Disorder of the lead character, both in the film and the memoir, is the representation of the 1980s *DSM* definitions onto the 1967 event (Marshall, 2006). Prior to the 1980s the term borderline had not been nailed down, as it were, to a psychiatric definition of disorder (Wirth-Cauchon, 2001). This rendition of the 1980s *DSM* Borderline Personality Disorder introduces audiences and readers alike to a specific form of disorderly subjectivity that is effectively written to *DSM* criteria. The film *Girl, Interrupted*, like the memoir, was highly successful, with Angelina Jolie winning an Oscar for best supporting actress. Despite the inaccuracies in the depictions, popular forms influence how disorderly youth subjectivities are to be understood. A film such as *Girl, Interrupted* informs knowledge on young women, depression and disorderliness,

identifies their symptoms and reinforces the one treatment modality, namely medication (see also the discussion of *House MD* in Harwood, 2010). The film and the memoir, from the perspective of public pedagogy, are consequently much more than entertainment.

Disorderly Producing Disorder

ADHD (Attention Deficit Hyperactivity Disorder) is a well known and controversial mental disorder that has prompted a great deal of medical and scholarly debate about diagnosis and medications. Unfortunately, this issue is not evenly presented to children and youth or to their parents and caregivers. This is readily apparent in teacher education, where in countries such as Australia and the United States pre-service teachers are instructed on the diagnostic characteristics of ADHD, pharmacological treatments and behavioral interventions (Graham, 2010; McMahon, in press). When this fails to address the vigorous debates, the possibility is lowered for parents, children and teachers themselves to find alternatives to diagnostic routes or to medication. Research into behavioral issues and young people also tends to be largely medically or psychologically orientated, a bias that is reflective of funding agendas that tend to favor quantitative medicalized perspectives that are in line with the dominant (and largely *DSM*) interpretation of youth behavior. This one-sided presentation results in the snowballing of truths of disorderliness that produces the trend toward “diagnosing disorderly children” (Harwood, 2006).

When the procedure of diagnosing disorderliness is treated as unambiguous, social and cultural considerations can become easily concealed. This is a matter of concern when popular media portrayals such as in *Hoarders* depict classed, gendered or racialized stereotypes. Obscuring social and cultural considerations has been raised as a

problem in relation to gender and sexuality (Harwood, 2004), in terms of the racialization of disorders and disability (Ferri & Connor, 2005; Fitzgerald, 2009), and in respect to social class and disadvantage (Harwood, 2010). Given that a diagnosis of mental disorder conveys the sense that the problem resides in the individual, veiling social and cultural considerations carries considerable implications. One important dilemma that arises is that issues such as poverty, racism, heterosexism, homophobia and classism are elided. Another is that by virtue of being diagnosed as disorderly, a young person is introduced to the numerous *risks of diagnosis*. For example, there is the assumption conveyed via the *DSM* that through having a mental disorder one is more likely to have future health problems and in some instances, at greater risk of engaging in criminality; practices which subjectify and produce disorderly youth subjects (Harwood, 2006),

Even though the process of creating a new disorder reveals the relationship between psychiatric knowledge and mental disorders, this relationship is seldom made explicit. It remains to be seen whether, with the advent of *DSM-5*, the growth in the disorderly problems of youth can be recognized as a product of a particular knowledge generation and the ensuing formation of disorderly subjectivities.

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