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UNIT 1 PSYCHOLOGICAL CONDITIONS AND TREATMENTS 1

Issue 1. Is Attention-Deficit/Hyperactivity Disorder (ADHD) a Real Disorder? 2

YES: National Institute of Mental Health (NIMH), from *Attention Deficit Hyperactivity Disorder* (NIH Publication No. 08-3572). (National Institute of Mental Health, National Institutes of Health, U.S. Department of Health and Human Services 2012, May 22), www.nimh.nih.gov/health/publications/attention-deficit-hyperactivitydisorder/index.shtml 5

NO: Rogers H. Wright, from “Attention Deficit Hyperactivity Disorder: What It Is and What It Is Not,” in Rogers H. Wright and Nicholas A. Cummings, eds., *Destructive Trends in Mental Health: The Well-Intentioned Path to Harm* (Routledge, 2005) 14

The National Institute of Mental Health concurs with the *Diagnostic and Statistical Manual of Mental Disorders* in viewing ADHD as a valid disorder that warrants thoughtful diagnosis and effective intervention. Psychologist Rogers H. Wright argues that ADHD has vague diagnostic criteria that lead to overdiagnosis and overmedication of an excessive number of people.

Issue 2. Is Posttraumatic Stress Disorder (PTSD) Overdiagnosed and Overtreated? 26

YES: Stephen Joseph, from “Has PTSD Taken Over America?” (2011, November 18), www.psychologytoday.com/blog/what-doesnt-kill-us/201111/has-ptsd-taken-over-america; “What Is Trauma?” (2012, January 05), www.psychologytoday.com/blog/what-doesnt-kill-us/201201/what-is-trauma; “Therapy for Posttraumatic Growth: Car Mechanics and Gardeners” (2011, November 01), www.psychologytoday.com/blog/what-doesnt-kill-us/201111/therapy-posttraumatic-growth-car-mechanics-and-gardeners; “Changing How We Think About Psychological Trauma” (2011, October 28), www.psychologytoday.com/blog/what-doesnt-kill-us/201110/changing-how-we-think-about-psychological-trauma 30

NO: U.S. Department of Veteran Affairs, National Center for PTSD, from “What Is PTSD?” (2012, April 25), www.ptsd.va.gov/public/pages/what-is-ptsd.asp; “How Common Is PTSD?” (2012, April 25), www.ptsd.va.gov/public/pages/how-common-is-ptsd.asp; “Treatment of PTSD” (2012, April 25), www.ptsd.va.gov/public/pages/treatment-ptsd.asp 35

Dr. Stephen Joseph argues that since the development of posttraumatic stress disorder (PTSD) as a diagnosis, the definition of trauma has been altered from its 1980 definition in *DSM-III*, and has been applied so loosely that everyday experiences can now be considered traumatic. The Department of Veterans Affairs (VA) states that PTSD can develop in any individuals who have gone through a life-threatening event that caused them to fear for their lives, see horrible things, and feel helpless. The VA urges therapists to help individuals with PTSD identify what triggers their stressful memories, find ways to cope with intense feelings about the past, become aware of their feelings and reactions in order to change their reactions, and raise their self-esteem.

Issue 3. Is Gender Identity Disorder a Mental Illness? 46

YES: Traditional Values Coalition, from “A Gender Identity Disorder Goes Mainstream: Cross-Dressers, Transvestites, and Transgenders Become Militants in the Homosexual Revolution” (Traditional Values Coalition) 49

NO: Kelley Winters, from “Part I: Diagnosis vs. Treatment: The Horns of a False Dilemma” in *GID Reform Weblog* (2008), and from “Part II: Top Ten Problems with the GID Diagnosis” in *GID Reform Weblog* (July 1, 2008/July 16, 2008) 55

The Traditional Values Coalition argues that gender-variant people are psychologically disturbed individuals who need professional help, and that their condition should be viewed as a mental disorder. Kelley Winters asserts that the GID diagnosis imposes the stigma of mental illness upon people who meet no scientific definition of mental disorder.

Issue 4. Is Psychological Debriefing a Harmful Intervention for Survivors of Trauma? 64

YES: Grant J. Devilly and Peter Cotton, from “Psychological Debriefing and the Workplace: Defining a Concept, Controversies and Guidelines for Intervention,” *Australian Psychologist* (July 2003) 68

NO: Jeffrey T. Mitchell, from “A Response to the Devilly and Cotton Article, ‘Psychological Debriefing and the Workplace . . . ,’” *Australian Psychologist* (March 2004) 81

Psychologists Grant J. Devilly and Peter Cotton assert that critical incident stress debriefing (CISD) is poorly defined and has been shown to do more harm than good. They propose alternative approaches for responding to trauma survivors, which they consider more effective. Jeffrey T. Mitchell of the International Critical Incident Stress Foundation (ICISF) argues that Devilly and Cotton have misrepresented important information about psychological debriefing and have confused several aspects of this system of responding to trauma survivors.

UNIT 2 THE TREND TOWARD BIOLOGICAL INTERVENTIONS 91

Issue 5. Do We Still Need Psychiatrists? 92

YES: **Steven Moffic**, from “Why We Still Need Psychiatrists!”
(2012, April 12), www.madinamerica.com/2012/04/why-we-still-need-psychiatrists/ 96

NO: **Steven Balt**, from “Yes, We Still Need Psychiatrists, but for
What?” (2012, April 15), <http://thoughtbroadcast.com/2012/04/15/yes-we-still-need-psychiatrists-but-for-what/> 100

Psychiatrist Steven Moffic states that psychiatrists play critically important roles in the field of mental health care because they are extensively trained and well-versed in understanding the functioning of the human body and the treatment of mental disorders. He urges psychiatrists to accept constructive criticism and to take steps to move forward in developing innovative intervention models such as collaborating on-site with primary care physicians in offering integrated care. Psychiatrist Steven Balt believes that psychiatrists have overstepped the boundaries of their position, and doing so has often led to mislabeling and mistreating countless people. He contends that much of what psychiatrists do is pseudoscience, but that most people nevertheless buy into the psychiatric model. He argues that psychiatrists, with their years of scientific education, can use their influence to change the current state of affairs in the field of mental health.

Issue 6. Should “Smart Drugs” Be Used to Enhance Cognitive Functioning? 107

YES: **Barbara J. Sahakian and Sharon Morein-Zamir**, from
“Neuroethical Issues in Cognitive Enhancement,” *Journal of
Psychopharmacology* (vol. 25, no. 2, 2011). doi:10.1177/
0269881109106926 111

NO: **Helia Garrido Hull**, from “Regression by Progression: Unleveling
the Classroom Playing Field Through Cosmetic Neurology,”
University of Hawaii Law Review (vol. 33, no. 1, 2010) 126

Professor Barbara J. Sahakian and Dr. Sharon Morein-Zamir note that cognitive enhancing medications provide considerable benefits to individuals with cognitive disabilities, and can also serve as “smart drugs” for healthy individuals for the purpose of cognitive enhancement. While more research is needed into the long-term effects of these drugs on healthy individuals, responsible use of these drugs is recommended in order to gain maximum benefits with minimal harm to the individual and to society as a whole. Attorney and Professor Helia Garrido Hull explains that the use of cognitive enhancing drugs by healthy individuals can have a negative impact on individuals with disabilities. The use of such drugs in competitive environments such as classrooms creates an imbalance between students without cognitive disabilities and those with disabilities for whom the drugs were originally intended. She asserts that the government has a responsibility to enforce the law in order to maintain the integrity of decades of legal precedent intended to protect individuals with disabilities from becoming disadvantaged again. Although many of these drugs are listed as controlled substances, their use without a prescription has become widespread and viewed as morally acceptable.

Issue 7. Should Memory-Dampening Drugs Be Used to Prevent and Treat Trauma in Combat Soldiers? 155

YES: Elise Donovan, from “Propranolol Use in the Prevention and Treatment of Posttraumatic Stress Disorder in Military Veterans: Forgetting Therapy Revisited,” *Perspectives in Biology and Medicine* (vol. 53, no. 1, pp. 61–74, 2010) 159

NO: The President’s Council on Bioethics, from “Happy Souls,” in *Beyond Therapy: Biotechnology and the Pursuit of Happiness*, pp. 205–273 (The President’s Council on Bioethics, 2003) 172

Research scientist Elise Donovan states that an alarming number of soldiers are returning from combat suffering from PTSD, and that medications such as the beta-blocker propranolol can alleviate their symptoms. Propranolol, she argues, will help soldiers with PTSD who have essentially lost “their sense of self” reintegrate into society. Because the drug causes memory dampening, rather than memory loss, it will create an opportunity for veterans to better cope with everyday life upon returning from combat. She believes that symptoms and consequential behaviors associated with PTSD (i.e., suicide, domestic abuse, alcohol or drug abuse) will be greatly reduced in PTSD patients who take propranolol. Dr. Donovan also states that use of propranolol will foster an experience of posttraumatic growth. The President’s Council on Bioethics, chaired by Dr. Leon Kass, criticizes the use of memory-dampening drugs to treat the symptoms of trauma by asking, “What kind of society are we likely to have when the powers to control memory, mood, and mental life through drugs reach their full maturity?” The Council asserts that identities are formed by what people do and what they undergo or suffer. Escaping painful memories would necessarily result in a change in the identity of who the person is, as well as the person’s perception and understanding of significant life events.

Issue 8. Is Addiction a Brain Disease? 183

YES: National Institute on Drug Abuse, from *Drugs, Brain, and Behavior: The Science of Addiction*, revised ed., Washington, DC: National Institute on Drug Abuse (2007) 186

NO: Sally Satel and Scott O. Lilienfeld, from “Singing the Brain Disease Blues,” *AJOB Neuroscience* (vol. 1, no. 1, pp. 46, 47, January, 2010) 191

In the NIDA publication, the argument is made that addiction is indeed a disease, and that scientific information is available about the nature, prevention, and treatment of this disease. Psychiatrist Sally Satel and psychologist Scott O. Lilienfeld object to the brain disease characterization of drug addiction, asserting that addiction is an activity whose course can be altered by its foreseeable consequences.

UNIT 3 SOCIAL, ETHICAL, AND LEGAL ISSUES 197

Issue 9. Does Research Confirm That Violent Video Games Are Harmful to Minors? 198

YES: Leland Y. Yee and Steven F. Gruel, from “Brief of *Amicus Curiae* in Case of *Brown v. Entertainment Merchants Association*,” U.S. Supreme Court, No. 08-1448 (2010) 202

NO: Patricia A. Millett, from “Brief of *Amici Curiae* in *Brown v. Entertainment Merchants Association*,” U.S. Supreme Court, No. 08-1448 (2010) 214

California State Senator Leland Yee and Attorney Steven F. Gruel (Counsel of Record for the professional associations in pediatrics and psychology) contend that substantial research shows that violent video games can cause psychological or neurological harm to minors. Studies have shown that, in addition to fostering aggressive thought and behavior, ultra-violent video games can lead to reduced activity in the frontal lobes of the brain as well as behavioral problems such as antisocial behavior and poor school performance. Senator Yee and Attorney Gruel believe that the government has a duty to protect children, and that the First Amendment of the U.S. Constitution, with regard to free speech, should not be used to place at risk immature children who cannot discern the difference between fantasy and reality. Attorney Patricia A. Millett (Counsel of Record for the amicus curiae submitted on behalf of the Entertainment Merchants Association) argues that there is insufficient evidence to show that violent video games can cause psychological or neurological harm to minors. Attorney Millett claims that the various studies cited in the opposing amicus curiae are either flawed or have been discredited. She also asserts that studies have shown no compelling causal connections between playing violent video games and aggressive or antisocial behavior in youths.

Issue 10. Would Legalization of Virtual Child Pornography Reduce Sexual Exploitation of Children? 230

YES: Arnold H. Loewy, from “Taking Free Speech Seriously: The United States Supreme Court and Virtual Child Pornography,” *UNC Public Law Research Paper No. 02-17* (November 2002) 233

NO: Diana E. H. Russell and Natalie J. Purcell, from “Exposure to Pornography as a Cause of Child Sexual Victimization,” in Nancy E. Dowd, Dorothy G. Singer, and Robin Fretwell Wilson, *Handbook of Children, Culture, and Violence* (Sage Publications, 2006) 239

Professor of law Arnold H. Loewy views the issue of virtual child pornography from a legal perspective, asserting that such material is a form of free speech that ought to be constitutionally protected. He also contends that legalizing virtual child pornography would reduce the extent to which real children would be exploited. Authors Diana E. H. Russell and Natalie J. Purcell express vehement objections to any forms of pornography involving images of children, asserting that Internet users with no previous sexual interest in children may find themselves drawn into a world in which the societal prohibition against adult-child sex is undermined.

Issue 11. Must Mentally Ill Murderers Have a Rational Understanding of Why They Are Being Sentenced to Death? 251

YES: American Psychological Association, American Psychiatric Association, and National Alliance on Mental Illness, from “Brief for *Amici Curiae* American Psychological Association, American Psychiatric Association, and National Alliance on Mental Illness in Support of Petitioner,” *Scott Louis Panetti v. Nathaniel Quarterman*, U.S. Supreme Court, No. 06-6407 (2007) 255

NO: **Greg Abbott et al.**, from “On Writ of Certiorari to the United States Court of Appeals for the Fifth Circuit: Brief for the Respondent,” *Scott Louis Panetti v. Nathaniel Quarterman*, U.S. Supreme Court, No. 06-6407 (2007) 265

The American Psychological Association, the American Psychiatric Association, and the National Alliance on Mental Illness collaborated in the preparation of an *amici curiae* brief pertaining to the case of Scott Panetti, who was sentenced to death for murder. In this brief, The argument is made that mentally ill convicts should not be executed if their disability significantly impairs their capacity to understand the nature and purpose of their punishment or to appreciate why the punishment is being imposed on them. In his position as Attorney General of Texas, Greg Abbott argued the case of “*Scott Louis Panetti, Petitioner v. Nathaniel Quarterman*, Director, Texas Department of Criminal Justice, Correctional Institutions Division, Respondent.” Attorney General Abbott asserts that punishment for murder does not depend on the rational understanding of the convicted individual, but rather on the convict’s moral culpability at the time the crime was committed.

Issue 12. Does Research Confirm That Abortion Is a Psychologically Benign Experience? 282

YES: **APA Task Force on Mental Health and Abortion (Brenda Major, Mark Appelbaum, Linda Beckman, Mary Ann Dutton, Nancy Felipe Russo, Carolyn West)**, from *Report of the APA Task Force on Mental Health and Abortion* (American Psychological Association, 2008) 285

NO: **Priscilla K. Coleman**, from “Critique of the APA Task Force on Abortion and Mental Health” (2008), <http://aaplog.octoberblue.com/wp-content/uploads/2010/02/Coleman-Critiqueof-APA-Report.pdf> 296

The APA Task Force (TFMHA) reviewed the empirical literature and concluded that for women who have an unplanned pregnancy, the risk of mental health problems is no greater than the risk for women who deliver an unplanned pregnancy. Professor Priscilla K. Coleman contends that the TFMHA analysis of the evidence reflects politically motivated bias in the selection of studies, analysis of the literature, and the conclusions derived.

Issue 13. Should Individuals with Anorexia Nervosa Have the Right to Refuse Life-sustaining Treatment? 305

YES: **Campbell, A.T., and Aulisio, M.P. (2012)**, from “The Stigma of ‘Mental’ Illness: End Stage Anorexia and Treatment Refusal,” *International Journal of Eating Disorders*. {in press} 308

NO: **Tan, J.O., Stewart, A., Fitzpatrick, R., and Hope, T. (2010)**, from “Attitudes of Patients with Anorexia Nervosa to Compulsory Treatment and Coercion,” *International Journal of Law and Psychiatry*, 33, 13–19 321

Dr. Campbell and Dr. Aulisio argue that anorexia patients should be allowed to refuse treatment so long as they are competent and capable of understanding the implications of their actions. Drs. Tan, Stewart, Fitzpatrick, and Hope assert that anorexia nervosa profoundly affects individuals with this condition in a variety of ways which could make them incompetent.

Issue 14. Is the Use of Aversive Treatment an Inhumane Intervention for Psychologically Disordered Individuals? 338

YES: Laurie Ahern and Eric Rosenthal, from *Torture Not Treatment: Electric Shock and Long-Term Restraint in the United States on Children and Adults with Disabilities at the Judge Rotenberg Center*. (Mental Disability Rights International, 2010) 341

NO: Matthew L. Israel, from *Aversives at JRC: A Better Alternative to the Use of Drugs, Restraint, Isolation, Warehousing, or Expulsion in the Treatment of Severe Behavior Disorders* (Judge Rotenberg Center, 2010) 356

Laurie Ahern and Eric Rosenthal, writing on behalf of Mental Disability Rights International (MDRI), characterize the intentional infliction of pain at JRC as human rights abuses. Psychologist Matthew Israel, director of the Judge Rotenberg Center (JRC), responds to the MDRI with insistence that JRC is using behavioral methods to save individuals from their treatment-resistant, life-threatening disorders.

Issue 15. Is It Unethical for Psychologists to Be Involved in Coercive Interrogations? 373

YES: Mark Costanzo, Ellen Gerrity, and M. Brinton Lykes, from "Psychologists and the Use of Torture in Interrogations," *Analyses of Social Issues and Public Policy (ASAP)* (December 2007) 376

NO: Kirk M. Hubbard, from "Psychologists and Interrogations: What's Torture Got to Do with It?" *Analyses of Social Issues and Public Policy (ASAP)* (December 2007) 384

Psychologists Mark Costanzo, Ellen Gerrity, and M. Brinton Lykes assert that the involvement of psychologists in enhanced interrogations is a violation of fundamental ethical principles. Psychologist and intelligence expert Kirk M. Hubbard asserts that psychologists can assist in developing effective, lawful ways to obtain actionable intelligence in fighting terrorism and can bring a wealth of knowledge to the administration of interrogations.

Issue 16. Is It Ethical to Support the Wish for Healthy Limb Amputation in People with Body Integrity Identity Disorder (BIID)? 390

YES: Tim Bayne and Neil Levy, from "Amputees by Choice: Body Integrity Identity Disorder and the Ethics of Amputation," *Journal of Applied Philosophy* (vol. 22, no. 1, 2005) 393

NO: Wesley J. Smith, from "Secondhand Smoke: Blog of Wesley J. Smith" (2007) 406

Authors Tim Bayne and Neil Levy argue that people with body integrity identity disorder are in emotional pain because of their experience of incongruity between their body image and their actual body. Such individuals should be accorded with their prerogative to have a healthy limb amputated. Author Wesley J. Smith objects to the notion of acquiescing to the wishes for healthy limb amputation in people whom he

views as severely mentally disturbed. Smith asserts that these people need treatment, not amputation.

Issue 17. Is Forced Treatment of Seriously Mentally Ill Individuals Justifiable? 412

YES: Samuel J. Brakel and John M. Davis, from “Overriding Mental Health Treatment Refusals: How Much Process Is ‘Due?’” *Saint Louis University Law Journal* (2007) 415

NO: James B. Gottstein, from “How the Legal System Can Help Create a Recovery Culture in Mental Health Systems,” *Leading the Transformation to Recovery* (2005) 428

Attorney Samuel J. Brakel and psychiatrist John M. Davis assert that society has a responsibility to take care of seriously mentally ill individuals who are incapable of making an informed decision about their need for care and treatment. Attorney James B. Gottstein contends that forced treatment of mentally ill citizens represents a curtailment of liberty which leads many people down a road of permanent disability and poverty.

Issue 18. Is Excessive Use of Facebook a Form of Narcissism? 443

YES: Christopher J. Carpenter, from “Narcissism on Facebook: Self-Promotion and Anti-Social Behavior,” *Personality and Individual Differences* (vol. 52, 2012) 447

NO: Bruce C. McKinney, Lynne Kelly, and Robert L. Duran, from “Narcissism or Openness?: College Students’ Use of Facebook and Twitter,” *Communication Research Reports* (vol. 29, no. 2, 2012) 459

Communication Professor Christopher J. Carpenter asserts that there is a relationship between the frequency of Facebook use and narcissistic traits. While maintaining that Facebook provides opportunities for positive social interaction, Professor Carpenter argues that some users abuse the affordances and behave in anti-social ways on Facebook. Looking at two characteristics of narcissism, “grandiose exhibitionism” (GE) and “entitlement/exploitativeness” (EE), GE is related to extensive self-presentation to as large an audience as possible via status updates, photos, and acquiring large numbers of friends. EE is related to anti-social behaviors such as retaliating against negative comments, reading others’ status updates for references to self, and seeking more social support than one provides. Communication Professors Bruce C. McKinney, Lynne Kelly, and Robert L. Duran argue that narcissism is unrelated to the frequency of using Facebook to post about oneself (i.e., status updates and photos), although it is related to number of Facebook friends. They conclude, however, that Facebook is not dominated by narcissistic Millennials, but by people who are oriented toward openness with regard to their daily lives, and who believe that it is appropriate and enjoyable to share information with a wide circle of friends.