

HOW COME SOLUTION-FOCUSED BRIEF THERAPISTS THINK DIAGNOSIS IS SO BAD?

Steve de Shazer, 20 January 1998

BFTC

The classifications made by philosophers and psychologists are like those that someone would give who tried to classify clouds by their shape - Luchvig Wittgenstein (Philosophical Remarks, # 154)

Thomas Szasz -- as early as 1960 -- described "mental illness" as a myth and psychiatric diagnosis as "fictitious or contrived" saying that "we must keep in mind, however, that mental illnesses are merely the names we give to certain strategies of living and their consequences" (p.94). Discussion in workshops and seminars and on the Internet strongly suggest that nothing much has changed. Although many people are aware that the "diagnosis," when properly seen, is just attached to an (mythical) illness ("He has schizophrenia") nonetheless in practice these names are attached to human beings ("He is a schizophrenic"). Regardless of whether or not you agree with Szasz, "diagnosis" and the usual "diagnosis language-game" contain some traps for therapists and patients alike.

THE VERB "TO BE" -> As Wittgenstein put it, "In the language of everyday life it very often happens that the same word signifies in two different ways - and therefore belongs to two different symbols ... Thus the word 'is' appears as the copula, as the sign of equality, and as the expression of existence (Tractatus #3.323). Thus there easily arise the most fundamental confusions (of which philosophy is full) (T #3.324)."

Our language has remained the same and keeps seducing us into asking the same questions. As long as there continues to be a verb 'to be' that looks as if it functions in the same way as 'to eat' and 'to drink' ... people will keep stumbling over the same puzzling difficulties and find themselves staring at something which no explanation seems capable of clearing up (Wittgenstein, Culture and Values, p. 15e).

Compare

- I am a male./ He is a male.
- I am an American./ He is an American.
- I am a schizophrenic./ He is a schizophrenic.

I can say that "I am a male," "I am an American," "I am a good cook," because I know that I am a male, an American, and a good cook." But none of these are statements of knowledge and may or may not be based on some empirical criteria. Being a male, an American, and a good cook are all enduring if not permanent attributes. Even though now and then my cooking will result in a disaster, as I see it, this belief that I am a good cook is not subject to change. As Wittgenstein put it "He has got to know that he knows: for knowing is a state of his own mind-, he cannot be in doubt or error about it" (Zettel, #408).

The situation changes when we shift from the first person, present to the third person, present. My use of the words "I am" naturally lead you to seek verification and there are clues, criteria available

to you. This allows you, an observer, to be able to say: "He is a male," "He is an American." No problem. My wife and partner, Insoo Kim Berg, and other people I have cooked for can (and most do) say "He is a good cook." Such "psychological verbs [are] characterized by the fact that the third person of the present is to be verified by observation, the first person not. Sentences in the third person of the present: information. In the first person present: expression (Zettel # 472).

What happens in the third pair of sentences? Remember the DSM, the long tradition of diagnosis in psychiatry, Thomas Szasz. The "is" in all three of the third person sentences involves the same grammatical form, the form of existence and we, naturally, are lead ourselves into a muddle here because the grammar is the same: He is a X. (This is one of the traps, or wrong turnings, language sets for us.) This automatically leads us (to at least want) to treat all three sentences in the same way: male, American, and schizophrenic are all treated as enduring attributes. We use the same logic in trying to verify each of these sentences.

Compare - > He is a schizophrenic. 1 2 x 2 is 4.

Our grammar leads us naturally to the conclusion that schizophrenia is incurable: Once a schizophrenia, always a schizophrenia. This is exactly what Szasz meant when he said that diagnosis were more predictive than descriptive.

Compare - > He is a schizophrenic. I The rose is red.

Clearly the grammar is different in the second sentence; the verb is bonding two different things together. We are not tempted to read this is as a case of identity or existence, i.e., "rose = red" since we know that "red" is not restricted to roses and not all roses are red.

While "remissions" in cases of "schizophrenia" may be more or less infrequent, cures are deemed to be impossible. Interestingly, if a case of "schizophrenia" is "cured," then this will probably not be used as an example of good therapy or as an example of a "cure" but rather it will be used as an example of mis-diagnosis : psychiatry has been seduced by the verb "to be."

Compare - > I am schizophrenic. I He is schizophrenic.

The shift from the first person to the third is both grammatical and logical. Now, I am inclined to say that only the client can verify my statement about him, I can't. Wittgenstein would ask: But what would it be like if this were false and I could verify it? Can that mean anything other than I'd have to "be schizophrenic" or "have schizophrenia"? But would that be a verification? It seems to me nonsense to say that I must "have his schizophrenia?" Or is it mine? Everything I say about the other person is chancy. He might behave in ways that would lead a psychiatrist to diagnosis "schizophrenia" - but say that he is not. My observations of him might lead me to make certain predictions, claims of hearing voices, feelings of being controlled, etc. But, my predictions might turn out to be wrong, he might do none of those things that I predicted.

Where would a person ever normally use this sentence - I am a schizophrenic? We have no standard use for this sentence "I am a schizophrenic" and neither do "patients" until they have learned it from the psychiatrist's diagnostic language-game, where he might say "he has schizophrenia" which is - as everybody knows - un-curable. Of course, the patient will hear as his saying "he is a schizophrenic" i.e., if I have something incurable then it becomes an enduring attribute which will lead the patient to say "I am a schizophrenic."

REFERENCES

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 25/05/99