outside the box
Sami Timimi
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Psychiatry is all about stories – stories about our stories about the stories our clients tell us

Danielle, 16 years old, is referred to me by her GP because the GP thinks she's clinically depressed and wants the diagnosis confirmed. I listen to Danielle's story. I ask her various questions designed to discover her symptoms. She tells me about the trouble she's been having sleeping, how she's lost interest in food, how she feels low, hopeless and irritable and can't stop crying. Her mother confirms what Danielle is saying and tells me about the family history of depression and how she (Danielle's mum) is currently taking antidepressants.

I administer a depression screening questionnaire and find that Danielle scores above the threshold for a diagnosis, thereby confirming my opinion that she's suffering from clinical depression. I prescribe an antidepressant, to which I will add some cognitive behavioural therapy at a later stage if necessary. In this way I provide the expert opinion and medical solution I've been trained to provide and the whole session feels neat, tidy, contained, and easy on the emotions, if a little sterile.

But by diagnosing clinical depression, have I actually discovered the cause or meaning of Danielle's current problems? Do I have any physical, objective evidence to back my diagnosis? The answer to both questions is no.

With no physical evidence the diagnosis is based purely on my subjective opinion (derived from my professional training). Far from discovering the cause or meaning of Danielle's problems, I have in fact, by my diagnosis, created a new meaning for them – a story to explain the story she and her mother have given me. And when I administered the depression questionnaire I created another story about my story about her story – that this questionnaire is able to measure objectively something called depression. Then the questionnaire is said to have validity and reliability from being 'tested' on samples of depressed subjects – another story about a story about a story about my story about her story. With each layer of story I move one step further away from Danielle's original story.

This is the reality for nearly all psychiatric diagnoses. Without accompanying physical evidence for any diagnosed condition, you end up creating new meanings for the difficulties with which your patients present. No amount of pretentious rating scales can change this. This is not state-of-the-art rocket science; simply that psychiatry, being a branch of the high status medical profession, is allowed the cultural privilege to claim that its own brand of mysticism represents a scientific truth – in the same way that in cultures that privilege a more spiritual cosmology possession by demons is claimed to be a true explanation for many mental health problems (although possession by fixed, internal, bad and evil genes gives less hope for recovery than possession by temporary, external, bad and evil spirits).

In fact, as a psychiatrist who a while ago dumped the idea that diagnosis was a useful way to organise the meaning I give to my patients' problems, my first contact with Danielle and her mother was not organised around collecting symptoms to screen her for a mental disease (apart from checking for suicidal thoughts). Indeed, I have abandoned the notion of a split between assessment and treatment. For me, assessment is always on-going and treatment opportunities arise from the first moment of contact.

So my first meeting with Danielle and her mother didn't follow the above script. I listened to their story in a different way, framing my questions to find out more about the wider context of their lives, about important relationships, about current social circumstances as well as positives and existing strengths. I learned they had been living with Danielle's maternal grandparents after Danielle's mother and stepfather separated. I found out that Danielle misses her natural father, whom she has not seen for several years, and that she never accepted her stepfather. I found out that one of the reasons for Danielle's mother and stepfather separating was because her mum felt guilty about marrying Danielle's stepfather, because she thought Danielle would be upset. I found out that they were talking about getting back together. I saw Danielle give her mum the 'if looks could kill' look. I suggested we have a meeting with stepfather. The mother agreed. Danielle didn't. More negotiation, and so it went on. The session felt messy, full of painful and complicated emotions, at times uncontained. But it also felt alive, engaged, ordinary and human.

Sami Timimi is a consultant child psychiatrist. This is the first in a new regular series about his work and mental health politics