The Pathologization of Everyday Life: Diagnostic Discourses and Their Looping Effects

A review of

Diagnostic Cultures: A Cultural Approach to the Pathologization of Modern Life (Classical and Contemporary Social Theory)

by Svend Brinkmann


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Reviewed by

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In his influential work The Normal and the Pathological, the French physician and philosopher of science Georges Canguilhem (1989) observed that “in the long run, a malaise arises from not being sick in a world where there are sick men” (p. 286). Canguilhem pointed to the ways that distinguishing pathology both made possible and shaped the experience of “normal.” In his latest book Diagnostic Cultures, Svend Brinkmann, author of Psychology as a Moral Science (Brinkmann, 2011) and John Dewey: Science for a Changing World (Brinkmann, 2013), provides a captivating analysis of the ways that use of medical diagnoses to categorize human behavior has altered our inner experience and our everyday social lives. Citing the Vygotskyan psychological theorist Jaan Valsiner (2014), Brinkmann describes his project as “cultural psychology.” He frequently cites a central tenet of that approach: the fallacy of “entification,” in which constructs such as “mind” and “personality” are reified as independent agents. Instead, Brinkmann offers a post-Cartesian perspective in which “mind” is considered as a verb—“an activity or process rather than a static entity” (p. 18)—or, in other words, a set of actions that persons perform.

Brinkmann augments this cultural psychology perspective with use of Ian Hacking’s (1995) argument that psychological categories, including psychiatric diagnoses, refer not to natural kinds or essences but to “human kinds.” Unlike natural phenomena, such as chemical properties or planetary movements, human kinds occur only within the context of human institutions and relationships. As Brinkmann notes, one could only be considered a “king” within a world that includes the institution of monarchy, whereas water was H2O before there was a discourse of chemistry. Moreover, Brinkmann highlights Hacking’s contention that human kinds interact with the descriptions applied to them and, in so doing, exert influence on themselves. This phenomenon, which Hacking has dubbed “a looping effect,” refers to the way that human kinds affect their own classification and the behaviors associated with the classification. For example, those who have been classified and described as “schizophrenic” may tend to behave in ways that conform to the descriptions associated with that classification. In addition, those who have been classified may exert influence over the classification by altering their behavior and reshaping the description to include new actions or experiences. Labels such as “mad” or “Asperger’s” may be reapropriated and redeployed to exert new types of social relations and effects that are often destigmatizing or freeing, though such beneficial outcomes do not always result. Quoting Hacking, Brinkmann notes that “when new descriptions become available. . .there are new things to choose to do” (p. 37).

It is vital to note that Brinkmann’s analysis of diagnostic cultures does not constitute a facile rejection of psychiatric diagnoses in the manner of Thomas Szasz’s (1974) “myth of mental illness.” To the contrary, Brinkmann argues that human kinds are “just as real as natural kinds.” As he helpfully notes, the recognition that depression is a human kind rather than a natural kind (i.e., that depression is discursively constituted) does not make the condition any less grave for those who suffer with it. He observes that a diagnosis takes on discursive legitimacy as long as three criteria identified by sociologist of science Annemarie Jutel (2011) have been satisfied: (a) the condition is commonly recognized within society as harmful or undesirable, (b) there is a technical capacity to identify the condition (e.g., tests, symptom checklists), and (c) the condition must be assimilable into the culture’s “language of suffering” (i.e., it
must be medicalized rather than considered a moral or spiritual problem. At the same time, however, Brinkmann underscores the unintended and typically deleterious consequences that have resulted from placing psychiatric diagnoses on the same footing as discrete biological disease processes. Such essentializing theories of "mental illness" have contributed to portrayals of those with mental health diagnoses as "categorically abnormal, immutably afflicted, and essentially different" (p. 39), and they have been associated with increased stigmatization (Schomerus et al., 2012) and reduced empathy, even among clinicians (Lebowitz & Ahn, 2014).

**The Diagnostic Tattoo**

Brinkmann’s analysis is especially strong when he considers the experiences of persons living in particular discursive contexts, or in his phrasing, "people who may be looking for conceptual resources with which to explain their problems and render their suffering meaningful" (p. 63). Specifically, he contends that these individuals use psychiatric diagnoses as "semiotic mediators," an analysis that relies on a Vygotskyan concept of mediation critics have considered inflated or overly extensive (see Gaete & Cornejo, 2012). The mediating functions to which Brinkmann refers here encompass three broad dimensions: (a) explanatory mediation, (b) self-affirming mediation, and (c) disclaiming mediation.

Explanatory mediation refers to the way that individuals use the diagnosis as a means of explaining behavior. Brinkmann, who relies on examples drawn from his own clinical work with an attention deficit/hyperactivity disorder (ADHD) support group, provides the example of Michael, an individual diagnosed with ADHD who reports occasional aggressive outbursts. “When I received the diagnosis,” Michael says, “I finally got an explanation why I snap” (p. 67). Brinkmann notes that those using diagnostic categories for purposes of explanatory mediation are seldom directly aware of the circularity in their explanations (e.g., the use of ADHD as an explanation for the very behaviors used to identify and diagnose ADHD). In addition, explanatory mediation often hinges on entification and the positing of a harmful agent or disease process within the diagnosed individual—a line of thinking and conduct that contributes to stigmatization. Such reifications also lead to what Brinkmann calls “brainism,” or the social process of anchoring uncertainties regarding the causes of human behavior in the central nervous system through appeals to apparently scientific studies that employ brain-imaging technologies. As a consequence, errant tropes regarding the "broken brain" and "chemical imbalances" proliferate, crude biologism takes hold on an ever-wider scale, and social or relational perspectives on behavior change fade from view.

By self-affirming mediation, on the other hand, Brinkmann refers to the role of confirmation bias in maintaining the diagnosis. Again relying on his work with individuals diagnosed with ADHD, Brinkmann points to the tendency to view even everyday difficulties (e.g., losing one’s keys) as evidence of one’s diagnosis. In addition, self-affirming mediation includes use of behaviors that typically would be considered inconsistent with the disorder as evidence for the disorder. He cites the example of William, a storehouse clerk, who associates his desire to “keep everything in order and avoid chaos” (p. 70) with his ADHD, and provides numerous other examples of contradictory symptoms used by sufferers to support their diagnostic claims. Under this heading, Brinkmann also considers the propensity of those diagnosed with a given disorder to embrace their diagnoses as part of their cultural identity. The distressed response of the “Aspie” community at the removal of Asperger syndrome from the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5; American Psychiatric Association, 2013) offers a case in point. Brinkmann also describes a participant in his ADHD group who elected to have the letters "A D H D" tattooed across his chest.

Disclaiming mediation, for Brinkmann, refers to use of the diagnosis as a means of renouncing responsibility for one’s actions. In the case of Michael who “snaps,” for example, the disease process presumably underlying ADHD can serve as the entity responsible for his temper outbursts, allowing him to distance himself from his own behavior. Human beings have a longstanding habit of disclaiming responsibility when intoxicated—“that must be the wine talking!”—and for many, psychiatric diagnoses now serve a similar function. When others show irritation at an individual for insisting on having things his or her way, the person might, for example, disclaim responsibility by saying, “It's my OCD!” Some psychotherapies, such as narrative therapy, Brinkmann notes, have used externalizing metaphors that resemble disclaiming. In those interventions, however, the disorder is typically portrayed as an “entity” in an effort to create alternative conditions of responding (e.g., that urge to wash my hands is “just my OCD talking,” I can freely pursue what matters to me even when the OCD urge is present—and without washing).

**Toward a Theory of Human Kinds**
Brinkmann engages in an effort to provide a more comprehensive and socially useful understanding of psychiatric diagnosis. His goal in this endeavor is to navigate a path between biological essentialism, on one hand, and a naive social constructionism, on the other. Maintaining his contention that mental disorders are not natural kinds or biological essences located in the brain, he also argues that it is hardly sufficient to consider them as merely collective fictions or simply as ordinary human behaviors subjected to pathologizing discourse. Reviewing territory covered in philosopher Derek Bolton's (2008) book, What Is a Mental Disorder?, Brinkmann dismantles a variety of pathologizing perspectives. Regarding neuroscientific theory, he notes that despite advances in neuroimaging technology, mental disorders continue to be assessed phenomenologically and behaviorally. Meaningful biomarkers seem nowhere to be found. Medical theory, which corresponds simply to distinguishing between "the normal and the pathological," suffers from lack of coherent norms and agreement about what a natural human function would be in the context of culturally and socially shaped behavior. It should be noted that as the human condition is progressively psychiatrized and the number of diagnostic categories continues to metastasize, it becomes increasingly rare, or “abnormal,” not to be sick. Jerome Wakefield’s (1992) theory of mental disorder as “dysfunction” raises a similar problem regarding the evaluative criteria against which function and dysfunction could be judged. Finally, still following Bolton, Brinkmann also considers Karl Jaspers’ (1963) definition of psychopathology as a breakdown of socially meaningful connections between what happens in life and a person’s reaction to it. Of the theories proffered, Brinkmann prefers Jaspers’ given its cultural moorings, though he concedes it lacks specificity and fails to reflect the social processes that inform the experiences of the individual diagnosed.

Ultimately, Brinkmann opts to view mental disorders as “boundary objects,” which represent a hybrid interaction of nature and culture—an interaction that includes the discursive looping effects posited by Hacking (1995) in his discussion of human kinds. In this way, Brinkmann contends, what we refer to as “mental disorders” cannot be said to be located “in the mind.” Indeed, Brinkmann argues, these disorders cannot be specifically found in any given location but could be viewed, more usefully, as distributed processes involving embodied sociocultural practices. He notes that such a distributed conceptualization of human experience has been widely accepted for the phenomenon of “stress.” As defined by Lazarus and Folkman (1984) and others, "stress" relies on a robust contextualization involving physiological factors, cognitive appraisals, behavioral responses, social relationships, and environmental interactions. Throughout this discussion, Brinkmann emphasizes the importance of seeing phenomena such as psychological distress or “mental problems” as pertaining to whole persons. They are “experienced, had, and done by persons” (p. 126; emphasis in the original) and, as such, cannot be reduced to problems or processes located within the person. This rich conceptualization suggests the utility of a more tentative—and considerably less reductive, circular, and stigmatizing—approach to nosological activity than much of what one finds in contemporary texts concerning psychopathology (cf., Craighead, Miklowitz, & Craighead, 2013). Professional psychologists and their clients could benefit from exploration of the avenues that Brinkmann has charted in this brief and compelling book.

References


