

# The Life Cycle of Psychiatric Diagnosis

## 1 - The Schism (between now self and society)

The feeling of separation creates distress. The distress results in behaviours which attempt to address the distress and are often mistaken for a fault in the person rather than an attempt to save the self and survive the situation.

## 2 - The Diagnosis of Behaviour

The behaviour is catalogue and compared to many others. The diagnostician is attempting to catalogue the behaviour to find a solution to the behaviour which is seen as disruptive to the person, without realising the behaviour is protective. The diagnostician often misses the underlying cause of behaviour and fails to solve the problem.

## 3 - The rejection of diagnosis

The diagnosed person will often reject the diagnosis for various reasons. Often this is because the diagnosis is damning, stigmatising, degrading and not helpful towards a solution. Sometimes it is because the person perceives that the diagnosis implies fault in the person, either mental weakness or physical failings in the brain or genetics. Underlying this may be the intuition that the diagnosis does not address the root cause of the behaviours.

## 4 - The doubt of self

As the diagnostically appropriate intervention continues, the person begins to doubt themselves — their identity, their sanity, their methods of survival. Often the questions of “what if they are right?”, “what if I am crazy?” and “they are professionals, surely they would know” enter the mind set of the person. Doubts undermine the survival mechanisms created to survive the root cause, often resulting in the person coping less.

## 5 - Acceptance of diagnosis

The person accepts the diagnosis as an accurate description of not only their behaviour, but their experience as well. Typical of diagnostically appropriate interventions requires “insight” - the acceptance of the diagnosis, and this is seen as diagnostically appropriate step towards minimising damage from the “illness”.

## 6 - Incorporation of diagnosis into self

Often the person changes their behaviour to more closely match the diagnosis, making a better fit, and hopefully make the diagnostically appropriate intervention a better solution. Behaviours that protected the individual from the root cause are discarded for those which protect the self from the perceived dangers of the diagnosis. All actions are interpreted through the filter of the diagnosis. “I do this because I’m sick”, “I can’t change, I have no choice”, “we just have to find the right drugs” - all solutions are external to the person.

## 7 - Redefinition of self as diagnosis

The diagnosis no longer describes the behaviour or the illness, but now describes the person. “I am a [disorder]” is a common phrase used by the person, reinforced by others saying “s/he is a [disorder]”. The sense of self identity has become corrupted by the behaviours originally adopted to minimise damage to self from a root cause. The person becomes the “illness”. This can result in isolation from others so as not to hurt them, or an excuse to take advantage of others since “I’m sick and can’t do it myself”.

## 8 - The rejection of self

Eventually the diagnostically appropriate solution is shown to not work, as the behaviours just recur, get worse, or adapt to the diagnostically appropriate intervention. The person is labelled as resistant, not wanting to get better and chronic. The person loses hope and faith, often retreating into the self, or acting out in violent, dramatic ways. These can be cries for help, acts against the self or an escape from grim and frightening reality. The person enters a crisis of identity.

## 9 - New definition of self without diagnosis

A solution to the above crisis of identity is to separate out the diagnosis from the self. This is not a return to a previous state, as too much erosion of the original self has occurred. Rather this is an evolution beyond diagnosis, seeking to put into context all of the experiences, good and bad, since the original schism. The person has gained both bad habits from the diagnosis and mal adapted survival traits, as well as a set of coping and survival tools.

## 10 - Acceptance of self

Evolving past defining the self allows for an acceptance of self as an existing being. There is an acknowledgement of pain, suffering and growth. If the person is able to go from Step 1 to here, then the person can move straight on to Step 11. Otherwise the person may need to pause to heal from erosion and self harm picked up from Steps 2-9.

## 11 - The healing of schism

The person tries to work out where they belong in society, in life and what brings joy, contentment and meaning. The person learns to love themselves for who they are, not what they do, not what others want them to do and not what they expect others think they should do. The behaviours learned to survive the original schism can be let go of if they are causing ongoing difficulties, or embraced if they create ongoing joy.