Clinical Supports

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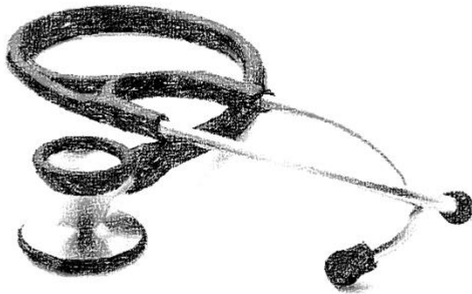
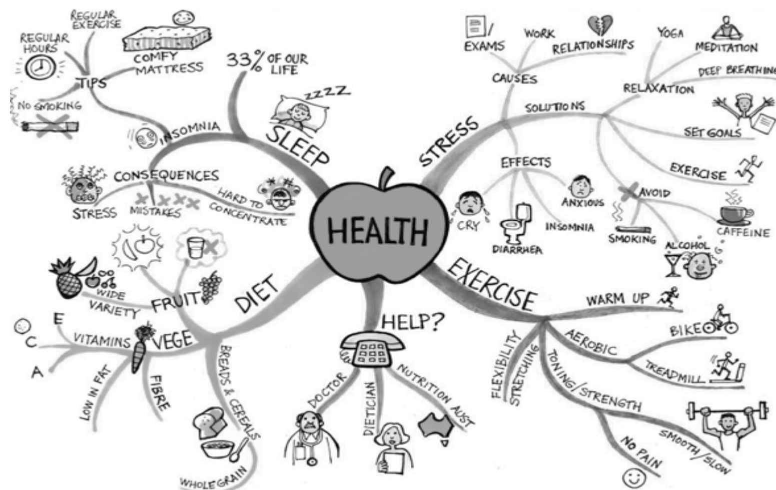


Words, labels & the DSM:

- Psychiatric / mental health diagnosis is inherently confusing because of the overarching medical, e.g., disease model. On the one hand, everyone deals with stress, worry, sadness. When, how, why are normal feelings not normal?
- This medical/disease model is focused on symptoms and of course on reducing or eliminating symptoms.
- Obviously, this is a coherent and rational approach… but problems begin almost instantly with mental health.

Is 'depression' is a disease like diabetes or a passing illness, like a cold? Is it natural, healthy, part of life, or a serious problem?

- Often the answer is "both" and "it depends". In theory, "**acuity**" or how mild, moderate or severe a problem is determines whether the problem is normal or abnormal. But acuity is hard to measure. It includes factors such as the duration and the external events. One person's endless weeping is normal, if they've lost someone, where another person's crying is a symptom of something else.
- The DSM (manual of diagnostic codes) uses the term '*disorder*'. This captures the concept of normal human phenomena being *out of order* and resulting in substantial impairment.
- The word *disorder* also embeds the possibility of it being helped and re-ordered. Diagnoses involving anxiety and depression are often temporary, stemming from situational adjustment problems.
- It's important to know that some disorders can totally go away where others tend to persist, even as a person improves significantly.
- Some disorders are pure brain chemistry, some a mix of physiological and situational. The graphic below helps underscore the broad scope of factors that impact, for example, many people's experience of anxiety and depression. This reflects an 'emotional model' of suffering vs. a purely medical model of labeling. Simply labeling or diagnosing an emotional state or behavioral pattern may ignore or downplay a multitude of factors that in essence, create/contribute to the issue in the first place.



- Another limitation of the disease model pertains to how very individualized disorders tend to be. When a medical doctor provides a diagnosis, the treatment tends to be a direct extension of diagnosis. But in mental health one person's anxiety or depression may be very different from another's.

- Nevertheless, the coordination of research and services across the globe, involving billions of dollars and hundreds of millions of patients and providers cannot proceed any coherent way without some sort of consensus regarding the fundamentals, beginning with terms and the definition of terms. For diagnosis and treatment scientists and clinicians (generally speaking) rely on the DSM-5 and similar taxonomies.
- On one side, we need *uniformity* in labeling and coordinating and on the other *flexibility*. An "anxiety disorder" and similar labels allows for this. The term anxiety means one thing to one person and something else to another. Reflecting this, people use various terms and phrases: *stress, freaked out, upset, overwhelmed, depressed*.
- Importantly too, virtually all mental health issues involve emotional dysregulation (a foundation of the 'new paradigm', see other handouts). Emotion is not limited to a verbal concept, of course. Naturally, people often struggle to find words for anxiety. Often one's sense is that of a vague omission, 'not myself', 'something's wrong'. Or they use the common very vague words, such as '*stressed out'* as placeholders for their emotional experience.

Often people feel extremely emotional but unable to separate their feelings from the situation or story evoking their feelings. People who choose not to pursue therapy or early in therapy often say that nothing will help because nothing can change the outer situation. But of course, many people do get much better. And when they do they see the outer situation in a new way.

- Descriptors for the other side, for relaxation, include "fine" and the usual variants: *OK, no problem, happy, chill, good, relaxed, excited, normal*. At the same time, people use these terms when they feel quite the opposite.
- Anxiety often involves emotional turmoil, excessive worry, trouble concentrating, an inability to perform and be as productive as normal.
- Acute anxiety can manifest in feelings of panic, and in panic episodes. These may involve shallow breathing, sensations of tightening or restriction in the chest and feeling parched, clammy, 'miserable', 'yukky', and bad in ways than include both physical and emotional dimensions.
- Long-lasting anxiety may be draining and contribute to depressed mood, sleep problems.
- Related feelings tend to have both conscious and less-conscious dimensions. The clearer one becomes of these continuums (from less to more aware) the better.
- For purposes of coping, healing, recovery and "resiliency", the words and phrases people use tend to be global, general and vague and reflect a lack of interoception (please see the interoception pdf).
- Clients might facilitate their own healing through efforts such as depicted here, e.g., draw, sketch, paint, do a collage. Consider the positive and negatives both. Consider what avenues will disrupt the current pattern in a fresh, creative, positive way. Ask yourself what you are already doing well, and also where you can begin in small ways to change. Focus on what is doable, what can you build upon.
- Another similar exploration can be helpful, e.g., using 'right brain' capacities (visual, imaginative, colorful, emotional, music) to explore, recall, track, elaborate on causes of any particular upsetting, challenging patterns.