

## **Does My Diagnosis Define Me?**

**By Steve Midgley**

A diagnosis identifies the nature of a person's problem. In making a diagnosis a clinician seeks to explain the symptoms someone is experiencing by identifying the underlying problem. Sometimes a diagnosis will identify an organic (bodily) disease and sometimes an illness of the mind. A diagnosis is valuable on many levels.

### **The benefits of diagnoses**

At the most basic level diagnoses make medical research possible. Unless, for example, there is agreement about how to identify people with 'hypertension' (high blood pressure) no consistency could exist over studies looking at interventions for hypertension. Different treatment options could never be compared.

Moreover, when patients are given a diagnosis, it often helps their feelings of confusion and fear. Mysterious symptoms that have been hampering their life are now 'explained'. It is reassuring to find that a doctor seems to understand what is happening to them and can give it a name. And with a diagnosis comes the possibility of treatment and usually also some kind of prognosis that indicates what to expect in the future.

Diagnostic categories also encourage doctors to look for symptoms that may, to that point, have been overlooked. Knowing that a particular disease creates a particular set of difficulties alerts them to problems the patient hadn't connected to this complaint.

Yet arriving at a diagnosis is not always as simple as it might seem and the experience of getting a diagnosis not always as positive as we might expect.

### **The limits of diagnoses**

It helps to consider the nature of a medical diagnosis. Is arriving at a diagnosis a bit like discovering a fact of nature, like gravity? Gravity has always existed in the world, but at some point in history, scientists discovered it and named it. Some diagnostic categories do seem to be like this. Measles existed long before anyone even knew that viruses existed, but a time came when the virus was identified and the disease could be fully described and explained. Psychiatric diagnoses are not quite like that though. They are more like descriptions than explanations. A certain cluster of difficulties are noticed – perhaps to do with anxieties or low mood – and they are given a descriptive label. There is an issue here about the boundary between normal and abnormal. When should we identify something as a general life struggle and when should we describe it as mental

illness? In the field of psychiatry this is currently a major topic for debate. The reason all this matters (and is not merely of academic or philosophical interest) is because a diagnosis affects the way we understand ourselves. When something has a name, it takes on an identity and that gives it a sense of power.

### **Some downsides to diagnoses**

One person says: 'I find social situations challenging'; another, with the same struggle, might say: 'I have social anxiety disorder'. One person identifies their child as 'a bit of a handful'; another says: 'my child has oppositional defiant disorder'. One woman says: 'I so badly miss my husband'; another is told she has 'prolonged grief disorder'. We have already mentioned some of the benefits of diagnoses – they help clarify a person's experience, bring a sense of being understood and are a key step toward obtaining appropriate treatment. But there are also potential drawbacks.

Sometimes, a diagnosis brings a sense of passivity. A person takes on a 'patient role' – instead of continuing to work on their difficulties, they now look to others to do so. As one writer provocatively puts it: 'for a person who suffers from or has to endure a woe, a label of mental illness can be confusing. Their woe becomes an 'it', an object that must be passively accepted rather than understood and confronted as something that can be changed.'<sup>1</sup>

The challenge is to seize the advantages of diagnostic labels while simultaneously avoiding their pitfalls.

### **Dignity that transcends diagnoses**

One way to do this is to remember other key aspects of our identity. Before anybody is a patient, they are an individual created in the image of God. From that God-given identity comes not just a profound dignity but also a calling. We are created to bring God glory by bearing his image and that is something that can be done both in weakness and in strength. In fact, when the apostle Paul says that he will 'boast all the more gladly about [his] weaknesses' (2 Corinthians 12:9), he shows us how illness can be a context that is particularly suited to bringing God glory because of the way it causes us to rely upon him.

Finding ourselves beset by illness – especially if it is a terminal illness or a condition which brings lifelong disability – brings many difficulties. The challenge for a Christian believer is to face those difficulties with an ongoing confidence that they are still in God's tender care, that they remain a child of their heavenly father and that God will give them good works to walk in (Ephesians 2:10) even in the midst of their illness. In that

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<sup>1</sup> Richard Hallam, *Abolishing the concept of mental illness*, Routledge (2018) p 17

sense, a diagnosis will never define us for there is always much more to us, and to our lives, than our diagnosis.