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**The Diagnosis Myth**

**By Eric Shapiro**

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Although I risk dissension by doing so, I must say something that I think many of us in the mental health community have acknowledged for quite some time: every single diagnosis of a mental disorder is fallible.

Before I proceed, I should note the value of diagnoses. They are immensely useful categorical tools. The human being cannot productively navigate the uncertain tides of reality without the use of symbols and structures. Symbols and structures allow us to determine where our glasses end and our tables begin. Accordingly, when Patient A is compulsively cleaning her apartment and Patient B is speaking to invisible demons, it is important to have the words "Obsessive-Compulsive Disorder" to describe the former and the word "Schizophrenia" to describe the latter. Categorizations such as these not only help us to distinguish between ailments, they also assist us in making reliable behavioral predictions and selecting appropriate modes of treatment. I have no intention of ignoring these facts.

However, two unsettling flaws consistently accompany diagnoses of mental disorders.

When one breaks an arm and is diagnosed with the linguistically sophisticated ailment known as a "broken arm," there is finitude on display. Witnesses could line up from the patient's bed to the hospital parking lot, and they would all agree that the patient was suffering from a broken arm. The Law of Averages insists that one or two jokers would, due to rebelliousness or sheer foolishness, concoct some other diagnosis, but I believe that my point is clear: physical diagnoses are better suited for objective consideration than are mental ones.

Despite the probable existence of Patient A and Patient B, the mind is a realm of liquidity and abstractions. Absent are any features remotely approaching the rigidity of a bone. Even for its most stubborn bearers, the mind is a place of motion. When it is possible for a Depressed patient to shift from numbness to panic to auditory hallucinations within the space of a single afternoon, of what ultimate use is the "Depression" label? To be sure, some symptoms achieve prominence within some

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minds, but all minds, we must acknowledge, never stop shifting, advancing, reversing, and flowing. Every mental disorder is therefore an abstraction at best.

I have been diagnosed with Obsessive–Compulsive Disorder. This seems about right, but what am I to make of my occasional bouts of Panic? Are they "part of" my O.C.D., or do I also have Panic Disorder? And, further, what am I to make of the one or two professionals who have said that I may have Attention–Deficit Disorder? Is my A.D.D. an offshoot of my O.C.D. or does my O.C.D. stem from my A.D.D.? Which of the two shares a stronger bond with my Panic? Even more confusing: as part of my O.C.D., I sometimes obsess about the possibility of becoming Manic. This obsession seems to tangibly alter my moods, but am I authentically Manic, or am I merely Obsessed? I feel like panicking.

We must admit that all mental disorders, however distinctive their given names, are members of one large dysfunctional family. This family is so huge that I question the merits of memorizing all its members' names and faces.

The second inevitable defect of a mental illness diagnosis is the fact that Its Recipient Is Also Its Source. In other words, because the mind of a diagnosed patient is the seat of her affliction, knowledge of a diagnosis can provoke greater mental distress. Said distress can arrive in several forms. The patient's symptoms may increase due to her renewed awareness. The patient may develop an Inferiority Complex (yet another disorder!) or drift into a state of panic. Most troubling, the patient may adhere so strongly to the notion of being SICK that her mind will never trust itself to part with its imbalance.

I can sense the naysayers closing in on me. You likely think, "The patient will surely never improve if she's ignorant about the existence of her disorder!"

I agree wholeheartedly. Acknowledging the presence of a problem is the first step toward solving it. Nonetheless, our collective perception of mental diagnoses is ripe for a change. Not only do these labels fail to holistically summarize the people they're attached to, they also tend to make said people feel stuck.

Upon being diagnosed with a mental disorder, a patient should regard her diagnosis as a handy signpost en route to treatment and recovery. Regarding such disorders as fixed, deep–rooted states is a terrific way to make them hang around longer and sink in even deeper.

Eric Shapiro is the author of "Short of a Picnic," a collection of fictional stories about people living with mental disorders.

### **The 10 Myths of Successful Selling**

**By John Mitchell**

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Myth #1 You should close early and often

Myth #2 Sell features to get a higher price

Myth #3 There's no methodology to selling – it's pure art

Myth #4 Objections are a sign of customer interest

Myth #5 Open questions are better than closed questions

Myth #6 You can't teach a person to sell

Myth #7 You have to understand the difference between wants and needs

Myth #8 Great products sell themselves

Myth #9 Making a benefit statement is the best way to open a sales call

Myth #10 All customers make up their minds in the first 4 minutes

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John Mitchell is President and CEO of Inclusic, a company providing sales and marketing outsourcing in the UK and USA. He was a top performer in IBM sales for 5 consecutive years; Chief Marketing Officer of a Fortune 500 company; and CEO of a NASDAQ listed consulting company. John has written for the London Economist and has been guest lecturer at NYU, London Business School and Swiss Banking School.

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