Reframing diagnostic labels as interpersonal metaphors: A social constructionist perspective

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ABSTRACT
Research indicates that the number of individuals diagnosed with neurological, learning and psychiatric disorders has increased sharply in recent years. More acknowledgement of the importance of narratives in constructing social reality has stimulated much debate on the consequences of diagnosing individuals with such labels. The aim of the study on which this article is based was to explore the ways in which individuals construct meaning from their experiences of adapting to their diagnostic labels. In service of this aim, a social constructionist epistemology was adopted and discourse analysis was used to analyse the results from participants’ interview data. Results indicate that participants managed to construct meaning from their diagnostic labels through reframing processes that serve to promote positive perceptions of self in relation to others. Furthermore, this meaning-construction process appears to be a reflective and interactional one, in that it relies on a negotiation of meanings between people in a retrospective fashion.

Keywords: diagnostic labels; discourse analysis; ecosystemic epistemology; interpersonal metaphors; language; meaning-construction; qualitative research; reframing; social constructionism

With advancements in the behavioural sciences such as psychology and psychiatry, there seems to be an increased tendency to apply diagnostic labels to various types of behavioural problems. Considering that these labels are problem-orientated and therefore highlight behavioural deficits of the individual, an interesting question is raised with regard to what the consequences of this act of labelling might be for the diagnosed individual’s perceptions of self in relation to others.
REFRAMING DIAGNOSTIC LABELS AS INTERPERSONAL METAPHORS

Research has shown that the number of children and adults diagnosed with neurological, learning and psychiatric disorders has increased sharply over the past few decades (Wiener, 2007). Much debate on the consequences of diagnosing individuals with such diagnostic labels has, however, been stimulated by an increasing acknowledgement of the importance of narratives and discourses in constructing social reality.

Objections primarily come from sociologists who subscribe to labelling theory and symbolic interactionism (Rubington & Weinberg, 2008; Schur, 1971), as well as theorists who subscribe to systems theory (Anderson, Goolishian, & Winderman, 1986; Efran, Lukens, & Lukens, 1990; Keeney, 1979). The main argument against the use of diagnostic labels is that they tend to oversimplify and incorrectly attribute the causes of the behaviour they describe.

Inspired by the idea that language frames the way we perceive reality, the aim of this article is to explore the ways in which such individuals construct meaning from their experiences of adapting to their diagnostic labels by reframing these labels as interpersonal metaphors. This aim departs from the traditional dichotomous view of describing labelling as inherently good or bad, and rather seeks to understand how individuals construct the meanings attached to their diagnostic labels.

PERSPECTIVES ON LABELLING

The term labelling is known by many names in scientific discourse, including categorising, typing or diagnosing, and refers to the sorting of people into classes that have social significance in that they offer some information or knowledge about the social, economic, medical, moral or any other form of status of its members (Rubington & Weinberg, 2008). Thus neurological, learning and psychiatric disorders can be construed in these terms as diagnostic labels that distinguish a number of individuals with ‘shared’ characteristics and that offer some information about the medical or psychiatric status of the labelled individuals (Barlow & Durand, 2005).

Various perspectives on labelling focus on the effects of labelling a person as disordered (See Rubington & Weinberg, 2008; Schur, 1971). This inevitably leads to a punctuation of the labelling interaction as a linear sequence where one party (e.g., society’s rules) causes the other (e.g., the breaker of society’s rules) to be viewed or responded to in a certain way. Such causal abstractions, however, ignore the wholeness of the situation and reduce intricate patterns of relationships to overly simplistic linear ones (Keeney, 1979). In trying to understand labelling and its effects, it seems necessary to move beyond the labeller, the labelled and their interaction in order to consider the entire ecology in which labelling occurs.
Towards an ecological perspective

Efran et al. (1990) are of the opinion that causes and effects are created by people through the subdivision of phenomena into parts (Lifschitz & Fourie, 1990). Therefore, social experience and social living do not intrinsically exist with special laws determining that event A would lead to outcome B (Fourie, 1994). Rather, social systems constitute whole systems (Lifschitz & Fourie, 1990) where cause and effect is purposeless, in that its invention inevitably leads to tautologies. In other words, “. . . [a] description is turned into a purpose that is then asked to account for the description” (Efran et al., 1990, p. 99). This different model for conceptualising the world in terms of wholeness emerged within the ontological shift known as Postmodernity and is known as Ecosystemic Epistemology.

The postmodern explanation and ecosystemic epistemology

Whereas modernist approaches (such as positivism) emphasise the ‘knowability’ of ultimate truths and endeavour to discover natural and linear cause-effect laws (Fourie, 1994; Sey, 2006), postmodernism rejects the idea of a single truth, and rather acknowledges the possibilities of multiple and relative realities which are constructed by the meanings that people attach to events (Sey, 2006).

In keeping with the postmodern revolt against the reduction of reality to linear cause-effect laws, second-order cybernetics posits that a system is defined as being whole, self-referential and autopoietic, among other elements (Becvar & Becvar, 2000). The wholeness of a system implies that any description of what is happening in the system is self-referential (Fourie, 1994). This simply means that, in systems, simultaneity of interactions occurs where the describer has to include himself or herself in that which he or she is explaining. Since there is ‘simultaneity of interactions’, the act of labelling behaviour as disordered is both the cause and the effect of the individual’s disordered behaviour, and the same is true for the ‘disordered’ individual’s behaviour towards others and others’ behaviour towards him or her.

Given this explanation of systems, and if one accepts that society as a system functions as a whole system (Fourie, 1994; Lifschitz & Fourie, 1990), it becomes clear that simplified and reductionistic explanations of diagnostic labels and their causes and effects are irrelevant and even distracting.

Social foundations: The importance of language in constructing reality

By shifting their focus to language, social constructionists recognise the important role of narratives in shaping social reality (Fourie, 1994). More specifically, social constructionism postulates that reality is constructed through a social process characterised by mutual agreement between people on the nature of reality, whereby
shared meanings, beliefs and values are attained (Young & Collin, 2004). The social constructionist epistemology links very closely to the postmodern worldview, advocating the idea that different realities are created through a social process of meaning construction that opens the possibility for multiple and relative realities to exist.

Therefore, social constructionists reject the idea of an underlying structure or order in any phenomenon being studied (Cecchin, 1992; Fourie, 1994; Hoffman, 1992). Rather, this view suggests that our observations are always informed by the language we use to describe them. Thus our observations will always reflect political and ideological power relations among those who describe and those who are described (Hoffman, 1992), and may change relative to changes in society.

Cecchin (1992) argues that the significance of social interaction is that it becomes a way of defining the self in a relationship with the world. People’s interactions (as mediated through language) are seen to hold with it the limits and opportunities we are faced with as individuals related to our reality.

**Language – Both friend and foe**

From the foregoing discussion it follows that language becomes the crucial element in creating and resolving problematic systems (Efran et al., 1990). For instance, Anderson et al. (1986) describe the way in which an ecology of ideas is formed:

> ... the shared, cognitive, and linguistic discourse through which we derive meaning, and out of which we create the realities of coordinated action systems. Through language individuals interact with and coordinate behaviour with others in a variety of ways. This can even be ways that are thought of as problems. (p. 6)

A person’s behaviour therefore only becomes deviant or problematic when it is languaged or framed as deviant or problematic (Fourie, 1994). In this way agreement is reached that the person has a problem and a ‘coordinated action system’ forms around the identified problem – thus what Anderson et al. (1986) call a problem-determined system, where the organisation of the system and the identified patient’s (IP) role in it are altered by the admission that there is now a problem.

Cecchin (1992) is of the opinion that, apart from negotiating the limits of our personal agency, social interaction is also a useful medium through which individuals can extend their definitions of self in order to offer possibilities for more personal agency and thus solutions to problems.

**Defining the self – A never-ending, ever-evolving story**

When referring to the notion of self, social constructionists talk of a continually evolving entity, that waxes and wanes over time, much like a “stretch of moving history” (Hoffman, 1992, p. 10). Hoffman (1992) maintains that any person’s experi-
ence of himself or herself is imbedded in a relational field where changes in others’ reactions to him or her affect the way he or she experiences the ‘self’, and vice versa. Therefore, the ‘self’ is described in terms of circular interactions that imply that it evolves and changes shape over time.

Viewing the ‘self’ as a continuously evolving process holds important implications for conceptualising the idea of ‘normal’ human development, as Hoffman (1992) posits that to single out one ‘optimal’ route is to step into the trap of a singular truth. Thus, given the scientific discourses on diagnostic labels, it is easy to come to the conclusion that such labels refer to ‘real’ underlying conditions that manifest in behavioural and interactional disturbances and which are the consequences of a deviation from the optimal route of development. Such a conclusion, however, ignores the crucial fact that the ‘disorders’ that are spoken about are products of the linguistic activities that occur between agents of the institutional and cultural contexts that carry the values and expectations of society at large (Hoffman, 1992).

Having provided a brief overview of the literature on diagnostic labelling, the focus now shifts to an explication of the guiding principles and research methods that formed the foundations of the study under discussion.

THE RESEARCH PROCESS – A QUALITATIVE APPROACH

Selection of participants and sampling strategy

A purposive sampling strategy was used in this study. Participants were identified via professional psychologists who were provided with criteria for the identification of suitable participants. The criteria for selecting suitable participants were outlined as follows:

1. the participant must have been formally diagnosed by a health professional with a neurological, or psychiatric condition;
2. the participant must have accepted the label to apply to him or her and must have shared this knowledge with others in his or her life;
3. the participant must have adapted to the condition and achieved some success in managing the labelled behaviour, as well as the stigma associated with the label.

Once identified, permission to interview suitable participants was obtained by means of an informed consent form that was signed by each participant. Interviews of approximately one hour’s length with five participants were held to ensure that enough data were obtained. Interview data from three of the participants were utilised in the analysis phase. The reasons for this decision are, first, that the results obtained from the three participants were thought to yield a satisfactory account of the phenomenon under study; and, second, the data obtained from the excluded...
interviews were deemed to be insufficient (i.e., lacked depth and richness in content) to serve the aim of this study.

**The interview process**

An interview schedule, which contained themes that were of interest, was compiled. The interview schedule served to guide the collection of data and to avoid deviating too far from the heart of the topic.

**Data-analysis strategy – Discourse analysis**

Discourse analysis was used as the method for data analysis due to its fit with the research aims. The discourse analysis utilised here draws on the postmodern ontology that seeks to describe the ways discourses operate to construct certain views of reality to the exclusion or downplaying of alternative views (Ballinger & Cheek, 2006). Therefore, care was taken to avoid searching for truths in the participants’ texts. Rather, attempts were made to understand what happens (what reality is created) when participants use language and discourses surrounding the diagnostic label in a particular way and in a particular context. To achieve the abovementioned goal, the directions put forward in Terre Blanche, Durrheim, and Kelly (2006) were utilised, and are briefly outlined here:

**Identifying the effects of discourses**

Each participant’s text was read through several times, after which it was analysed for various discourses and the effects these achieved or failed to achieve. When reading through the texts, the first author drew on his knowledge and membership of Westernised South African culture as well as the mental health community and its customary ways of conversing, whilst also reflecting on the realities such ways of conversing creates.

As a means of analysing the effects of discourses, participants’ use of binary oppositions were attended to, such as competent versus incompetent, normal versus crazy. This usually influences the reader to align themselves to a particular side of the opposition. As such, binary oppositions have immense power in creating a particular reality and closing the possibilities for alternative realities (Terre Blanche et al., 2006).

Also, recurrent phrases and metaphors were identified, as these are thought to convey the participants’ experiences with, and perceptions and expectations of, their diagnostic labels and thereby colour the meanings of events and experiences in their lives (Terre Blanche et al., 2006). Finally, the subjects around whom the texts centred, were also afforded attention during the analysis, as Terre Blanche et al.
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(2006) mention that discourses interact with one another to construct the subjects (in this case the participants themselves) in particular ways.

**Attending to context**

Terre Blanche et al. (2006) propose that “. . . [a] discourse seems to have a life across specific contexts. Thus, discourses are inflected with nuances of the particular institution in which they are being used” (p. 338). In accordance with this idea, Ballinger and Cheek (2006), propose that discourse analysis, in principle, also focuses on “. . . how particular texts are indicative of wider cultural understanding and ways of sense making” (p. 204).

Attention was therefore also given to the different means by which discourses work in different institutional contexts to inform the realities of participants as individuals who have adapted to their diagnostic labels. It was assumed then that participants’ experiences of their involvement in, and interactions with, different macro settings, such as family, health care settings, religious institutions and the like, interrelate to colour their realities as individuals living with diagnostic labels.

**The researcher as co-constructor**

The last consideration involves a researcher’s role in co-constructing the realities of participants through his or her observations, descriptions and involvement with participants. According to Terre Blanche et al. (2006), the discourse analyst plays a crucial part in constructing the realities of participants by means of the ways in which he or she punctuates their texts and analyses them. The aforementioned also has certain effects and contexts, as this interaction between the analyst and the participants’ texts bring about a new text.

The main aim of this study was to explore the adaptive outcomes of participants with diagnostic labels. Their texts were therefore analysed according to this goal. This in itself had certain effects, as a researcher (who brings his or her own views, understandings and ways of relating) becomes an active participant in the construction of participants’ realities.

**Ethical considerations**

To avoid exploitation of research participants, the philosophical principles of autonomy and respect, non-maleficence and beneficence that guide ethical research (Wassenaar, 2006) were applied. As such, participants were informed verbally and in writing of their rights and responsibilities in their capacity as research participants.

The principle of non-maleficence requires that participants should be protected from any personal, emotional or relational harm that could result from the study. This was done by protecting participants’ anonymity as well as the confidentiality of
the information they shared. Participants were provided with the contact details of a psychotherapy clinic in the event that conversations evoked experiences that they wished to address with the help of a psychotherapist. Given the nature of the topic and the sensitive information and emotions that emerged during the conversations, care was taken to avoid framing participants’ experiences in a way that could lead to them feeling debilitated or stigmatised. This was achieved by acknowledging and respecting participants’ strengths and capacities, rather than only focussing on their negative experiences.

This latter attempt, then also served to benefit participants personally as it represents a collaborative effort to reframe (in a positive way) their experiences with their diagnostic labels as interpersonal metaphors. Despite the painful emotions that came up for participants, they all expressed appreciation for the opportunity to share their experiences in a validating context.

**Trustworthiness and credibility of the study**

In an attempt to promote the trustworthiness and credibility of the research, attempts were made to provide open and transparent self-reflection throughout the study and give a fair representation of different views. In line with this attempt, the reader is invited to continuously engage in an evaluation of the findings and to engage in his or her own interpretive effort as a means of judging the trustworthiness of the research findings. To further promote reflection on the trustworthiness of this research endeavour and the quality of the findings, the authors would like to offer what Ballinger (2006, p. 240) calls “considerations for evaluation”.

The first of these considerations involves the *coherence* of a study (Ballinger, 2006) where the reader is encouraged to consider to what extent there is a fit between various aspects of the study. These include the aim of the research, the methods used to pursue this aim, the worldview that informs research decisions regarding the study and the extent to which a researcher acknowledges his or her role in producing the findings.

The second consideration concerns the extent to which the reader can see evidence of systematic and responsible research conduct as reflected in the degree to which a researcher has given thought to his or her impact on participants and the findings of the research. The third consideration deals with the degree to which a researcher’s interpretations are convincing, relevant and contribute to the knowledge or understanding of the domain under enquiry.

**RESULTS**

The findings discussed in this section are based on the interview data gathered from the three participants in this study, Tiaan, Marietjie and Stefan. Tiaan is 52 years old.
and was diagnosed with Parkinson’s disease three years prior to his participation in the study. Marietjie is 35 years old and was diagnosed with Anxiety disorder about one year before the study was done, whereas Stefan, who is 41 years of age, has been living with his dyslexia label since primary school. All three participants are, or have been, in stable, long term marriages; all are white, Afrikaans-speaking, middle class individuals.

Although the participants’ experiences differed greatly as a function of their specific diagnoses, their personal histories, family structures and personalities (among other aspects), similarities were observed in the discursive effects achieved by each in the process of constructing their identities following the diagnostic events. Given that these similarities reflect process descriptions of how participants’ identity constructions took form, they will be referred to as process effects and will be discussed briefly below.

Process Effect 1 – Status quo

It is evident in each participant’s story that the diagnostic event symbolises a watershed moment in the course of his or her life. In reflecting on their experiences with their respective diagnoses, all three participants expressed a form of counterfactual thinking where they fantasised about what course their lives could have taken. This points to the perception, in all three participants, of the existence of a status quo for their lives prior to the appropriation of their diagnostic labels. The status quo represents the patterns of behaving and relating to others that informed the participants’ expectations of their futures prior to the diagnosis.

Stefan, who, due to contextual factors and his young age, was unaware of his ‘underlying dyslexia’ describes the status quo of his life during school to have been one of disappointment, academic failure and punishment. Stefan’s later realisation of dyslexia being the source of his struggles in school did not seem to drastically alter his perception of self or his expectations for the future. Rather, his diagnostic label served to amplify the injustices he experienced as a result of the status quo:

> ... it started already in standard one dreadfully, where I stood in the stupid crowd and I knew clear and well that Friday the spelling test is done and it is darkness for me . . . standard three I suddenly had to attend extra reading lessons during break time, where the English teacher got her teacher’s pets and I now have to sit with them and read. . . and it was terribly destructive for me . . . I had the spelling label already, then I realised I have to get the reading label against me as well . . .

Here Stefan’s doubt in his own abilities, coupled with the negative labels others attached to him, is presented as a core difficulty that adversely affected his self-esteem and perception of self. Being suddenly pushed into extra reading lessons evokes the image that Stefan was ill-informed and therefore ill-prepared for the situation he was about to face at school and he is therefore presented as having
been at the mercy of an unknown oppressive power with little consideration for his feelings.

On the other hand, Tiaan perceived himself to be a very active and healthy individual, whereas Marietjie conceptualised herself as a strong woman who was always ready to sacrifice her time to provide a helping hand to others. From Tiaan and Marietjie’s responses to the news of their diagnoses, as well as their struggles to incorporate the perceived implications into their existing perceptions of self, it follows that the status quo constituted a personal reality for each. This is illustrated in the following excerpt from Tiaan’s interview:

*Three years and a bit ago, I was diagnosed with Parkinson’s disease . . . it was a bit of a shock because it is a physical thing. I had always been a physical person, and sport activities and working in the garden, and my body is very important to me. I looked after my body through all the years, I never played contact sports and ruined my body, I always exercised and took care of my body.*

An example of the discourses at play is evident in Tiaan’s statement, where he places himself in the object position that has the effect of framing him as a passive recipient of the diagnostic label and thus having lacked personal agency at the time of the diagnosis. The diagnosis itself is presented as an infliction, something that happened to him over which he had no control. This definition of himself as lacking control over what happened to him is further strengthened by the shock he experienced after the event.

In essence, Tiaan attributes his shock to the fact that he himself took several preventive measures, albeit unknowingly, over the years, but yet this did not enable him to avoid Parkinson’s disease. The effect created by this preventive discourse is that it absolves Tiaan of any blame or responsibility for his infliction, while also painting Parkinson’s as an invincible force that could not be prevented. The impact and intensity of the disturbing news is escalated, thereby inflating the challenges and struggles he has yet to talk about.

Therefore, considering the above excerpts, the diagnostic event and the resulting appropriation of their diagnostic labels can be conceptualised as disruptive events in as far as they disrupted the status quo of each participant, either through negation or through amplification.

**Process effect 2 – Disruptive input**

The process effect of disruptive input is put forward as a description of the disruptive effects the diagnostic events had on participants’ expectations for their lives. Two of the participants, Tiaan and Marietjie, described the unsettling effects of experiencing the diagnostic event. Both also expressed a sense of confusion and uncertainty following the diagnostic event that is strongly linked to a struggle of incorporating the diagnostic label into their existing definitions of self. The diagnostic event and
the diagnostic label they received can therefore be likened to a systemic perturbation in as far as they contain information that is seemingly irreconcilable with their current identities. For instance, Tiaan describes his initial reaction to the news of his Parkinson’s diagnosis as:

. . . also a piece, a piece of denial of the situation, and what I held onto is that it is a unique situation, and that I look different from an old man in an old age home. . . . I didn’t see myself in that picture. I decided that I am going to give this thing a go, I am going to fight it . . .

In the foregoing excerpt, Tiaan highlights his differences in relation to what he sees as the typical and stereotyped case of Parkinson’s, that is, ‘an old man in an old age home’. Here Tiaan summons the young–old binary opposition as a means of exclaiming his individuality and uniqueness as a relatively young person with Parkinson’s, and thereby attributes qualities to his identity that set him apart from the typical case.

Marietjie expressed similar concerns when asked about the communicative value of her family’s response to her diagnosis:

[their reactions said to me] that I, that my body isn’t as, can’t go on as I’ve done in the past, yes.

However, her family’s reactions seem to play an important role in how she perceives the disruptive inputs of the diagnostic label. While Marietjie’s appropriation of the anxiety label holds certain meanings for her family members, her interpretations of how they react towards her seem to have certain implications for how she defines her identity. In this regard, her family’s reactions reinforce the reality that she needs to alter her lifestyle and become less dutiful. This latter effect is achieved by drawing on the social discourse that suggests certain labels or conditions signal certain states of affairs of character. In other words: ‘She is anxious because she is weak and therefore needs to rest’.

Although differences emerged in the ways in which participants experienced the disruptive effects of the diagnostic event, it seemed to have the common effect of inducing a systemic crisis in the form of altering each participant’s perception of himself or herself in relation to others. These systemic crises then led to an alteration in the ways they relate to significant others.

Process effect 3 – Ensuing crises and experimenting with new patterns

The diagnostic labels of participants and the disruptive effects they present for the status quo resulted in either a blocking or an amplification of their usual patterns of relating to others. Such blocking and amplification of interactional patterns seem to have the effect of inducing what can be described as systemic crises in the
participants’ lives. As such, the status quo as the sole construction of their personal realities is no longer a feasible frame through which the new input regarding self in relation to others (as symbolised by their diagnostic labels) can be incorporated into their existing identity constructions.

This latter statement is illustrated through Tiaan and Marietjie’s admissions that, after the diagnostic events, they were no longer able to carry on with their lives as usual. Both agreed that they were confronted with the task of restructuring their interpersonal relationships. Tiaan had to deal with the task of relinquishing control to others and sacrificing activities that he held dear, without losing his sense of purpose and personal worth. Marietjie was confronted with the task of laying down her helping duties and settling into the role of being the one who is taken care of.

By placing herself in the subject position, Marietjie is able to maintain a sense of control, because she is the active agent in deciding to let go of total control:

I now take every day, I always, oh planned things a week before the time, nowadays I take it one day at a time . . . I try to live everyday that I have to the fullest of my ability. Like if my child says “Mom, let’s go to the mall”, then I always said “Oh, let’s go tomorrow or the day after”. Now I say “Ok, let’s go”, because I have now, maybe tomorrow won’t exist anymore, yes . . . I try to live every day in the full, that’s all that changed me, my view on life.

In contrast to Tiaan and Marietjie, Stefan seemed to experience an intensification of the status quo present in his life. This is seen in the fact that the dyslexia label reinforced his role definitions as an academic ‘failure’ and thereby impeded others’ expectations of him to achieve success. This amplification of the status quo can be said to have elevated the difference in perceptions he and others had of him. This is because it provided a new element to the context in which his successes could be interpreted and also amplified.

By having the label dyslexia, his perceived chances of attaining success decreased, and therefore the importance of the successes he did obtain was amplified. This also had the effect of altering Stefan’s usual patterns of relating to others, and in effect of defining his identity in a different way:

I would rather say that I’ve found ways to cope and deal with it . . . I think the qualities that I have as a person, I would have had the same qualities whether I had dyslexia or not. I am a technical person by nature . . . I can take very strong ownership of a problem and sort it out or take responsibility for the results that go wrong . . . Now if I could spell or not, those characteristics could not change.

In each participant’s story, the disruption of existing patterns of relating and the experimentation with new patterns seemed to play a crucial role in the process of constructing meaning in terms of his or her experiences with his or her diagnostic labels.
Process effect 4 – Constructing meaning

The meaning-construction process described in this article seems invariably to depend on a juxtaposition of old versus new patterns of behaving and relating to others. This reflecting process seems to draw on the differences the participant is able to recognise between these older and newer patterns, and is thus punctuated and conceptualised as personal growth. This was illustrated in the stories of all three participants, an example of which is Marietjie’s admission that she is now more attentive to her own needs, whereas in the past she always placed her own needs second to those of others.

As the diagnostic labels with their perceived implications for participants’ lives represent a watershed moment between their old and new patterns of relating, these diagnostic labels are retrospectively conceptualised as having a mediating effect on participants’ perceived personal growth. In this sense, all three participants utilised their diagnostic labels as objectified realities with definite implications for their identity constructions and future expectations. These objectified labels were then juxtaposed to their personal qualities and capacities for adapting to the ‘real implications’ of their diagnostic labels. This process is clearly illustrated in Tiaan’s reflection on his own growth in response to his Parkinson’s label:

...The other aspect that I discovered in myself is that my life up to now was so disciplined, physically and psychologically, intellectually and cognitively, so disciplined that I can now fall back on that sort of discipline... Every marathon that I ran, every hiking trail that I walked, prepared me for what I now, for the qualities and attributes that I need now in order to go forward. Pushing through, I know about pushing through.

Here Tiaan utilises reference points in the past and connects them to situations in the present. In this sense an arc of meaning is formed that connects events and experiences from his past in a purposeful way to his experiences and needs in the present. Tiaan achieves this creation of purpose by utilising attributive words or purpose links (e.g., “...so disciplined that...”), thereby connecting certain purposeful actions (e.g., running marathons) to the purpose itself (e.g., being prepared for dealing with Parkinson’s). It should also be noted that Tiaan himself is framed as the agent that achieves the purpose in the present through his purposeful actions in the past, thereby constructing an identity of empowerment.

For all three participants, their experiences of rising above the debilitating effects of their conditions by utilising their own personal qualities could be constructed as occasions for personal growth.

CONCLUSIONS AND RECOMMENDATIONS

The analyses of participants’ talk revealed that their personal, interpersonal and vocational expectations and goals prior to their diagnoses play an important mediating role in their identity constructions. This is because these expectations and
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goals invariably formed a basis for the meanings they derived from their experiences of adapting to their diagnostic labels. As such, participants were able to present their experiences of adapting to their diagnostic labels as significant learning curves, as they afforded them opportunities for reflecting on various aspects of their lives prior to their diagnoses. Through such reflection the recognition of the necessity of personal, interpersonal or occupational growth in these domains of life became paramount.

The reflective process that is facilitated by the way participants used language to frame their diagnostic and interpersonal experiences, allowed them to compare their current functioning in specific domains of living to that prior to the diagnostic events. As a result, through these reflecting and retrospective comparing processes, the experience of personal growth was facilitated in participants. Furthermore, since the diagnostic labels were mostly framed as external or objectified conditions that afflict participants, they symbolise hindrances to participants’ adaptations. However, diagnostic labels as ‘hindrances’ juxtaposed to participants’ experiences of having achieved growth in various domains of functioning serve to frame them as active agents who overcame their hindrances and who could adopt the socially desired roles of empowered individuals and survivors of adverse conditions.

Following this argument, the diagnostic events as reflected in participants’ stories can be conceptualised as perturbations that served to provoke reflections and that challenged the existing organisation of participants’ systems of functioning (i.e., self as a system, self in system and system in context). This statement resonates with the second-order cybernetic² conceptualisation of psychotherapy, where psychotherapeutic intervention is framed as an act aimed at disrupting the rigidified homeostatic organisation of the family system by targeting individual family members’ perceptions of their roles in relation to the family system. It is accepted that the client or family will naturally construct new patterns of organisation through the homeostatic disruption that is provoked by the therapist (Andolfi, 1983; Minuchin, Nichols, & Lee, 2007).

To ensure the stable growth of an individual’s relationship systems, the diagnostic input or label demands that the relational structure and organisation of the respective systems undergo changes in order to avoid entropy (disorganisation) and move toward a new balance or homeostasis. This, from a second-order cybernetic perspective, requires that individual changes in terms of individuals’ role definitions and their positioning in relation to others evolve to allow for the integration of the new information (Andolfi, 1983; Minuchin et al., 2007).

In order to enlarge the individual’s frame of reference to allow for a harmonic integration of the diagnostic label with his or her identity (i.e., perceptions of self in relation to others), the individual has to attribute meaning to the diagnostic label as an important factor that contributed to personal growth. Because identity is defined in interpersonal terms, the meaning attributed to the diagnostic label requires that it also be defined in interpersonal terms or have interpersonal significance (in that the label informs alternative ways of relating to others).
As long as the diagnostic label is defined purely as an intra-psychic condition with no relevance to the individual’s interpersonal functioning or patterns, the experience of personal growth is unlikely to be recognised during self-reflection and the diagnostic label would at best serve a useless function – and at worst be imbued with debilitating meaning. As is illustrated in this study, if diagnostic labels can be redefined as interpersonal metaphors, that is, as pertaining to the individual’s patterns of relating to others and as containing indications for alternative patterns of relating, these labels could be utilised to restore the individual’s sense of empowerment and thereby foster a positive perception of self.

The authors trust that the study on which this article is based contributes to a different understanding of diagnostic labelling and departs from the moralistic conceptualisations of labelling as inherently good or bad. This research offers a way for psychotherapists to conceptualise and utilise diagnostic labels as part of clients’ personal realities, rather than to ignore its relevance to clients’ spheres of experience.

Furthermore, this research highlights the importance of recognising the constructing powers of each individual to create meaning from his or her own experiences. Thus by respecting and appreciating clients’ internal frames of reference and offering, rather than imposing, his or her own views on the nature of diagnostic labels, a psychotherapist can collaborate with the client in exploring ways to construct meanings from their diagnostic labels, instead of reiterating its debilitating nature.

Apart from its contributions, the study on which this article is based contains several limitations that warrant consideration. First, given that the research sample consisted of three individuals, the results reported here cannot be taken to be representative of the general South African population. Second, the individuals that participated in the study under discussion represent a fairly homogenous cultural segment of the population. As a result one cannot determine the degree to which an individual’s culture, ethnicity and language affects the meaning-construction processes involved in constructing participants’ identities.

Having considered the contributions and limitations of the study under discussion, it is recommended that future research on diagnostic labelling focus on applying similar methods to an expanded participant sample or to focus attention on a single diagnostic label and its effect. Given the existence of cultural differences in conceptualising the individual’s role in society (as reflected in individualistic versus collectivistic cultures), an interesting question would be how individuals from different cultural and ethnic backgrounds utilise social discourses to create meanings from their experiences with diagnostic labels to inform their identity constructions in relation to others.
REFRAMING DIAGNOSTIC LABELS AS INTERPERSONAL METAPHORS

ENDNOTES

1. Pseudonyms are used to protect the anonymity of participants, except in the case of Marietjie, who requested that her real name be used.
2. Second order cybernetics, as a second movement in eco-systemic epistemology, moved away from the assumption that systems exist in themselves, but rather posits that systems (including systems of meaning) are products of an observer’s descriptions, and hence depends on the way an observer punctuates and attributes meanings to his or her observations to allow for systems (or systems of meaning) to emerge (Becvar & Becvar, 2000).

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