

# Depression and the Question of Labelling

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It is quite a frequent custom, in counselling and in psychotherapy, to give people labels. 'This woman is depressed.' 'This man is anxious.' 'This girl is anorexic.' 'This boy has an antisocial personality.' In some agencies it is compulsory to give such labels. Some insurance companies and some employers will not pay out for treatment unless a label is given. Increasingly in the United States these have to be psychiatric labels taken from DSM-IV, the medical diagnostic manual.

I saw recently a leaflet headed 'Understanding and Helping with Depression', in which a one-day workshop was offered, dealing with topics such as 'What depression is and how we can help people to help themselves', 'Ways to overcome depression: practical techniques that lead to change', 'Challenging negative thoughts, irrational beliefs and thought distortion' and 'Information on anti-depressant drugs'. This worried me because it assumed that (a) there really is something called 'depression', and (b) suitable techniques can get rid of it. Indeed, the leaflet went on to say that 'There will be techniques to teach your clients procedures for overcoming depression'. And of course there are books on how to deal with your depression, many books . . .

## Labelling

Now in humanistic psychology there has long been a critique of this kind of thing.

First, the question of whether there is such a thing as depression. I took part in a research study recently where we were given a set of case vignettes and asked to say which of the people were suffering from depression. As I read through the descriptions of the people and their problems, the word 'depression' never occurred to me. And it struck me that when people come to see me as a psychotherapist, I do not devote any time to labelling them. Nor am I particularly interested in the labels other people have given them in the past. And I believe that the whole idea of labelling someone as 'anxious' or 'depressed' or 'psychopathic' is a dubious one.

Recently I had to write a second edition of my book *The Reality Game*, and a number of things had to be changed because of the fifteen-year interval between its first publication and the present. But when it came to the chapter entitled 'Diagnosis' I found that the main thing I had to do was to change the title to 'Assessment'. Some new references had to be added, but the intent of the chapter was unchanged. It

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still warned against labelling. And recent writers like Mary Boyle have said things like this: 'The problem with this language is that it confers on these concepts a permanence and solidity which is quite unwarranted, and suggests that they are entities possessed by people.' Once you give a person a label, there is a real danger that you will respond to the label instead of to the person. Modern writers such as Costello often say this kind of thing: 'Calling individuals phobic, obsessive-compulsive, histrionic or dependent personalities holds at least the suggestion that they are in a class by themselves, that is, that they are a different kind of human being.'

It is a whole person who comes into my consulting room, and it is a whole person who has to be met and engaged with. I do not want to reduce the person to something smaller and simpler, and try to engage with that. Years ago, I came across a wonderful book by Eileen Walkenstein, a senior psychiatrist, called *Shrunk to Fit*; the first chapter is entitled 'Human beings can't be diagnosed!' As I understand it, all the humanistic approaches — person-centred, gestalt, existential, psychodrama, biosynthesis, psychosynthesis, dreambody work and the rest — have in common that they do not want or need to reduce the person to some label or other. And the newer approaches, such as narrative therapy, take the same view.

### *The medical model*

A second and separate point is that to talk in terms of labels like 'depression' is to adopt a medical model of disease and cure. Again this is something that does not fit with the humanistic outlook as I under-

stand it. One of the characteristic things about the humanistic approaches to psychotherapy is that they reject the medical model. I myself am happier to talk in terms of growth and development than in terms of cure. One of the paradoxes of therapy is that the less we talk about curing the patient, overcoming the illness, dealing with problems directly, the better we can attend to and be with the client. It is this quality of presence that is the key thing for me. Rather than enquiring as to what the client would like, it seems better to raise my own awareness of what it is like to be with the client and listen to them at all levels, and with all my ears. Some of the people in the person-centred, gestalt and existential traditions have been particularly eloquent about this. For example, I liked the statement of Joen Fagan: 'The therapist is first of all a perceiver and constructor of patterns. As soon as he is informed of a symptom or a request for change, and begins listening to and observing a patient and responding to him, he begins a process that I refer to as *patterning*. While *diagnosis* is a more common term, it has the disadvantage of provoking the analogy of the medical model and implying that the purpose of the process is arriving at a specific label.' As a gestaltist, Joen Fagan seems to me to have a pretty clear idea of what this is all about: she prefers the analogy of an artistic creation, where new patterns are seen continually. And Gary Yontef chimes in, in his chapter on diagnosis: 'But there is no gestalt therapy cookbook. Cookbooks are for craft, and therapy is an art. And I think that doing therapy is an art that requires all of the therapist's creativity and love.' Yontef speaks sometimes rather dogmatically or carelessly in rigid categories, but

this statement of his seems to represent his more considered core views.

## Alternatives

The question may then be raised as to what we do instead of diagnosis or assessment. One alternative is well described by Diana Whitmore in her book *Psychosynthesis Counselling in Action*. She has a whole chapter on this, in which she says, among other things: 'Whether the counsellor knows it or not, she will hold a particular perception of the client which, unless addressed, will remain unconscious. From her unconscious perception choices of how to work with the client are still made. Thereby the counsellor risks imposing her own judgements of normative health, losing sight of individual uniqueness and manipulating the client's psyche towards her unverified perception. Psychosynthesis suggests that it is both wise and practical for the working hypothesis to be consciously created, loosely held and eventually verified or adjusted.' This is a good statement of the humanistic position. And her latter point, of the looseness of the way in which our

guesses are entertained, is an important one. It is well stated by Freedman and Combs when they quote the celebrated injunction of narrative therapy — 'Flirt with your hypotheses, but don't marry them!' And it can be seen that Whitmore emphasises creativity in this, just as Fagan did.

To sum up, then, I just want to draw people's attention to the humanistic position on this, because there seems a great danger of it being eroded by all sorts of influences rife today. There is a great tendency to rely on brief therapy, as has been clearly demonstrated by Neimeyer and Norcross, and brief therapy lends itself very easily to diagnosis and contracts and treatment plans which are much more rigid than anything I would be happy with. More and more courses seem to be adding modules on assessment, often led by psychiatrists, and one can only be suspicious of this development. Are the students really being told the difficulties and objections, or are they being taken down the path of a real belief in the value and importance of assessment?

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## Further reading

Mary Boyle, 'Schizophrenia: The fallacy of diagnosis', in *Changes* 14/1, 5–13, 1996

Timothy W. Costello, Joseph T. Costello and David A. Holmes, *Abnormal Psychology*, HarperCollins, 1995

Tian Dayton, *The Drama Within*, Deerfield Beach: Health Communications, 1994

Joan Fagan, 'The tasks of the therapist', in J. Fagan and I.L. Shepherd (eds) *Gestalt Therapy Now*, Penguin, 1972

Jill Freedman and Gene Combs, *Narrative Therapy*, W.W. Norton, 1996

Greg J. Neimeyer and John C. Norcross, 'The future of psychotherapy and counselling psychology in the USA', in *The Future of Counselling and Psychotherapy*, Sage, 1997

Eileen Walkenstein, *Shrunk to Fit*, Coventure, 1975

Diana Whitmore, *Psychosynthesis Counselling in Action*, Sage, 1991

Gary Yontef, *Awareness, Dialogue and Process*, Gestalt Journal Press, 1993