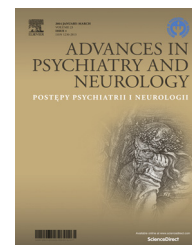


Available online at [www.sciencedirect.com](http://www.sciencedirect.com)

ScienceDirect

journal homepage: [www.elsevier.com/locate/pin](http://www.elsevier.com/locate/pin)

Original research article/ Artykuł oryginalny

## Schizophrenia – Reflections on social constructionism<sup>☆</sup>



“Schizofrenia” – perspektywa konstrukcjonizmu społecznego<sup>☆</sup>

Bogdan de Barbaro<sup>\*</sup>

Katedra Psychiatrii Collegium Medicum UJ, Kraków, Poland

### ARTICLE INFO

#### Article history:

Received: 17.05.2016

Accepted: 22.08.2016

Available online: 30.08.2016

#### Keywords:

- Multiple versions of the world
- Power
- Truth

#### Słowa kluczowe:

- wielowersyjność świata
- władza
- prawda

### ABSTRACT

Schizophrenia is most commonly treated as a medical problem. Meanwhile, the viewpoint adopted by social constructionism and its key theses regarding the constitutive power of language, the inaccessibility of truth and multiple versions of the world, shed additional light on both the theories of schizophrenia as well as the therapy-related problems and issues.

Such categories as power, truth or anti-orthodox reflection are of particular significance for a therapeutic practice. The author discusses these concepts via clinical examples, which describe the clash between the perspectives of medicine and constructionism.

© 2016 Institute of Psychiatry and Neurology. Published by Elsevier Sp. z o.o. All rights reserved.

### Introduction

The purpose of this paper is to consider psychotherapy of schizophrenia from the viewpoint of social constructionism. However, my intention is neither to deliver an academic

lecture nor, even more so, to provide an exhaustive account of any specific school of therapy. Instead, I would like to draw attention to my personal experiences as a psychiatrist rather than refer you to any theory. I will present clinical observations within the framework of five constructionist ideas that overlap and follow on from one other.

<sup>☆</sup> This paper is a slightly amended version of the lecture given at the Conference “The Psychological Therapies for Psychosis”, Warsaw 22–25.08.2013, organised by The International Society for Psychological and Social Approaches to Psychosis (ISPS) and Department of Psychology, University of Warsaw./ Jest to nieco zmieniona wersja wystąpienia na konferencji The Psychological Therapies for Psychosis, Warszawa 22-25.08.2013, organizowanej przez Międzynarodowe Towarzystwo Psychologicznego i Społecznego Podejścia do Psychozy (ISPS) oraz Wydziału Psychologii Uniwersytetu Warszawskiego.

<sup>\*</sup> Correspondence to: Katedra Psychiatrii Collegium Medicum UJ, ul. Kopernika 21 A, 31-501 Kraków, Polska.

E-mail address: [bogdandebbaro@gmail.com](mailto:bogdandebbaro@gmail.com).

<http://dx.doi.org/10.1016/j.pin.2016.08.003>

1230-2813/© 2016 Institute of Psychiatry and Neurology. Published by Elsevier Sp. z o.o. All rights reserved.

## Idea I: Language creates reality

The importance of language appears fundamental to any discussion on constructionism.

As early as in 1955, John Langshaw Austin wrote about the language's performative function [1]. Language has, in other words, a causative function. So to speak, the words work. Social constructionists go even further and take the view that language not only reflects reality, but it actually creates reality, which is far from what common sense and intuition tell us. In other words, when we verbalise the world, it gains a causative power. Let us have a look at how this thesis is expressed in the theory and practice of schizophrenia.

Michael White, an Australian therapist, founder of narrative therapy (with strong roots in social constructionism), observed that *the problem becomes the problem, not the person* [2, p. 26], which means that a problem arises when language formulates it as a problem. In the case of schizophrenia, the problem lies in the word *schizophrenia* itself. In this sense, the word creates a reality that imposes a certain scenario or – as the constructionists would say – a certain narrative.

The meaning of the word *schizophrenia* is socially constructed. Its essence lies in the story of a person deprived of self-agency, a person whose principal characteristic is an *in-the-corner-life-style* [3]. In other words, if someone is conferred the title *schizophrenic*, if he or she is *nominated* as a person suffering from schizophrenia, the family, the doctor, the surrounding environment are sending them the following message: *You are deprived of self-agency. Little depends on you. You must subordinate yourself, your illness and the process of being ill to us.* In effect, the illness takes control of the patient as a person. The socially constructed message is introjected by the patient, who is ready to accept that little depends on them.

I will refer to a tangible example here. A patient once asked me during a consultation: *Doctor, what's my illness called? Am I suffering from schizophrenia?* Instead of inviting the patient to discuss and consider the diagnosis together with a psychiatrist, I asked him the following: *And what diagnosis would you like?* To my astonishment, the patient replied that he would have liked to be diagnosed with schizophrenia. Why? Because then he would have been able to claim a disability pension. He would have been exempt from all those duties and obligations in life he had found so burdensome. He would not have needed to worry about many different things, and he would not have had to deal with life's difficult challenges.

Thus, we are dealing with a paradox. In some cases, the label of *schizophrenia* can be a curse for the sufferer (he or she is stigmatised, isolated, rejected, and personally, socially and professionally debilitated). At the same time, however, others may actually desire the label.

This case illustrates simultaneously the power of language and the power of name. And we are not dealing here solely with the economic consequences of being *nominated a schizophrenic* (the right to benefits); more important are the consequences of such a nomination for a person's sense of

self and its ability to deprive the patient of a sense of agency and – ultimately – self-agency.

It should be emphasised that many people contribute to the patient's deprivation of agency. This is *de facto* a system, in which the psychiatrists, the patients and their families, as well as institutions, such as hospitals and social insurance organisations, form a part. (This does not mean, obviously, that I am against support from the health service or insurance institutions. I am only pointing out that willingness to help the schizophrenic may unwittingly cause those who have great potential for recovery to succumb to the temptation of giving up and adopting the *in-the-corner-style*.)

The patient then becomes a prisoner in the auto-narrative, *I am a schizophrenic. Little depends on me.* Narrative therapists point out that the title and the motto of our story (the self-narrative) creates a personal censor as a consequence of which only those events and experiences are included in subsequent chapters of the story that fit the *narrative framework*. And thus, if someone is convinced that little depends on them and that they should subordinate themselves to their guardians, there is little chance that they themselves will notice and appreciate their own successes or a sense of effective self-agency. And the life motto *I am a schizophrenic* is precisely such a narrative framework that only reluctantly lets success and good agency *enter* into the patient's biography. It is thus important that the word *schizophrenia* is not abused and that we do not undermine and devalue it.

Therefore, the way the word *schizophrenia* functions illustrates at the same time the constructionist argument that the word creates reality. It is not by accident that journalists and politicians have appropriated the word *schizophrenia* and employed it as invective and a means to devalue their opponents.

It may appear somewhat strange that I begin my reflections on the psychotherapy of schizophrenia from this socio-cultural perspective. I do so not only because for many of our patients, as we know, the feelings of social rejection and stigmatisation are often more painfully felt than the symptoms of the illness itself. I also wish to draw attention to the fact that we think about ourselves and the world in terms of a *narrative*. And the auto-narrative *I am a schizophrenic* is the one that weakens (the patients, their families and the psychiatrist).

What conclusions follow from this in practice?

1. Part of the therapeutic dialogue should involve the patient and therapist considering the outcome of using certain words as well as the practical consequences of adopting this particular and not a different language's perspective. Whether behind the word *schizophrenia* and the auto-definition *I am a schizophrenic*, there lies an act of surrendering, of giving up on oneself. Does the patient's auto-narrative give them strength or weaken them? To what extent is the patient's story influenced by their family and friends? And how do we, as therapists, participate in the creation of this story? This issue is of key importance to therapy since the language and the *words create reality*.
2. It would seem that we as psychotherapists often do not appreciate the role the words play. The entire destructive

Download English Version:

<https://daneshyari.com/en/article/6811102>

Download Persian Version:

<https://daneshyari.com/article/6811102>

[Daneshyari.com](https://daneshyari.com)