

MENTAL MORSELS

Leave diagnosis to the professionals

Today, we live in an age of the Undermined Professional. The public challenges professional judgment and refuses to be anything but an equal in the exchange of services. Knowledge, which was once prized and hoarded, is now cheap and as easy to find as punching the buttons on the remote control or clicking the computer mouse. In this modern age, patients tell doctors what to prescribe, and clients tell mental health professionals how they want to be diagnosed.

Since I fit the latter situation, there's today's lesson.

New technology has created an epidemic of what I call "cyberdiagnosis," or "point-and-click" diagnosis. I find myself now having to field requests from patients who want me to verify what they have already decided about themselves, because they found a symptom list on the Internet. In the old days, we called the symptom checklist "cookbook diagnosis." In my earliest graduate school training, we received strong warn-



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ings from the clinical faculty about the dangers of this approach. It tends to create too many "false positives," seeing something where there might not actually BE something. Second-year medical students are known for this tendency, diagnosing every cough or headache they develop as lung cancer or a brain tumor.

My professors of yesteryear couldn't have foreseen the Internet, which pipes professional knowledge into any home with a computer. They hadn't yet seen the pharmaceutical commercials, with their punchy bulleted lists of symptoms scrolling up the television screen. Not surprisingly, these developments have inflamed the very phenomenon we were being trained to avoid. Untold numbers of people now think of themselves as sick or mentally ill. Knowledge without training and experience can be dangerous.

Simply put, symptoms are not enough to diagnose illness. Mental illness in particular is defined as normal behavior carried to extremes. But there are alternative

explanations for when someone might show extreme behavior, besides mental illness. It is the role of a mental health professional to tease apart what is transitory from what is systemic, what is external from what is internal. Other factors have to be considered, among them, social circumstances, relationships, medical condition and childhood history. Just because someone is rundown and tearful doesn't mean they're depressed; thyroid problems can cause this. Hearing voices doesn't necessarily mean someone has schizophrenia; sleep problems or medication side effects can mimic it. And just because someone has trouble focusing

attention or remembering details doesn't mean they have adult attention deficit disorder (ADD); lifestyle stress can simulate it.

With regard to the ADD diagnosis, in particular, I've actually upset several patients because I disagreed with their cyberdiagnosis on this condition. They were convinced they had it, and would hear no professional's opinion to the contrary.

It is understandable why people try to cyberdiagnose. Life is difficult, confusing and when others behave strangely, we all want to feel some control over the situation. The Internet is easy, available and

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check full of information. But information without understanding, without professional experience, just creates too many false positives.

So if I might invoke an old-fashioned, rather paternal perspective ... leave diagnosis to the professionals.

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