

Sick, ill, broken, disturbed... or just reasonably responding/reacting to challenging circumstances

Assessment and Diagnosis: Is it all about being broken?

Sometimes people are reticent to come to therapy or counseling for the concern with being labeled some kind of _____. Perhaps others have suggested in their attempts at identification of a problem what the flaw may be. It's very important to understand the difference between symptoms (anxious, depressed, etc) and disorders (Anxiety, Depression, etc), as well as how to address and deal with disorders if they are present.

In the practice of differential diagnosis (sorting out whether something is something), it's helpful to understand the larger picture of explanation for certain patterns or kinds of thoughts feelings and behaviors (symptoms). A general strategy from theoretical physics can help...

Occam's razor (also written as **Ockham's razor** and in [Latin](#) *lex parsimoniae*, which means 'law of parsimony') is a problem-solving principle attributed to [William of Ockham](#) (c. 1287–1347), who was an English [Franciscan](#)

friar and scholastic philosopher and theologian. The principle can be interpreted as

Among competing hypotheses, the one with the fewest assumptions should be selected.

In the identification of disorders there are filters/layers of explanation (probable hypotheses) to work through in finding the potential reason why someone might be doing or feeling a certain way. As disorders are a collection of symptoms, it is important to look at the presenting symptoms and apply these filters.

The first screen for explanation is a general medical condition. For instance, if we consider a presentation with symptoms of: no energy, no appetite, disrupted sleep, poor attention and concentration, low interest in things... one might see a depressive episode, although if we have the flu or a cold emerging, that would be a more appropriate explanation. The 2nd filter is looking at drugs, alcohol or other food or nutrition influences. The 3rd screen would be looking at present stresses or circumstances. If not present events, perhaps there are associations with past experiences (traumas, abuses, tragedies or dramas) we get reminded of and re-experience.

Finally, when no other explanation is viable, we would take the symptoms and match them with disorders known in the psychiatric diagnostic manual.

Understanding origins or causations can have

tremendous implications to the strategy of solutions. It's really important to get this part right.