

# The Selling of DD (Dual Diagnoses)

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For better or worse, I have more to say about abbreviations. Brevity is the soul of wit, says Shakespeare's Polonius, but he assuredly isn't talking about three letter acronyms – TLAs – the abbreviations that were the target of my previous rumination. Brevity in the service of subjecting complicated human afflictions to treatment programs with tags like CBT, DBT, FFT and EFT is neither witty nor wise, and indeed Polonius himself, like Shakespeare's other characters, is proof beyond any argument that the mystery of the human person eludes abbreviation, to say nothing of acronyms.

Yet, behold, now we encounter another verbal pigeonhole for complex and individualized psychological difficulties—namely, dual diagnoses, aka, DD (an abbreviation that might have actually fared better as a TLA, since DD sounds for all the world like a new brand of jeans, but I'll save the marvels of pop culture for another time). As I've noted elsewhere, reductionist approaches to mental health problems have reached epidemic proportions. The increasing popularity of so-called dual diagnoses over the past two decades is a prime example of this disturbing trend.

Now, before I am assassinated by one of the multi-million dollar corporations that cater to the dual diagnosis population – one for a fee of \$56,000 for a one month residential ranch program in Malibu – please note that my critique does not intend to imply that such disorders do not exist. They do. But their complexity, in which a mental condition and a substance abuse problem coincide, risks obliteration through the simplistic DD label. To be fair, the concept behind DD has added a more dimensional understanding of alcohol and substance abuse disorders, linking them with mental disorders that may be fueling or complicating them. But the benefits of the popular use of the dual diagnosis—aside from a catchy alliterative quality—appear to end there. Remember too that DD is hardly new news: before there were DSMs, nay, before there was even organized civilization, humans relied on any number of substances to cope with mental pain.

One could argue that use of DD allows for shorthanded communication between professionals. But a Cocaine abuser with an underlying Major Depressive Disorder is completely different from a Benzodiazepine abuser with an underlying Schizotypal Personality Disorder. So in referring a “dual diagnosis” patient, one provides almost no useful information. And the sheer number of substances abused, from recreational to prescription, in relation to the sheer number of potential mental disorders, from psychotic to neurotic to character disorders, creates dizzying permutations. Here, a short-hand designation of “dual diagnosis” may actually prove harmful by implying a uniformity that does not exist.

Perhaps there should be triple, quadruple, and even quintuple diagnoses. This must be true if we are to work on eliminating the mind/body/cultural splits that unfairly carve up the human experience. So a patient who abuses Cocaine to deal with depressive feelings may also have a cardiomyopathy that contributes to the depression. He or she may be depressed at the loss of their physical stamina. The Cocaine, frighteningly, could be adversely affecting their cardiac condition. If their Cocaine abuse has bankrupted them, then they are also facing financial impoverishment which will prevent their stay in one

of those \$56,000 treatment programs. So now we potentially have a quadruple diagnosis: Cocaine, Depression, Cardiomyopathy, and Financial Impoverishment. But of course this is ridiculous, an endless reductionism that relegates the human person to a series of categories.

In the harshest light, the term Dual Diagnosis can be seen as a marketing tool, a branding, in Madison Avenue lingo, to enhance shelf appeal and profit margin. Take a fig and a raisin, package and price them as a Dual Prune, and maybe you've got yourself the latest sensation at Trader Joe's. But what you've also got is just a fig and a raisin at twice the price. I mean no disrespect to the folks in Malibu, and perhaps I'm being a little too cynical, but my hope is that they never lose sight of the unimaginable complexity masked by the trendy alliteration of their logo – the human person who may be designated by this highly popular diagnostic designation, but can never be reduced to it.