# Diagnose

## By the Book

It can be difficult to hear the Diagnose voice in practice. Perhaps it is primarily an inner voice with only occasional extracts from its train of thought expressed out loud. Certainly diagnosing can be an extended, iterative, often untidy process, and it is likely to reveal uncertainty before it eventually arrives at meaning, so it's perhaps understandable why we might internalise this voice. Fully expressed, it risks not just wearying the listener but also revealing its user as vulnerable and less than fully on top of things.

A book may therefore be the best place to find the Diagnose voice set out for easy examination. And to be reminded that openly admitting when we don't know and are actively engaged in figuring something out, can be engagingly candid, authentic and useful.

In VoicePrint terms, to Diagnose is to analyse in order to come to an understanding. It is the voice that seeks to connect and make sense of information. It is a voice to invoke when things don't make sense, when we need to engage with an unexpected problem.

I know of no better inspiration for this particular 'Voices By The Book' piece than among the wonderful case-studies of the late, gifted and sorely-missed neuropsychologist, Dr Oliver Sacks.

His boundless curiosity, appreciation of life and deep commitment to caring and communicating make Oliver Sacks one of my personal heroes. Although best-known as an author for *The Man Who Mistook His Wife For A Hat* and *Awakenings* (made into a memorable film featuring Robin Williams), all his books are informed, informative and life-affirming. While my personal favourite is *An Anthropologist On Mars*, the book I've chosen to illustrate the Diagnose voice is *A Leg To Stand On.*

While it is one of Sacks' earlier books, and the writing is looser and more wordy than the brilliant distillations of the later essays, it may be his most detailed and insightful study for the simple reason that he himself is the subject of the case.

The 'plot' is simple. Hiking alone in the mountains of Norway, Sacks falls and finds he can no longer use his left leg. The book is his account of how he managed to get back down the mountain, the period when the leg seemed utterly lost, and what eventually happened. (No plot spoilers here!) It is a book about many issues, including patienthood, confinement and alienation, body-image, identity, self-awareness, treatment, therapy and recovery. But I'm going to use it here for a much narrower purpose: to explore the Diagnose voice, which is effectively one of the main characters in the book.

*A Leg To Stand On* provides insights into the effective use of the Diagnose voice, but also into its over-use, under-use and the dangers of its automatic use. Let's start with the latter.

**With the Diagnose voice, there may be a particularly thin line between automatic use and under-use.**

When Sacks first realises that his injured leg will no longer bear his weight, the diagnostic voice of his medical training goes straight into action.

> *'"OK, Doctor, I said to myself, 'would you kindly examine the leg?"…I murmured my findings aloud as I did so…"A fascinating case! A complete rupture of the quadriceps tendon. Muscle paralysed and atonic - probably nerve injury. Unstable knee joint - seems to dislocate backwards. Probably ripped at the cruciate ligaments…"'* (pp 6-7)

Admirable as a physician's analysis of the state of the leg, but it doesn't address the problem, to which he then has to turn his attention, of how he is to move and get himself off the mountain

before the onset of darkness and hypothermia.

It's in the nature of the Diagnose voice that the exploration of the presenting problem reveals further problems that also need to be explored and that may deserve greater priority. The story also highlights the fact that whenever we use the Diagnose voice, we apply a particular frame to the problem. This serves to structure our questioning, our noticing and the eventual sense that we construct from the process. But unless we are aware of the framing that we're using, of both the utility of its particular focus and the potential boundaries that it carries with it, the unconscious, automatic adoption of a frame means that the Diagnose voice is always in danger of being too narrow, too partial, too incomplete to deal with the problem that we're facing, especially if the problem is complex.

As Sacks' leg proved to be.

Having escaped death on the mountainside, Sacks is transferred first to a Norwegian cottage hospital and then to a major London hospital for surgery and post-operative therapy. Successive medical practitioners diagnose his case, interpret what is happening and what needs to be done solely through the narrow lens of their own particular responsibilities or specialisms.

> *'"And the knee," he asks one of his doctors after the operation. "Was that thoroughly explored?" He hesitated, or seemed to hesitate, a bit. "Don't worry," he said finally. "The knee should be fine. We didn't go into it. We felt it was OK." (p 32)*

Seeing none of the movement she expects in the leg, his physiotherapist raises her voice at him.*'You're not trying, Dr Sacks!'* But he was trying. She might more usefully have noticed that it was her diagnosing voice that wasn't trying hard enough. There's a particular danger of under-using a voice - in the sense of using it without sufficient thoughtfulness - when our self-image or job title leads us to believe that we already 'have' that voice.

**But having a voice is one thing. Using it well is something else.**

The individual in *A Leg To Stand On* who seems most attuned to this distinction is an aged aunt, who visits Sacks in hospital. She was clearly very unlike the sort of aged aunts that PG Wodehouse imagined for Bertie Wooster. She can see how problematic the unresponsive leg has become and can also see how hard her nephew is trying to figure it all out.

*'"I can't begin to understand," she admits, "but I am sure that it can be understood, and that after roving to and fro you will reach an understanding."' (p 61)* Before leaving she tells him three jokes *'of an outstanding obscenity but delivered with a demure precision and propriety of utterance'* which make him roar with laughter and probably do as much for his recovery as any other treatment.

She clearly understood that a humorous interlude can be a valuable way of 'breaking state', dislodging a negative mood and helping someone to escape from the constraints of a particular pattern of thought.

Reflecting afterwards, he recognised the wisdom of his aunt's attitude to the problem, noting *'If only I had had that rare mildness and magnanimity which characterised my good aunt, that inner serenity and security which allowed her to face everything with a sweet and even humour, and never exaggerate, distort or dismiss.' (p 62)*

**It's easy to over-analyse when it feels like *your* problem.**

Sacks was not a patient patient. Accustomed to being highly active, both physically and mentally, he reacted badly to his immobilisation, turning the problem over and over in his mind and often driving his diagnosing into anxious over-analysing while awake and tormenting dreams when he slept. Is he the victim of a stroke? Or hysteria? Or madness?

*'Obsessive fears gnawed at my mind.'* *(p 27)*
*'What could cause such a profound and calamitous change?'* *(p 50)*
*'I was scared and confounded to the roots of my being.'*
*'I quite needlessly over-alarmed myself.'* *(p 63)*
*'I lay in my small, windowless cell, in solitary confinement, excited, obsessed, my mind a pressure-cooker of thoughts.'* *(p 89)*

Even great diagnosticians of others' complex conditions can struggle to maintain the presence of mind to address their own.

Diagnosis needs to be iterative: to pose questions, explore findings, make connections and so piece an understanding together. Carried out alone, one is limited by one's own resources. It works better with more input, more dialogue.

*'But when I called out to the muscle, there was no answer to my call.'* *(p 43)*

He finds it equally difficult to get his physicians to enter a diagnostic conversation with him. They treat him as patient rather than colleague.

*'…I was thrown into the further hell - the hell of communication denied.' (p 77)*

**So how do you diagnose well?**

Oliver Sacks became famous not only for the depth and clarity of his diagnoses but also for the care and compassion with which he treated his patients. He clearly learned much from his own experience and used that learning.

Ensuring an interactive *conversation* between doctor and patient became fundamental to his approach.

*'I would listen to my patients as never before, to their stammered, half-articulate communications…allowing my patients to speak fully and freely unconfined by my neurological catechism.'* *(pp 157-9)*

He had noticed how sudden injury could have unexpectedly debilitating effects not just physically, but also on the mind, inhibiting the perceptions, thoughts, speech and behaviour of the patient. He also, crucially, recognised that diagnosing is much more than a process of collecting clues, eliminating possibilities and producing a most-likely answer. That might work for straightforward problems, but it was insufficient for those which were more complex and emergent.

*'Classical neurology was essentially static: its model was a model of fixed centres and functions. Neuropsychology, on the other hand, is essentially dynamic: it sees countless systems in continual interaction and interplay.'* *(p 162)*

And so with the Diagnose voice. To be effective in tackling complex problems, it needs to be iterative, to construct hypotheses and then test them in practice, recognising that it takes time for reliable understanding to emerge from the process. The Diagnose voice is a connector, a bridge between thinking and acting.

This was how Oliver Sacks reconnected with his 'lost leg.'

*'All of a sudden I remembered walking's natural, unconscious rhythm and melody; it came to me suddenly, like remembering a once-familiar but long-forgotten tune…And, as suddenly, without thinking, without intending whatever…I found myself walking, easily, with the music.'* *(p 109)*

**What is special about the Diagnose voice?**

The Diagnose voice is only one among nine. It is only part of the full repertoire of our resourcefulness. It has a part to play, but as with the other voices, it works in combination with them, in different combinations and patterns for different circumstances and purposes. This makes it particularly elusive, liminal and slippery.

It also means that, to use it well, we need to keep its mercurial quality this in mind, not holding it too tightly but always watching it closely as we use it.

What is special about the Diagnose voice, it seems to me, is that it is a means of revisiting our mental models, the personal assumptions, understandings and expectation on which we ordinarily, unconsciously, rely. They are literally the mental equivalent of a leg to stand on.
If life's abundance of unexpected surprises are our invitations to re-examine these mental models, let's do so, patiently.

*A Leg To Stand On*
by Oliver Sacks
is published by Harper Collins (1984)
ISBN 978-0060925444