

AGAINST DIAGNOSIS. ABOUT THE TEACHINGS OF PAUL FEYERABEND

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ABSTRACT

Against Diagnosis is a wink to Paul Feyerabend and to one of his best known works: *Against Method*, published in 1975 and reprinted many times. This text is not only winking at him but also at all those people who have contributed and still contribute to understand and make a more human, critical and collaborative Social Work. Thus, a Social Work opened to diversity, with no intention of technical, political or economic domination.

First, we will explore some of the weaknesses of social diagnosis. Secondly, we will present some rather perverse relationships between Social Work and social services. Finally, we will outline a proposal to be rethought among all the people who believe in Social Work as a collaborative praxis from horizontality, rather than a controlling Social Work basically based in the delivery and management of goods and services.

Key words: social diagnosis; limits; power; proposals.

AS INTRODUCTION

We can assume that there are several ways of knowing, valuing and naming the world and life. The fact that a way of reading the world is assumed as the only way, as Paul Feyerabend stated in his work *Against the method*, tends to exclude different ways of knowing and certainly seems a reduction. In such a way, it would be illusory to consider that there are certain facts that should be described only with the language of science. However, we know that any situation is always richer than the concepts within which it is intended to be reduced. The world has versions; it is apocryphal, as Juan de Mairena¹ would have said in 1936. It is possible that the myth is as valuable as the syllogism, that each literary figure is a form of logic or vice versa. In this game of metaphors or prestigious interpretations we see a trap (*trompe l'oeil* or artifice): to impose on others a way of seeing and knowing that is not theirs. Watch out, this is very serious (Machado-Mairena *dixit*).

But how to distinguish between a living metaphor or alive place and another dead metaphor? Even more difficult: how to discern between theory and fiction, science, literature or rhetoric ?, Who will benefit more? If we talk about metaphors, why some of them have more exchange value than others? Why are some more relevant, better situated than others? A specialized language in "common sense and its value", or the value of making the common language an instrument of meaning?

Or in the complementary voice of Antonio Machado: "We live in a world essentially apocryphal, in a cosmos or poem of our thinking, all ordered or built on unprovable assumptions, postulates of our reason [...]. Here we are not surprised by anything. We do not even have to demand the proof of his assertion, because that would be tantamount to forcing him to accept the norms of our thinking, on which the arguments that convinced us would have to be founded. **But these rules and these arguments can only prove our thesis; no way yours**" (MACHADO, 1986: 235, the bold is ours). Only our theses or premises; no way yours.

¹ One of the voices of Antonio Machado.

In his work *Against the method*, Paul Feyerabend states that "science is one of the many forms of thought developed by men, but **not necessarily the best**" (1986: 289, the bold is ours). For him, knowledge is "an ocean, every particular theory, every fairy tale, every myth, they are part of the whole that forces the rest to a greater articulation, and all of them contribute through this competitive process to the development of our knowledge" (1986: 14). He was nicknamed *the epistemological anarchist* because he defended that Science progressed thanks to the theoretical anarchism which is "more humanistic and more adequate to stimulate progress than its **alternatives based on law and order**" (1986: 1, the bold is ours). More free, we would add.

Mario Testa (1993) refers to these alternatives when speaks about the most frequent diagnosis in the social field, that he calls "administrative". He relates it to the maintenance of the established order and qualifies it as being quantitative and not relational. Feyerabend might add: "How easy it is to dominate people in a rational way" (1986: 17).

ABOUT THE SOCIAL DIAGNOSIS: DEFINITION, CONFUSION AND LIMITS

In this vain attempt to quantify and codify the results of a study that has been called *social diagnosis* there has been *trompe l'oeil*², *artifice*³, or the greatest of the weaknesses of social workers or so they say. *Trompe l'oeil* for the easiness to deceive ourselves and cheat by seeing and pretending about what is not because, in fact, there is no objectivity nor universality able to accurately guarantee any diagnostic expression, 'the diagnosis is not based on evidence, but **in words**' (ABAD and TOLEDANO, 2017). The value given to the word and more if it is somebody else's, seems something rare.

Words, position before life and the world, beliefs, arguments, explanations, etc., that deal with positivist, interpretive or critical-cut models, whether or not they take into account historical-political, cultural or personal contexts. But taking them into account may not mean recognizing the words of all people in the way they

² Oxford dictionary: Visual illusion in art, especially as used to trick the eye into perceiving a painted detail as a three-dimensional object.

³ Oxford dictionary: Clever or cunning devices or expedients, especially as used to trick or deceive others.

name them. The trompe l'oeil is taking other people's words as our own to unsay and mend them until we can match them with *ours*. A didactic simulation of uncertainty only for one of the parties.

The voice of who speaks is **the voice of the author**, that is a common place that would not be necessary to remember if it was not often mediated, replaced by supposedly more qualified voices. But the value and meaning of his speech, his discourse, will come from **the value and "common" sense of what he is talking about**, not the value of talking about it, even if it seems incongruous, impertinent and foolish.

In the face of foreign words, whose common sense we do not understand, there is only one way out so as not to fall *too soon* into the indignity of speaking for others (Foucault *dixit*): to listen, to believe in a meaning that we do not see, perhaps even, perhaps never. So that the belief gives birth to a historical time, human or of expected similarity and not vice versa (ARIÑO, 2012).

Let us think that the diagnoses can serve, among other things, "to encapsulate human suffering and turn it into an individual issue, operating a separation between the healthy and the sick that leaves out of the equation the social and existential causes of human discomfort" (ABAD and TOLEDANO, 2017: 139). We will try to expand and nuance later this statement.

Artifice as an artifact developed for certain purposes that can conceal or disguise a kind of illusionism; ignorance, inexperience, eagerness for effectiveness, impotence or empowerment and arrogance to hide some goals that are closer to control than to cooperation. So that such maneuver discovers weaknesses of the social sciences and therefore of social work, since can there be contrasted evidences when the object of a science is at the same time the subject?

Or, in the words of Teresa Zamanillo: "[...] a conception of power, because it is considered natural and universal, that has not reviewed the place where its work is carried out: a scene full of actors in which the professionals of the aid stand out, who often interpret the role of the knower, who does not doubt, who has settled solidly in the place of the one who knows more than the "other"; he knows what happens to him, what needs he has, what he demands, what can be given

to him [...]. And it is that the needs of those who have nothing have been in all the periods predefined in advance by those who hold "the power to direct the lives of others" (ZAMANILLO, 2012: 157-158).

En 1917, Mary Richmond afirmaba que "el diagnóstico social es el intento de llegar a una definición lo más exacta posible de la situación social y de la personalidad de un cliente en concreto" (RICHMOND, 1917: 357).

The power to turn on other people into the voiceless, without time, without words, into objects without the opportunity to object. This is called reifying.

If so, how do we position ourselves in front of the diagnosis as a trial activity? Is it a singular or plural entity? Is it based on processes of compilation, ordering and inquiries about reality (also singular) or is it rather a process with collaborative, construction and reconstruction, dynamic and constantly changing multiverses realities?

Is it a result of recognitions or a mere instrumentation or simulation that more than post is pre, that is, a maneuver of accommodation or adjustment between plural realities and singular and specialized certainties? Is it a dialogue or a monologue with the pretext of a *you*? Dialogs with conditions, ritualized and that respond to conditions of timelessness. If they are dialogues they are in time - dialoguing is gerund- without guarantees of meaning or perpetuity; sense without intermediaries, except one: the words (ARIÑO, 2013). We admit that there are different explanations for similar events (only apparently). Everything counts, anything goes and that is why we propose the defense of the right of people to choose their definition and to appropriate their experience. "A complex medium that encompasses surprising and unpredictable developments demands complex procedures and challenges analysis based on pre-established rules that do not take into account the ever-changing conditions of history" (FEYERABEND, 1986: 3).

In 1917, Mary Richmond stated that "social diagnosis is the attempt to arrive at a definition as accurate as possible of the social situation and the personality of a client in particular" (RICHMOND, 1917: 357).

The paradox of "as exact as possible": it is accurate or it is not, and if it is not, what do the possibilities refer to? If it is not, it will be because they do not reach concepts, but they are in it. Always "preconceptions" in transit towards scientific concepts that may never arrive.

In addition, for her, the social diagnosis "challenges the statistical treatment and intellectual knowledge, although the latter must be accompanied by the professional's assessment (being aware of their pre-orders)". She affirmed that knowledge could avoid becoming "bureaucratic examiners". "All this taking into account the discourse, the meaning that the subjects give to their reality" (ZAMANILLO and RODRÍGUEZ, 2011: 75). What does "taking into account" mean? What kind of consideration or appreciation are we talking about?

En este número se hacen aportaciones al diagnóstico social y se valoran sus definiciones, por lo que solo resumiré la conclusión a la que llegan otras compañeras en una reciente revisión histórica de las diferentes aportaciones y definiciones de diagnóstico social. Silvia Cury y Andrés Arias sintetizan la siguiente definición: "El diagnóstico social es el juicio profesional que formula el trabajador social como resultado del estudio y de la interpretación de una situación social dada y que constituye el fundamento de la intervención social en dicha situación. La correcta formulación del diagnóstico social es responsabilidad y competencia del trabajador social, y deberá contemplar las dificultades y las fortalezas de la persona y de su situación individual, familiar, social e institucional" (2016: 19).

Mary Richmond was adapted to the time lived in. Nobody doubts or judges her valuable contributions from her *prenotions*, but seas of sweat have rained and social workers continue to deal with the difficulties of making diagnoses from their *prenotions*, or is it perhaps that the diagnoses to which they aspire is really an artifice or an administrative trap that prevent us from doing our social work?

In this issue contributions are made to the social diagnosis and their definitions are valued, so I will only summarize the conclusion reached by other colleagues in a recent historical review of the different contributions and definitions of social diagnosis. Silvia Cury and Andrés Arias synthesize the following definition: "The

social diagnosis is the professional judgment that the social worker formulates as a result of the study and interpretation of a given social situation and that constitutes the foundation of the social intervention in said situation. The correct formulation of social diagnosis is the responsibility and competence of the social worker, and should consider the difficulties and strengths of the person and their individual, family, social and institutional situation "(2016: 19).

Let's go step by step. The "professional judgment formulated by the social worker" is "responsibility and competence of the social worker" (or in most cases, a *she* social worker). Worth the redundancy, does it concern the social worker "to contemplate the difficulties and strengths of the person and their individual, family, social and institutional situation"? Who are the subjects of this entire maneuver? What does it mean to formulate? It means that it is the "result of the study and interpretation of a given social situation". Who, how and through what instruments such a formulation is made, being, precisely, not the actors and actresses of the scene but their observers? It is "a given situation" or is it not perhaps a situation occurring, in gerund? And it is this given situation the one that bases "social intervention in the said situation" (that is, if it is said is that it has already been named, maybe in advance?). The belief that we are clear about what happens to someone does not stop being a belief, but does it mean being right? What matters that we have it clear if the other people do not have it -it is not even the most important thing? Doing nothing without first having understood was a basic premise in social attention, but in that "having understood" who is the subject of understanding? Who's of the decision?

Freedom yes, self-determination yes, but with conditions, or the socio-political function of the psychosocial diagnosis carried out by experts.

Do we really believe and defend the absolute freedom of the people with whom we collaborate? Do we really subscribe to the principle of self-determination and autonomy? Or on the contrary we use our tools (protocols, questionnaires, opinions or diagnoses ...) to reinforce our opinions in demerit, even disqualifying the opinions or decisions of other people, believing that they will be unable to decide with good or, simply decide "on time" -in whose time?

It is about ignorance or docility to the system (shuffling tools of control, assimilation and rush); or it is a certain disregard for popular knowledge, by feeling common. Mary Richmond is not responsible for such development.

THE POWER OF DIAGNOSIS OR THE DIAGNOSIS OF POWER

What counts in a democracy is the experience of citizens, that is, their subjectivity and not what small bands of autistic intellectuals declare to be real (FEYERABEND, 1996: 63).

We can only talk about social diagnosis in relative terms since it is crossed by different pre-assumptions. On the one hand, the beliefs and prejudices, models and systems of interpretation of the professionals; on the other hand, the norms and institutional dispositions and the social and economic policies of the moment. Without forgetting the dubious empirical evidences of the diagnoses, the blind simplification that, in too many occasions, impoverishes the human being to the caricature; and the also dubious results of many of the interventions based on such diagnoses, given the increase of "users" in social services, although we understand that not everything is the responsibility of social services.

On the other hand, it is easy to find a certain parallelism between the psychiatric diagnosis and the other diagnosis that we are dealing with, taking into account the statements made by Teresa Abad and Sara Toledano about the words of Correa-Urquiza (2014): From the point of view of the intervention, the diagnostic formulation triggers "a series of processes through which the individual and his affliction are enthroned in a double identity of patient and mentally ill, and his possibilities to be and to be outside of that sick identity" (2017: 136). All possibility of being and being outside of that diagnosed identity is asphyxiated.

To what does it respond and above all to whom does the diagnosis serve? What is the ultimate purpose of the diagnosis? Who "empowers" or better, who seizes? Is it about labeling control according to quality standards? Control of exclusion situations at the service of social order? Contrast from different and complementary optics? Is there confusion between the aims of the social services system and the aims and principles of social work?

Thus, for example, the Basque social services system includes diagnoses among its technical features of social services. Article 3, paragraph 3, among others, includes it as follows: "Persons who are in the Basque Country region may, in any case, access the information, assessment, **diagnosis** and orientation service, as well as to social accompaniment, and to those services that are defined as [...]"

So, the diagnosis is considered as a service. Article 9, section 1 / i) mentions as a right that "an evaluation or diagnosis of their needs will be made, to have said evaluation in writing, in a clear and understandable language, and to dispose of a personalized attention plan in a reasonable period of time".

So, the diagnosis is seen as a passive right, that is, the right to be diagnosed "in a clear and understandable language" which means that it is a translation of the speaker's language to a language specialized and supposedly more precise. All this in order to offer the population attended a "personalized attention plan", or will it be depersonalized? But is that personalized attention not something done from the start? In addition, personalization cannot avoid a more extensive, social look, "beyond the individual".

Also, the Department of Employment and Social Policies -Decree 353/2013, of May 28th of the Social Record of the Basque Social Services System and of the Social Diagnostic Instrument of the Basque Social Services System, in the general provisions specifies the following : "The social diagnosis will be the general instrument referred to the people who go to social services, and based on a system of precise indicators it will allow to assess with common criteria the situation of the user and determine how to continue the procedure of intervention".

A "system of precise indicators" as accurate as possible, elaborated in a generic way to assess which resources or services may correspond to each user of social services. And the voice of the speaker is disappearing.

If the dominant social services model is a welfare model with touches of bureaucracy and techno, we will be referring to all those practices in which the subject disappears after a certain "down" user profile of services and benefits,

where the professional work social, positioned "up" or "above", loses its name and surname in favor of the social services system. A model that has come to be called "case management model" and as a representative of a whole series of practices that we place at the service and benefit of the social services system. Therefore, confusing ourselves with the social services system can lead us to the somewhat chameleon-like assimilation of social work and therefore of social workers to the social services system, losing our autonomy when it comes to concretizing and building our collaborative practice with certain, or better uncertain, independence (ARIÑO and VELASCO, 2017).

Later, the aforementioned Decree -353 / 2013- in its article 3 entitled "Social diagnosis", affirms that this "constitutes the description and professional assessment of the social needs presented by the people who request the attention of the Basque Social Service System "and that" constitutes a list of indicators organized by dimensions and grouped in vital areas that allows collecting the characteristics of any case" [...]. All this "in order to determine the appropriate intervention" based on that administrative diagnosis of which Mario Testa spoke.

One thing is that administrations and social service systems "implement" instruments to assess risks and situations of exclusion, developing specific measurement indicators that obey to the service needs and its budget, and another is social work. In the first case, we can define them as instruments of public expenditure control, fundamentally, and instruments of population control, that is control of pockets⁴ of poverty, exclusion and marginalization. We can understand that resources are limited, although sometimes they are interestingly poorly distributed. We refer to something else when we talk about social work.

A social diagnosis cannot be confused with a statistical recount of the needs of the population or with certain or uncertain classifications that help administrations redistribute resources. A diagnosis is not a systematic collection of data supported by protocols or cards or any other tool that provides a certain order in the chaos of crisis situations marked by social imbalances, precarization of

⁴ Things are easier to carry in pockets.

working conditions or other scenarios of exclusion or disadvantage. A diagnosis is not just a tool at the service of the established order.

A diagnosis is not a representation of "reality" for several reasons, to name a few, because reality is not reality but realities. It is diverse or multiverse. Because such plurality, variable and changing cannot be represented, as the poet of the town Antonio Machado said through his apocryphal Juan de Mairena: "Because you too will have to deal with presences and absences, in no way with copies, translations or representations "(1986: 83). Neither copies, nor translations, nor images that reflect anything, only presences and absences that speak or remain silent for themselves.

But, then, what is our proposal? What can we do with the proposed scenario?

THREE-PART PROPOSAL: ABOLITION, CONSERVATION AND DEMOCRATIZATION

Taking into account some of Feyerabend's ideas would mean respecting divergences or dissonances, dealing with uncertainties, contemplating and reconciling different types of knowledge, respecting those who contravene or think differently. And taking into account our principles would also earn us the respect and the decision of the citizenship of wanting to horizontally share with us their experiences and decisions from a freedom always relative and mediated by sociopolitical structures.

Three parts, we said. The first one could be called **abolitionist** or critical and radical position, from which we would advocate the elimination of social diagnoses to end power relations and the deprivation of freedom of decision, always relative and other freedoms. No more diagnoses and absolute respect for the words of others.

The second position, which we would call **conservative**, would advocate the preservation of social diagnoses but dissolving their identification with political-administrative instruments. And the third -perhaps derived from the previous one and which we have called the **democratic** stance- would support a collaborative practice, a participation from a shared and dialogued horizontality. I would

substitute the diagnoses for constructive and respectful dialogues: everyone would contribute with their experiences and knowledge. It would be about confronting positions and learning new ways in a participatory way. Mutual recognition and respect for freedoms. "Nothing is known⁵", as affirmed by the philosopher Francisco Sanchez nicknamed the "skeptic", of who we know almost nothing precisely by the fact of having such common surname as Sanchez. Or that other phrase that says "nobody is more than anyone"⁶.

If we invest part of the time we dedicate to think the diagnosis in rethinking our collaborative practice, surely we could reconstruct a more dignified, intelligible and, why not, effective social work.

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⁵ *Quod nihil scitur*, 1581.

⁶ It is an adagio from Castile. In the words of Antonio Machado: "Perfect expression of modesty and pride! Yes, "nobody is more than anyone" because nobody is given enough to outdo everyone, because there are always those who win in circumstances of place and time. "Nobody is more than anyone", because -and this is the deepest meaning of the phrase- no matter how much a man is worth, he will never have a higher value than the value of being a man [...]" [Time in Spain, n. I, January 1937].

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