

## Pragmatic Psychology: What Abilities are hiding Behind Disabilities?

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Mental health professionals are often trained to look at what doesn't work – not at what does – and this process can prevent our clients from being able to see beyond their defining diagnosis or disability. Once trapped within the confines of their perceived disability, the client is discouraged from forming any sense of identity based on ability, potential and self-empowerment.

I started to explore the possibilities that psychiatry could have and be while working in Sweden; conducting neuropsychological testing, psychotherapy and counselling. Inevitably, when I first met a client, they would be referred to me by a colleague with a particular diagnosis already in mind. "Does this person have xyz?" My role was to establish, or dismantle, this preliminary diagnosis – effectively determining where my professional energies and attention should be focused.

I started to investigate what other approach would be applicable and could work. Many times, I would be presented with a perceived diagnosis that I could not confirm — in the client. Therefore, in time, I developed a different approach to my work, greeting each client with, as I came to term it, a "fresh hello". This was a powerful and pragmatic paradigm shift for me: allowing me to observe clients *without reference points* and changing the question from "is this xyz?" to "what is this?"

As soon as I began to engage with clients from within this new paradigm, I realised I was allowing each individual to show me, without prejudice, *which they are and what's going on for them*. In doing so, I had discovered a more pragmatic psychology. My focus shifted from:

1. Accepting all I had learned, to **questioning everything**.
2. I know more than the patient, to **the patient knows all this is required**.
3. There is something wrong, to **what's right about this? What abilities are hiding behind the "disabilities"?**
4. The patient has to learn to live with it, to **every problem becomes a possibility to change your life**.
5. Conclusions (this symptom/diagnosis means x), to **questions (what is this? What do we do with it? Can we change it? If we can change it, how?)**

What I found is that, by adopting a pragmatic approach to diagnosis and mental health treatment, practitioners are able to shift the focus

from disability, wrongness and disempowerment, to capability, possibility and enablement.

For instance, rather than assuming the practitioner holds all the relevant knowledge, pragmatic psychology places emphasis on the patient. It calls for an understanding that *the patient knows everything* that needs to be known in order for them to facilitate change – although this knowledge is often not cognitive. The role of the mental health professional, in this case, is to help the patient access this unconscious knowledge; to support the patient as they become aware of what is occurring inside of them.

In traditional diagnosis and therapy, the locus of control is often outside of the patient – they are required to hand their authority over to others. However, when adopting a pragmatic approach, the practitioner displays trust in the patient and, through that, the patient learns to trust them. The locus of control is shifted back into the patient, and external authority is only sought to facilitate an inner, personal knowing.

Furthermore, pragmatic psychology changes the focus from "what's wrong with me", to "what's right about me"? This shift in perspective empowers the patient to more able to change old patterns of thinking and behaviour, and create a new reality for themselves – one that is based on their capabilities (rightness) and not their diagnosis (wrongness).

This new point of view automatically dismantles any notion of the patient having to learn to live with the 'problem'. Instead, pragmatic psychology approaches any perceived problem as a springboard – as fuel – to create changes. The patient is encouraged to see opportunity in their diagnosis: every problem is simply a possibility with a point of view attached. The role of the practitioner is to actively defy prior paradigms and help patients to create their own.

Underpinning this pragmatic approach to diagnosis and treatment is the use of questions. It is my experience that questions empower, while answers disempower. Put simply, a question allows you to see *what* is rather than what you (or your patient) have decided is so.

Pragmatism is about doing what works – not being concerned with what doesn't work, or why it doesn't work. This is the innate power of pragmatic psychology. This approach is about what people *know*,

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rather than what is right and wrong, sane and insane, normal or atypical.

Pragmatic psychology calls for us to understand, as mental health professionals, that it's unhelpful get lost in what's *wrong*, and more powerful and effective to focus on what's *strong* – that is to say,

each patient's resources, capacities, awareness and personal intent. While it is true that different diagnoses respond best to different approaches, the most important thing for practitioners to do is enable individuals to know that they know. To take the therapeutic power away from professional, and place firmly where it is most effective: within the patient.

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