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Invited commentary

Is it time to consign the label of schizophrenia to history? An invited commentary

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ABSTRACT

The term schizophrenia is increasingly contested by researchers, clinicians, patients and families. Mental health users and professionals around the world have started calling for a change of the name, seeing it as stigmatizing and harmful. This paper reviews the literature published so far on the issue of renaming schizophrenia, carefully weighing the pros and cons of the proposed changes. Forty seven papers have been published so far, encompassing editorials, research papers, commentaries to editorials, letters, forum papers and narrative reviews. The advantages of renaming schizophrenia far outweigh the disadvantages. It would reduce stigma and benefit communication between clinicians, patients and families. The most conservative option for renaming schizophrenia would be the use of eponyms since they are neutral and avoid adverse connotations. Renaming schizophrenia is not only a matter of semantics, but also an attempt to change the stigma carried by the present name. Nevertheless, a change will not be useful unless accompanied by parallel changes in legislation, services and the education of professionals and the public.

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1. Introduction

In recent years, the term 'schizophrenia' is being increasingly contested by patients, family members, clinicians and researchers. Both mental health user organizations and professionals around the world have asked for a change of name. The former see the term as damaging to those to whom it has been applied [see e.g. the *Campaign for the Abolition of Schizophrenia Label* launched in the UK on 2006 by the 'Hearing Voices Network' and the *Asylum* magazine, that had a great impact on the *Guardian* (Boseley, 2006), the *Daily Mail* (2006) and the *BBC* (2006)]. The latter likewise maintain that there is no longer any justification for the continued use of the diagnostic label schizophrenia since it is questionable from a conceptual point of view (van Praag, 1976; Bentall et al., 1988; Brockington, 1992; Sartorius, 2002; Murray, 2006; Kingdon, 2007; Madianos, 2008). In addition, research in social psychiatry has provided some evidence that the term schizophrenia is harmful and stigmatizing for both patients and carers (Dickerson et al., 2002; Dinos et al., 2004; Read et al., 2006; Howe et al., 2014). This paper aims to review the literature published so far on renaming schizophrenia and carefully weigh the pros and cons of the proposed changes.

2. Methods

A literature search was performed on PUBMED and PSYCHINFO using the following MeSH terms: "Schizophrenia" OR "Psychotic disorders" AND "Terminology as Topic". The search was conducted on all papers published until April 2014 in the English language. Additional papers were identified by searching the reference list of retrieved articles and tables of contents of relevant journals. The identified articles were then screened and assessed for eligibility according to the 'Preferred Reporting Items for Systematic Reviews and Meta-Analyses' (PRISMA) flow diagram (Moher et al., 2009) (Fig. 1).

A total of 482 records were identified through database searching and another 71 from reference lists; 491 records were screened after removal of duplicates ($n = 62$); of these, 406 were excluded as being not relevant; of the 85 full-text articles assessed for eligibility, 38 were excluded, leaving 47 studies for this review.

3. Results

Most of the selected literature included editorials ($n = 16$), commentaries to editorials ($n = 2$), letters ($n = 11$), forum papers ($n = 5$) and narrative reviews ($n = 3$). Only a minority were research papers with new data ($n = 10$). We grouped the publications according to the place of origin: those from Asian countries where experiences of renaming schizophrenia had been officially accepted (Table 1), and those from

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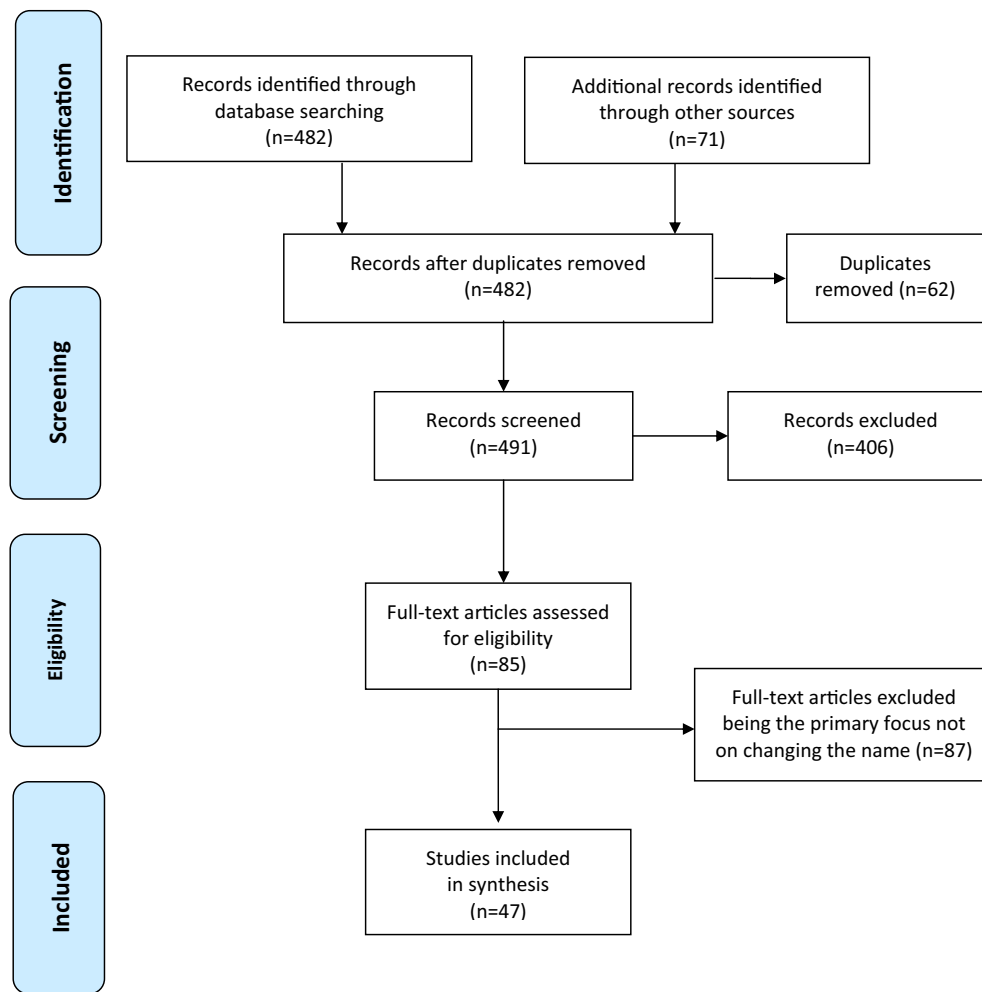


Fig. 1. Adapted PRISMA flow diagram of the literature selection process for inclusion in the review.

European and North American countries where the debate is still open (Table 2).

3.1. Asian countries

Japan was the first country to change the name of schizophrenia because it carried the connotation of being an untreatable illness (Sugiura et al., 2001). In August 2002, the Japanese Society of Psychiatry and Neurology (JSPN) proposed the old term *seishin-bunretsu-byo* ("mind-split-disease") be replaced with *togo-shitcho-sho* ("integration dysregulation syndrome"). This was officially recognized by the Japanese Ministry of Health and Welfare in 2005 and currently its use has become established in medical documents (Takahashi et al., 2011). The new term referred to the vulnerability-stress model, and stressed that the disorder is treatable, with recovery possible if a combination of advanced pharmacotherapy and psychosocial intervention was provided (Sato, 2006). The decision to change the name was the result of a long-term process that began in 1993 after an initiative by the National Federation of Families with Mentally Ill (Desapriya and Nobutada, 2002, 2003; Kim, 2002). In 1997, the JSPN surveyed the attitudes of Japanese clinicians, finding that the Japanese term for schizophrenia had influenced psychiatrists' decision to inform patients of the diagnosis. Only 7% of clinicians used to tell their patients that they had the disorder, and 37% told only the families and not the patients (Ono et al., 1999). An early effect of renaming was an increase of the percentage of people who were informed about their diagnosis, raising to 69.7% in 2004 (Nishimura and Ono, 2005 cited in Sato, 2006). One year after the change of name, some

78% of patients were told their diagnosis and almost all family members (Sato and Koiwa, 2005 cited in Sato, 2006). Moreover, 86% of psychiatrists working in the Miyagi prefecture found the new term easier for informing patients and explaining the concept of the disorder; 82% of them found the new term better for obtaining consent to treatment and treatment adherence, more effective in reducing stigma and promising for achievement of social integration (Sato and Koiwa, 2005 cited in Sato, 2006). Takahashi et al. (2009) confirmed that the words play some role in the creation of negative images. The new term had a weaker association with the term 'criminal', suggesting that it may help reduce stigma. The renaming also reduced negative images of the condition among clinical residents in postgraduate medical education (Omori et al., 2012). Notably, though, this same study also found adverse consequences, in that the new term was associated with a 'criminal' connotation for the residents. Since these residents had received an educational program emphasizing biogenetic explanations of schizophrenia, it was hypothesized that the implication that mental disorders are due to factors outside the control of the individual may have reinforced the idea of unpredictability and dangerousness (Omori et al., 2012).

In South Korea, the term *jungshinbu-nyeolbyung* ("mind-split disease") had a negative connotation (Lee et al., 2013). In 2011, the Korean Neuropsychiatric Association and Korean Society of Schizophrenia Research changed the old name of schizophrenia to *johyeonbyung* ("attunement disorder"). In 2012, a law including the new term was passed in the National Assembly in Korea (Lee et al., 2014). It implies the presence of a brain disorder in which the neural circuitry is inadequately tuned. It was found to be associated with less prejudice and

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