

Schizophrenia label 'should be abolished'

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Schizophrenia should be abolished as a concept because it is unscientific, stigmatising, and does not address the root causes of serious mental illness, a group of experts said today.

The diagnosis, which emerged in the 19th century, is flawed and harmful, they claimed. It not only grouped together patients with widely ranging symptoms, but offered no explanation for their illnesses. Once given a diagnosis of schizophrenia, a person was labeled an incurable social misfit and placed at the mercy of a psychiatric system that mostly benefited the drug industry.

A new campaign called CASL (Campaign for the Abolition of the Schizophrenic Label) is said to be gaining increasing support from both patients groups and professionals. It wants patients to be assessed according to their individual experiences and histories rather than blanket-categorised as "schizophrenic".

Professor Richard Bentall, from the School of Psychological Sciences at the University of Manchester, said: "Those of us who think the concept should be abolished don't doubt there are people who have distressing experiences, such as hearing voices or paranoid fears, or a whole range of experiences of that sort. Nor do we doubt that in some cases medical treatment might be helpful to people.

"But the concept of schizophrenia has had a number of severe negative consequences. The concept is scientifically meaningless. It groups together a whole range of different problems under one label; it also assumes that there's a clear dividing line between those of us who are sane and those of us who are mad, and recent research has shown that both these assumptions are false."

There was "compelling evidence" that for every patient treated for schizophrenia there were 10 more people with some symptoms of psychosis who did not seek treatment and were living normal lives. It was also known that one in 10 of the general population had experienced hearing voices at some time in their life.

Speaking at a scientific briefing in London, Prof Bentall said another false aspect of the schizophrenia label was that it assumed no chance of recovery. In fact, about a third of patients diagnosed in the UK spontaneously got over their problem. In other parts of the world, where there was less emphasis on drastic drug treatments, the recovery rate was even higher. In the Kenyan capital Nairobi, half of patients eventually ceased to experience symptoms.

Another myth was that new "atypical" anti-psychotic drugs were some kind of "miracle" solution to schizophrenia, said Prof Bentall. The reality was that the atypical drugs were no more

effective than their predecessors, and had side effects of their own, such as weight gain, diabetes and sexual dysfunction. Because patents had expired, pharmaceutical companies were keen to promote these new treatments that were "a hell of a lot more expensive" than the older drugs.

Paul Hammersley, from the School of Nursing, Midwifery and Social Work at the University of Manchester, one of CASL's leading campaigners, dismissed the concept of schizophrenia as "pseudo science". The commonly held notion that schizophrenia was an illness caused by a chemical imbalance in the brain was grossly misleading, he said. In at least 50%, possibly two thirds of cases, patients had suffered major traumatic life events in childhood.

The biggest problem with the "horrible" schizophrenia label was the enormous stigma it carried, said Mr Hammersley. "It's associated with danger, violence, unpredictability, inability to recover, constant illness, and never being able to work," he said.

Japan abolished use of the term schizophrenia in 2004, replacing it with a new diagnosis of "integration disorder" that described a syndrome - a collection of symptoms - rather than a disease.

Jacqui Dillon, chair of the Hearing Voices Network group, who herself has heard voices since the age of three, said people with serious mental illness were confined to the role of "naughty eternal children". Psychiatric services were currently based on a "blame the brain" approach which offered little hope to patients and prevented them fulfilling their potential. "We are told what to do, and then given contradictory opinions that the only way to get better is to take medication, but in fact we will never really get better," said Ms Dillon.

Marius Romme, previously Professor of Psychiatry at the University of Maastricht in the Netherlands, and now visiting professor at the University of Central England, said he believed schizophrenia was an "immoral concept". "It was originally a category and then it became misused as a diagnosis," he said. "For a diagnosis you need causes, but that is never found within this concept of schizophrenia." He claimed the influence of the pharmaceutical industry in the treatment of mental illness had "grown out of proportion and become harmful".

Prof Romme concluded: "I think schizophrenia as an illness does not exist. The schizophrenia concept is harmful because it mystifies the patient's social emotional problems, and it makes it impossible to solve the patient's problems because within the diagnostic process no-one is asking what has happened."

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