What IS this schizophrenia? It is time to abandon it as 'diagnosis'
By Suman Fernando, December 2009

From the very beginning of its construction, schizophrenia, together with eugenics, was a product of race thinking, represented in Morels' theory of degeneration (amplified by Lombroso in 'atavism'). This ideology was absorbed into the Nazi movement that tried to get rid of degenerate races, degenerate art etc. Together with this link to racism, schizophrenia was constructed to encompass the combination of mental illness, criminality and inherent inferiority. It is not surprising therefore that schizophrenia carries a stigma. Nor that the label of schizophrenia carries racist implications. In a way, that is what is it is supposed to do – to imply degeneracy, racial inferiority and criminality. What has happened more recently, is that the negative labelling carried by schizophrenia has spread to the more general diagnosis of 'psychosis' because in modern times (in Britain at any rate) the two labels (schizophrenia and psychosis) are used almost synonymously. The case against schizophrenia as a diagnosis is now very strong.

Why schizophrenia should be abandoned as a 'diagnosis'.
Although generally accepted for many years, mainly through it seems reverence to the 'father of psychiatry' (Kraepelin), the diagnosis 'has remained a persistent source of controversy and uncertainty' (van Praag, 1976: 481). In a paper in the *Lancet*, Hay (1984) is highly critical of Kraepelin's original approach in identifying a unitary psychosis in the asylum patients (identified by Kraepelin as 'psychotic') who were not suffering from manic depression. Sarbin and Mancuso (1980) point out that 30 years of research has failed to produce a marker that would establish the validity of schizophrenia as an 'illness'. And, writing from a background of many years of researching schizophrenia, Johnstone (1999) refers to 'the central difficulty of the lack of an effective validating criterion [for schizophrenia]' and 'the lack of clarity of any underlying process' (1999: ix). Psychologist Richard Marshall (1995) rejects any scientific basis for the concept schizophrenia as representing 'illness': 'The 'illness' notion on which schizophrenia is based is at the level of metaphor or analogy. It is simply a result of an analogy with organic illness. It is metaphorical thinking – it is *as if* what is termed schizophrenia *is* illness, a result of organic defect. …. From a true scientific viewpoint, then, an illegitimate and unwarranted assumption has been made. We have moved from the realms of science and into the reaches of belief.' (1995: 57, italics in original).

After analysing the concept schizophrenia in terms of its construction, its diagnostic criteria and its genetic research, psychologist Mary Boyle (2002) comes to the conclusion that abandoning it would enable the study of 'phenomena' (that at present are linked together into an illness which is assumed to have a 'cause') in their own right, taking on board 'questions about context, about content and function and about social and personal meanings '(2002: 245). Another psychologist Richard Bentall (1990), after reviewing the evidence on reliability and validity of schizophrenia as a clinical diagnosis in western settings, concludes that the 'current faith in the scientific meaningfulness of the schizophrenia diagnosis cannot be justified' (1990: 32). The concept of schizophrenia as an illness has not shown itself useful for purposes of biological research. One reviewer of the topic (Barnes, 1987) concludes: 'For every point about the biology of schizophrenia there is a counterpoint. Theories about the origin and disease process of schizophrenia are often built on a multitude or empirical

observations and a paucity of hard facts.' (1987: 433) Another review (Lieberman and Koreen, 1993) finds a 'fragmentary body of data which provides neither consistent nor conclusive evidence for any specific etiologic theory.'(1993: 371). McGorry (1991), a psychiatrist, and Charlton (2000), a psychologist, both arguing from a neuroscientific perspective, believe that using the concept 'schizophrenia' is actually impeding psychiatric research and preventing therapy for people with mental health problems. And Bentall et al., (1988) attribute the lack of any substantial progress in schizophrenia research in a century to 'schizophrenia' not being a meaningful scientific concept.

Schizophrenia as a diagnosis was used in the international research by the World Health Organisation in its International Pilot Study of Schizophrenia (IPSS). The uncritical use of a concept that had no cross-cultural validity was strongly criticised by Arthur Kleinman (1977), a doyen of transcultural psychiatry – a criticism echoed by others (e.g. Marsella, 1982; Favazza, 1985; Fernando, 1991). And I have argued in my books that the use of schizophrenia as a diagnosis is no longer useful in a multiethnic society. But worse than that, the use of the schizophrenia diagnosis is experienced by black people given the diagnosis - and black communities as a whole – as oppressive and irrelevant in assessing mental health problems among black people. Recently a group of professionals have called publicly for the abolition of the 'schizophrenia label' (Available: http://www.caslcampaign.com/accessed 2 January 2009).

Summary of the case against the use of 'schizophrenia' / 'psychosis' as a diagnosis

The two labels (schizophrenia and psychosis) used today synonymously in psychiatric practice are both seriously problematic. First, there are problems with the concept 'schizophrenia' when considered from a historical perspective. Its emergence as a 'new' construct in the early 1900s; its dubious validity even in terms of methodology at that time; and its construction in a context of racist eugenic thinking dominated by the ideology inherent in the concept 'degeneration'. Second, the concept of schizophrenia has not proved useful as a basis for research into understanding mental health problems from a biological viewpoint; its use in international study (i.e. in the IPSS) – rightly criticized as flawed because of 'category fallacy' - has been unsuccessful in that results of study have confused rather than clarified issues around therapy for, and outcome of, mental health problems. Third, when looked at transculturally, schizophrenia does not stand up as a useful way of identifying mental ill health; some of the symptoms considered cardinal signs of 'illness' such as 'hearing voices' may not be sustainable as pathological cross-culturally. Fourth, schizophrenia does not seem to mean very much (as explanation for mental health problems) to either service users or their carers and relatives. Fifth, the use of medication – often in high doses – is not necessarily related to a diagnosis being made first and so the separation of the schizophrenia diagnosis from 'therapy' would clarify the reasons for medication being used in states of agitation and thereby reduce its abuse. Finally, when 'schizophrenia' as a diagnostic concept is used in a multi-ethnic setting, many serious problems emerge; in Britain it has become conflated with racist oppression, raising questions about the racist nature of the diagnosis itself in conjunction with psychiatric stigma. One cannot but conclude that the usefulness of schizophrenia / psychosis as a concept denoting 'illness' is now unsustainable and its relevance in a multi-ethnic society is suspect.

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