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Forum

Renaming schizophrenia coupled with proper public education is an optimal way to overcome stigma

In Japan, the name of *Seishin Bunretsu Byo* (mind-split disease), a direct translation of schizophrenia, has been replaced with *Togo-Shitcho Sho* (integration dysregulation syndrome) since 2002 (Sato, 2006). The

new name has been widely accepted in society; *Togo-Shitcho Sho* has been used in bureaucratic documents, the media, and published materials, as well as in clinical settings. After the official announcement about renewing the name, the proportion of patients who were informed of their diagnosis by attending physicians rose: from 37% in a year before the introduction to 65% in the following year. This reflects the fact that over 80% of Japanese psychiatrists reported that the new name was easier to convey to patients afflicted with the condition compared with the old term (Sato, 2006). In addition, the majority of Japanese psychiatrists were found to be affirmative in documenting that the new name serves to improve treatment compliance, and to ameliorate the ill image of the disorder shrouded by stigma (Sato, 2006). These are, at least in part, attributable to the erroneously built-in impression the old term bears; in a survey conducted in Tokyo, college students were more likely to relate the previous label to criminal conducts than the new name (Takahashi *et al.* 2009). Thus, the introduction of the new term, which has been welcomed by patients *themselves* as well as mental health professionals and the public, may be beneficial in the context of a public health perspective and acceptance by the community.

However, merely renaming the disease may not be sufficient, since a change of name does not resolve the deep-rooted stigma; for instance, the public's ignorance of the true nature of the disease and fear of people with a *condition* of schizophrenia have been pointed out (Lieberman & First, 2007). In this respect, we are in agreement with the point made by George & Klijn (2013) that public education is important in reducing stigma. If the label were replaced with a different one, fallacious knowledge about the content would not be rectified.

The importance of public education about mental disorders is exemplified by autism. The term 'autism' was named, by Hans Asperger in 1938, after Bleuler who had used this term to describe one aspect of the features of schizophrenia. This term is still in use among mental health professionals, education and welfare officials, and the public. There was little public awareness of autism until recently. The disorder was easily overlooked or had been attributed to bad parenting. Some individuals with autism were even misdiagnosed as having schizophrenia (Sugihara *et al.* 2008). However, the characteristics and unique brain functioning in autism have been featured in a variety of the media, including TV programmes, movies, books, and newspapers in Japan. Accordingly, this has led to increased awareness of autism in the public. In tandem with this movement, professionals in the field of mental health, education and social welfare have

gained a better understanding of the condition. As a result, there is now a growing acceptance that autism is a neurodevelopmental disorder with specific features. Thus, without relabelling the disorder, the public education which has raised public awareness of autism has achieved a significant reduction in the stigmatization of the disorder. Such a change in the climate has led to promotion of parents' access to care for their child with autism provided by mental health professionals, acceptance of diagnosis and help-seeking behaviours of adults with the disorder.

The benefit arising from renaming schizophrenia *per se* may be temporary, as the image attached to the old concept for the disorder could be passed on to a new name. Nevertheless, renaming schizophrenia can be taken as a good first step, because such an action would draw people's attention and be in the media spotlight, which provides an unprecedented opportunity for the public education to foster better understanding of the disorder, as we have experienced in Japan. It is noteworthy, however, that campaigns against stigma, such as promulgating biological factors as a cause of the disorder, have had limited or even adverse effects (Crisp *et al.* 2000; Angermeyer & Matschinger, 2005). Thus, careful considerations are required when information on schizophrenia is provided via the media. Overall, it is advisable to seriously consider renewing the term of schizophrenia in countries where it is still used despite the fact that it conveys unfairly untoward images. However, introduction of a new name ought to be coupled with campaigns or programmes in the context of the public education that incorporate appropriate information that does not lead to misunderstanding of the condition.

Declaration of Interest

None.

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Forum

Renaming 'schizophrenia': a step too far or not far enough?

George & Klijn's paper (2013) will undoubtedly be met with controversy from those who believe there really is a definable mental 'illness' called 'schizophrenia' and that the diagnosis leads to effective treatments. Some will see the objection to the schizophrenia label as being 'anti-psychiatry' and a step too far. Others, however, will feel this paper does not go far enough, merely suggesting the replacement of one term with little reliability and validity with another.

There is no doubt that for many, the diagnosis of schizophrenia can be as debilitating as the associated symptoms. The internalization of stigmatizing public and professional perceptions of schizophrenia as an irreversible brain disease associated with violence and unpredictability can impact on identity, self-esteem, self-efficacy, hope and social functioning (Livingston & Boyd, 2010). Similarly, it is clear that internalized stigma can deter help-seeking and contribute to social exclusion. The impact of identifying with the diagnosis can in itself have a detrimental impact on recovery (Link *et al.* 2001). Although it is important to recognize that for some people the diagnosis confers benefits including naming the problem and providing a means of access to support (Pitt *et al.* 2009), the implied permanence and severity of the supposed condition can be debilitating. A key question in all this is whether changing the name would be enough in itself