

**DOES COINING A NEW NAME BRING A NEW THING INTO EXISTENCE?
DOES DELETING A NAME CAUSE THE THING IT NAMES TO GO OUT EXISTENCE?**

**DESCRIBING PHENOMENA WHOSE NATURE NOR CAUSES ARE KNOWN,
WITH WORDS WHOSE MEANINGS ARE NOT CLEARLY DEFINED,
ISN'T THAT TALKING A LOT OF HOT AIR?**

*"What's in a name? that which we call a rose
by any other name would smell as sweet."*

William Shakespeare: Romeo and Juliet, II, ii, 1-2

*"Man is by nature a metaphysicist and filled with pride. He could believe
that the ideas made up by his mind, which would suit his feelings,
would also represent reality. ...*

*...To sum up, we should realize that the words we use to express the phenomena
whose causes we don't know are nothing in themselves, and that from the
moment we grant them any value for criticism or in debates, we give up
experimental evidence and fall into scholasticism ...*

*...In science, the word criticism is not synonymous with disparagement;
criticising means looking for truth by separating the true from the false,
to tell apart good and bad."*

Claude Bernard: Introduction to the study of experimental medicine. Paris 1865

The BBC recently reported that academics, psychologists and psychiatrists in Great Britain had engaged in controversies about the significance and the usefulness of the term "schizophrenia" for the diagnosis of what should be recognized as some rather arbitrary rag-bag of ill-defined psychotic illnesses. Some of them united to launch a campaign to scrap the term "schizophrenia": **Campaign to Abolish the Schizophrenia Label (CASTLE)**. Others think that, although the term is not accurate, it is nevertheless useful and should be retained, at least provisionally until a better name is found. *(but why would it be better?)*.

(see <http://news.bbc.co.uk/2/hi/health/6033013.stm> and <http://www.schizophrenia.com/sznews/archives/004045.html>)

Such fruitless discussions are far from new, but psychiatrists, psychologists and psychoanalysts from many countries don't seem ever becoming weary of them.

Among these professionals of mental health are those who favor discarding the term because "the concept is scientifically meaningless" and groups together a whole range of different problems under one label, which may be ultimately damaging to patients: because it may encourage the same "biomedical" treatments (drugs) for all to the detriment of individualized psychological help (psychotherapies?).

Some of the experts believe that it should be possible (and more efficient) to target drugs and psychological treatments on specific signs and symptoms as they are found in individual patients. *(Convincing evidence in support of this latter claim is still lacking, however, and, despite frequent statements to the contrary, there aren't yet any drug nor psychological treatments which would "target specific symptoms" of schizophrenia, for the quite simple and obvious reason that the causes and the mechanisms of the symptoms are unknown. Considering for how long such attempts have been claimed, successful therapeutic results, if there had been any, surely should have received a lot of enthusiastic publicity! Did we actually hear of it?)*

Other advocates of scrapping the name "schizophrenia" think, falsely, that this label both is somehow worsening the illness and the source, in the public at large, of numerous disparaging ideas about the ill persons: ideas of violence (which are indeed false), of dangerousness (also false), unpredictability (which is true), inability to recover (which is true when people think that recovery should mean being cured), a constant and lifelong need of medication (true), the inability

to work (which may be either true or false, depending on the degree of severity of the illness). They say that the label is stigmatizing. That is an easy way to distort the truth: that's not the label which is stigmatizing, that's the behavioral consequences of the illness that are so. Such an ingrained reproving attitude generally prevails in the public, quite automatically, also towards people in good health if they happen to behave in the same "unproper" ways as mentally ill persons may do, but of course, the latter do it unwittingly. There are also diehard professionals (guess who?) who still stubbornly cling to the belief that child abuse is the primary cause of schizophrenia, although this ideology has been disproved since a long time and has nowadays become rather outmoded.

I find it somewhat difficult to understand how one reasonably might hope that discarding the term "schizophrenia" should in any way improve the public's impressions or the professionals' knowledge of these illnesses regrouped under this label, since neither does it explain anything, nor does it provide any clue for a more rational treatment. It would not in any way entail the extinction of the illnesses, and it could not any more ensure a better health of the ill persons. Contrary to what some so-called experts seem to believe and to what they seemingly would have us believing, burying one's head in the sand never was a successful policy, and discarding a name never abolished its target, nor did the word's deletion change the properties of the thing it stood for.

Quite obviously, Shakespeare was a much more astute psychologist than many of our present day mental health professionals seem to be, and in his wake, today I would like to say: *"What's in a name? Those whom they call schizophrenics, by any other name would not fare any better."*

Another bunch of experts would prefer to keep the name of "schizophrenia" for practical reasons; according to them, the diagnosis of schizophrenia is at present the only available means to distinguish ill persons afflicted with this woolly syndrome from those persons afflicted with other psychiatric psychotic disorders (not less woolly), in order to provide them with the treatments best suited to their "case", to their "personal needs". Some of these therapists, however, would readily replace the "**unpleasant**" term "schizophrenia" with that of "dopamine dysregulation disorder" (is it "more pleasant"?) which they believe to "reflect more accurately" what is happening in the brain when someone is psychotic (*this assertion is debatable, however, and the name suggested as a suitable alternative for schizophrenia is not less of a rag-bag than that of schizophrenia itself*). As history has shown, other names (diagnoses) coined long ago by medicine and psychiatry, such as cretin, schizophrenic, idiot, oligophrenic, etc., etc. rather rapidly became insults in everyday lay language. In all likelihood, "dopamine dysregulation" would soon meet with the same fate.

When you think of it, you can't but wonder about what these hair splitting discussions may contribute to the knowledge of those mental disorders regrouped under the umbrella name of "schizophrenia". What does such never ending quibble actually contribute to the improvement of the treatments and of the fate of patients afflicted with "schizophrenia"? Such fruitless discussions keep experts busy and happy, but meanwhile they forget one of their most important tasks: painstakingly researching the true biological causes and mechanisms of psychoses, and thus they don't help their patients as well as should be expected of them (I would like to say to them: *"You are sleeping, Brutus, while Rome is waiting in fetters"*; Voltaire, *The death of Caesar*, II, 2).

Moreover, by dint of always relying only on the sole power of words forming high-sounding sentences (though often devoid of any meaning), many professionals eventually forget that descriptions of things and phenomena made with these words are, necessarily, always incomplete and inaccurate. Words don't convey any idea of a perfume if you didn't smell it before, because your nose doesn't use words; you can't "explain" with words a new perfume to anybody except to perfumers or to persons trained to the task of smelling (people with a cold or anosmia should abstain!).

Neither do words describe a piece of music to someone who doesn't listen to it or who never heard it before, and you can't force a person deaf from birth to imagine it, even by using sign language.

What was said above holds true for psychoses, which you can't describe nor "explain", except to those who, day in day out, live with a patient. These persons "understand" descriptions of the illness because, when they are told them or they read them, they feel themselves treading on familiar ground.

But some people, who sometimes deem themselves to be professional experts, do not like the descriptions of the illness made by relatives (since the latter are not acknowledged experts) and say they are simplistic, incomplete and inaccurate. Possibly, they get carried away by their hypertrophied imagination which prevails over their somewhat less well trained critical mind. They thus don't enough pay attention to the realities of lives which they do not live through themselves.

As a consequence, descriptions of "schizophrenia" made by others, which take into account only facts actually observed and sensibly refrain from unwarranted "psychological" interpretations disappoint the professionals' imagination. They can't acknowledge their value because they can't understand them: they listen (do they?) to words with their imagination, not to words with their nose.

If professionals actually wish to help patients afflicted with schizophrenia, they should try to live more side by side with them, they also should better control their own lively imagination and perhaps beware of it.