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Why the World Health Organization and the American Psychiatric Association should drop the term 'schizophrenia'

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Learning Goal:

After hearing the benefits and objections, participants will be able to judge for themselves whether the term "schizophrenia" should be dropped from the ICD & DSM.

Abstract Text:

The term "schizophrenia" has become synonymous with dangerousness and non-recoverability. Dangerousness and non-recoverability seem to be hard-wired into the diagnosis. The term encompasses a heterogeneous group of people with different "symptoms," etiologies, course and outcomes. It is a static, traumatizing and stigmatizing term for those persons given it. It often takes away hope and a sense of agency because people are told that they have a genetic brain disease. The evidence for the latter will also be discussed. Hope, ongoing social and peer support, and a sense of agency and self-efficacy are needed to facilitate recovery. Nine world outcome studies and the World Health Organization studies on "schizophrenia" demonstrate recoveries. People have a better chance of recovery when given good care that is acceptable to them. Japan, Hong Kong, Taiwan and South Korea have dropped the term "schizophrenia." Surveys in Japan have shown that service recipients and professionals are pleased with the change. Prominent psychiatrists such as Robin Murray in the UK and Jim van Os in The Netherlands have presented convincing arguments as to why this term should be dropped. I believe the time is now to drop this stigmatizing, hope-disabling, scientifically controversial and compromised term which is saturated with myths of non-recoverability and dangerousness.

**ON THE HEALING POWER
OF HUMAN RECONNECTION**