CALL ME MAD, BUT...

THERE'S AN ORGANISATION IN AUSTRALIA DEVOTED TO THE WORTHY
CAUSE OF PROTECTING THE MENTALLY ILL FROM BEING STIGMATISED IN
THE MEDIA. BUT, ASK ALEC MCHOUL AND MARK RAPLEY, WILL THE ONLY
EFFECT OF ITS MONITORING BE TO SANITISE THE ENGLISH LANGUAGE?*

THE whole thing started when we spotted an article in the *West Australian* on 22
May 2002 under the headline 'Media often insulting to mentally ill: report'.
Reporter Kate Gauntlett informed us that a 'watchdog' on behalf of sufferers of
'mental illnesses' had received a series of 'complaints' about the media's apparent
stigmatisation of these people and that it was listing these on its 'StigmaWatch'
web page. At the foot of the article was a photo-montage featuring television
personalities Sam Newman, Stan Zemanek and Cornelia Frances. Then a set of
arrowed points highlighting 'insensitive comments' by them and others:

→ Sam Newman's Street Talk segment on *The Footy Show* ridiculed people who
appeared to be mentally ill—Channel Nine apologised.
→ *The Glass House* joked about schizophrenics—ABC acknowledged error.
→ *The Weakest Link* host Cornelia Frances joked about medication—Channel Seven
apologised.

�➤ *Beauty and the Beast* host Stan Zemanek said people with schizophrenia should be 'locked behind bars or in padded cells'—producers apologised.

Gauntlett, however, did not mention that the *West Australian* itself had been subject to similar investigation. For the StigmaWatch web site also includes the following report:

11.10.01 '... insane killer'
The *West Australian*

• Ongoing incorrect, negative and violent depictions of mental illness, including calling an elderly man with dementia who 'roamed (maternity) wards' in Armadale–Kelmscott Memorial hospital with razor blades 'a mental patient' who may 'harm a baby'...
• SANE Australia sent a letter to the Editor Brian Rogers on 13.12.01.
• The *West Australian* replied on 17.12.01 stating that the *West Australian* reports 'the good, the bad and the in-between of our community, including those with mental illness'.

So there we were, a qualified clinical psychologist and a discourse analyst with more than a passing interest in media studies, each sitting at our respective breakfast tables and wondering what this could be about.

There is no doubt that persons categorised as 'mentally ill' can be subject to stigma and that such treatment should, itself, probably be stigmatised. One of the world's leading psychiatrists, Norman Sartorius of the World Health Organisation and Professor of Psychiatry at the University of Geneva, made this part of his theme in an article published in the *British Medical Journal* a month later (22 June 2002) and entitled 'Iatrogenic stigma of mental illness'. But he also made clear that the main source of psych-stigma is not the media but rather 'the careless use of diagnostic labels' by the medical profession itself. Our initial conclusion from this was that if madness exists, we'd all be better off shutting up about it. But would that not come at a price?

The English language is, as every crossword solver knows, extremely rich in synonyms and near-synonyms. And many of us are grateful for the detailed nuances its multiplicity allows. Can you separate 'pillage' from 'plunder', for example? And is it not very useful to be able to distinguish between 'work', 'production', 'labour', 'toil' and 'drudgery' as the occasion demands? In addition, English is rich in polysemy, endowing single words with multiple meanings. 'Bird' can mean a vertebrate

of the class Aves, a person (as in 'rare bird'), prison or a prison sentence, a girl or girlfriend … not to mention Charlie Parker or the film about him.

This semantic complexity, we maintain, is an extremely healthy condition for a language to be in. When describing somebody in everyday talk, we can do very precise moral work by selecting exactly the right shade of meaning for that person's demeanour. There are various words and phrases, for example, that signify or relate to a condition of madness. I may appear 'slightly eccentric' to myself, while friends may think of me as 'pretty weird' and enemies as 'a complete fruitcake, a nutter'.

There is now a body in Australia, however, that seeks to monitor such usages. It is called 'SANE Australia' and its strategy of linguistic censorship can be found at its web site (www.sane.org), where readers can link to the StigmaWatch subsite mentioned earlier. It's been running this campaign since October 1999 and, at the time of writing, it includes some sixty specific cases of attempting—with varying degrees of success—to ban the public use of the extended family of 'mad' and 'madness' words.

StigmaWatch cases are roughly divided into two groups. The first focuses on simple terms ('mad', 'loony', 'weird', and so on). The second clamps down on equally ordinary but also supposedly 'diagnostic' terms ('schizophrenic', 'obsessive-compulsive', 'multiple personality', etc.). We write 'supposedly' if only because many of the words in this group had perfectly ordinary roles to play in English before they were appropriated by clinical discourse.

To take some cases of the first kind, we can begin in October 1999 with SANE's earliest StigmaWatch case. The file reads:

- The Nestle food company launched three confectionary brands in the USA, called 'Psycho Sam', 'Loony Jerry' and 'Weird Wally'.
- NAMI (our American sister-organisation) and SANE Australia lobbied Nestle vociferously about these offensive and harmful brand-names.
- Nestle replied to SANE that these brands would not be sold in Australia, and NAMI was informed that they were also being withdrawn in the USA.

NAMI has recently been mounting a similar campaign against the *New York Times* crossword for running clues and answers that contain words such as 'nuts', 'crazy' and 'loony'. Readers are asked to write to *NYT* editors and owners to express their horror and disgust at such perfectly ordinary uses of their own language (www.nami.org/campaign/20020506.html).

Apart from the censorship involved, is it not possible to read these instances as overreaction? Who could possibly take such product labelling as 'stigmatising' anyone at all, let alone a very disparate group called, by SANE, the 'mentally ill'? To whom is this labelling 'offensive and harmful'—and where is the documentation of *actual* offence and harm? Ordinary speakers of the language are aware of the fictionality of product names. Nobody believes that there's a real Uncle Toby who actually has something personal to do with their breakfast cereal. Uncle Ben personally polishes each grain of rice—come on! And who could imagine the real Paul Newman actually stirring great vats of tomato paste and sealing off the jars with his own hands? A fortiori 'persons' with such absurd names as Psycho Sam, Loony Jerry and Weird Wally.

So what were Nestlé doing, capitulating so easily? As it turns out, theirs was not an uncommon response. Take the case of Sony, as filed in May 2001:

- Sony Computer Entertainment Australia began promotion of a forthcoming PlayStation game 'Twisted Metal: Black'. The game involved threatening characters 'released from a lunatic asylum'. The user is encouraged to 'take a walk around ... their mental anguish and come out screaming for more'.
- SANE Australia sent a letter to Sony on 05.09.01 expressing outrage and requesting all references to mental illness be removed from the game and promotional material associated with it.
- SANE also initiated an international media and email campaign which gained widespread coverage, and saw the President of Sony Computer Entertainment inundated with thousands of messages expressing concern about 'Twisted Metal: Black'.
- Sony Computer Entertainment removed promotion of the game from their website and catalogs, and announced that the launch was being postponed while the content was reconsidered. In discussions with Sony, SANE thanked the company for their responsible reaction.

Again a major corporation, otherwise noted for its hard-headed business sense, is sent scurrying away with its tail between its legs.

Is the implication of this that any negative-sounding associations of 'lunatic asylum' (such as 'loony bin') should be prohibited in everyday talk? If so, this is highly ironical given that few Western governments today (and certainly none in Australia) have comprehensive policies to institutionalise the 'mentally ill'. This is the age of 'community care' and 'deinstitutionalisation'. SANE, even with its own bizarre view of how language works, would be hard pressed these days to

find an operational referent for a term such as 'lunatic asylum'. Indeed, SANE tells us as much in one of its own pamphlets, *Mental Illness: Fact and Fiction* (2000):

> With modern medications and treatment, there is generally no reason for people with a mental illness to be in hospital for more than a few weeks when they are unwell ... as with many other types of illness. There is now an emphasis on treatment in the community so that people can continue to live at home.

How odd, too, that 'asylum' has perfectly beneficent meanings in the language and that few speakers would welcome its demise! An asylum is any place of refuge—such as a church or monastery—where, in the first place, debtors and criminals could go without fear of apprehension. It was (and still carries the sense of being) a place of care and humanitarian concern, and, *pace* John Howard, also has strong connotations of support, welcome and the promise of a new life. Moreover, 'lunatic' and 'lunacy' long ago lost their cred as serious descriptors of anything like 'mental illness', given their etymological association of insanity and phases of the moon. The words have become merely quaint. If 'lunatic asylum' is offensive to anyone or anything, it is to long-outmoded *institutions* and the strange (but, at the time, clinical) theories on which they were based.

It's also striking that SANE routinely pounces on the word 'psycho'. (Hitchcock fans, we hope, will dissent and protest.) SANE presumably thinks 'psycho' is exclusively used as an abbreviation for 'psychopath', again betraying the organisation's regrettable lack of etymological awareness. The *Oxford English Dictionary* gives the following meanings for 'psycho' in order of historical usage (earliest to latest): as a noun 'psychoanalysis or psychology', a 'psychologist', a 'psychopath'; as an adjective 'psychological', 'psychopathic'; as a verb 'to psychoanalyse'. The connection to 'psychopath', then, is only one (recent) possibility; the others are terms that SANE would not, we suspect, resile from endorsing.

The bulk of SANE's spleen is vented on supposed misuses of the terms 'schizophrenia' and 'schizophrenic', perhaps in accord with this watchdog's original title from the UK (whence the acronym): 'Schizophrenia: A National Emergency'. Here are a couple of typical examples:

05.10.01 Spielberg's new film a 'schizophrenic fairytale'

The *Standard Magazine*, Warrnambool

• Spielberg's new film *A.I.–Artificial Intelligence* described as a 'schizophrenic futuristic fairytale'.

- SANE Australia sent a letter to the Editor on 05.10.01.
- The *Standard Magazine* replied on 11.10.01 stating that staff have been requested to use diagnostic terms accurately in the future.

07.08.01 'Rude Health'

The *Bulletin*

- Federal Vice-President of the AMA, Dr Trevor Mudge, said the AMA is 'a little schizophrenic' on the issue of electronic health. Used the diagnostic term inappropriately and innacurately [sic].
- SANE Australia sent a letter to Dr Trevor Mudge, and the Editor of the *Bulletin* 08.08.01.
- The *Bulletin* published the complaint in Letters to the Editor.

Apart from the misspelling of 'inaccurate', the criticism here bears the marks of the schoolmaster's report-card genre of curt reprimand: 'Tut tut, Mudge Minor; must do better next time.' And it is addressed to none other than a senior medical official who, we may venture, was intelligent enough to know that there are perfectly ordinary non-diagnostic uses of the term 'schizophrenic'—which is perhaps why he didn't bother to grace this criticism with a reply.

'*Schizo-*', denoting 'cloven', 'split' or 'divided', derives from the Greek verb *schizein*, to cleave. But a very long time before we had 'schiz-', we had 'schis-', deriving from the same Greek verb: as in 'schism' and 'schismatic'. For centuries, 'schis-' words were used to describe clefts, rents and splits in and between people and groups of people. The first recorded example is in Wyclif's 1382 translation of the New Testament. Translating St Paul in 1 Corinthians 1:10, Wyclif, with a practised eye for the English language's wonderfully nuanced semi-synonymy, gives the following list: 'scismes, or dyuysiouns, dissenciouns, or discordis' (*OED*, 'schism'). So well before 'schis-' words (1382) were appropriated as 'diagnostic' tools (1910), they were already list members along with 'divisions', 'dissensions' and 'discords'. Wyclif's list is essentially a *moral* one; St Paul is telling the Corinthians how to and how not to present themselves.

The switch from 's' to 'z', from 'schis-' to 'schiz-', came only as late as 1870 via the biological sciences. The first recorded use (1870) is 'schizocarp', a fruit that splits into two parts. The adjective 'schizocarpous' followed in 1905. This scientisation is most likely what is behind Eugen Bleuler's coining of the term 'schizophrenia' in his book *Dementia Præcox or the Group of Schizophrenias*, first published in 1910. Here, Wyclif's 'dyuysiouns, dissenciouns … discordis' are transformed (via the addition of *phren*, mind) into 'delusions and hallucinations'.

The *OED* entry for 'schizophrenia' renders Bleuler's coinage as follows:

> A mental disorder occurring in various forms, all characterized by a breakdown in the relation between thoughts, feelings, actions, usu. with a withdrawal from social activity and the occurrence of delusions and hallucinations.

Mary Boyle, in her study *Schizophrenia: A Scientific Delusion?* (1990), gives three reasons for his introduction of the term 'schizophrenia' and its preferability over the older term 'dementia præcox': first, the older term 'only designates the disease, not the diseased'; second, Bleuler believed that incorporating an idea of a 'split' was more true to the condition in question ('in every case we are confronted with a more or less clear-cut splitting of the psychic functions'); third, Bleuler thought that 'dementia præcox' was inappropriate if applied to people undergoing behavioural changes late in life who may not be 'demented', even though the *construct* itself may be correct. He therefore sought a new expression for the same 'construct'.

It was still some time after Bleuler's initial coinage (thirty-five years in fact) that 'schizo', as a word in its own right, came into the language, marking a return of 'schismic' (or perhaps 'schizmic') to popular discourse and an accidental uptake of Bleuler's second reason for changing the clinical language. This is a tribute to the amazing capacity of our language to retain its philological heritage, harking back as it does to the older 'schis-' words, which register splits, rents and divisions that may or may not relate to delusions and hallucinations. From around 1945, fictional and quasi-fictional characters (criminals, pools winners, and so on, in novels by popular authors such as Nigel Balchin or J.I.M. Stewart) are called 'schizos' because they show contradictory leanings or persuasions at various times. This illogicality may sometimes be read as implying moral negativity—though not necessarily, nor in every case.

Earlier, in 1912, Bleuler himself first used 'schizophrenic' as an adjective, in a related though slightly different way. Under 'schizophrenic' (cross-referenced from 'autism') in the *OED*, we find the following:

> 1910. E. Bleuler in *Amer. Jnl. Insanity.* LXIX 874.
> When we look more closely, we find amongst all normal people many and important instances where thought is divorced both from logic and from reality. I have called these forms of thinking *autistic*, corresponding to the idea of schizophrenic autismus.

Here Bleuler, the father of all diagnosticians, positions things schizophrenic (adj.) as arising and existing 'amongst all normal people': as a 'form of thinking' and not applicable to any specific *persons*. In this definition, there are no 'schizophrenics'. The noun applying to persons as a category came several years later (1926). In short, 'schizophrenic' is nothing special, just an ordinary word to be used where we find 'illogical' separations and contradictory conditions. And it clearly means, for Bleuler himself, something like a split mind (or 'personality'): *schizein* (to split), *phren* (mind). The 'scientific' period of the 'schiz-' (perhaps trying to distinguish itself from the historically earlier and more ordinary 'schis-'), then, is both very recent and utterly subordinate to its ancestor. Common sense and pseudo-science cannot be so easily split, separated, disjoined, divided, cleft, disconnected, disjoined ... schismatised.

So when StigmaWatch opposes the use of the word 'schizo', it is on very shaky historical ground indeed. As far as we can see, chat show host Ray Martin (in the following report card) was not 'stigmatising' anyone. If anything he was guilty only of keeping good company with Wyclif and St Paul before him:

09.11.01 Nicole Kidman's 'schizo' world
Ray Martin Show, Channel Nine
- Ray Martin introduced Nicole Kidman to his show and said 'I was going to say that I thought that this year for you has been a schizo year as well, hasn't it?'
- SANE Australia sent a letter on 09.11.01 to the Producer of the Ray Martin Show, Steve Bidd and to Ray Martin.
- The Ray Martin Show Executive Producer, Steve Bidd replied, stating that they had received many letters in response to Ray's use of 'schizo' and that Ray apologises for the use of the word. The letter also said 'we are sorry that we caused hurt and we should know better'.

So if SANE has a problem, it should not be with us, ordinary speakers, but with the original and unfortunate 'misuse' made by the *clinicians* following Bleuler when they chose the term 'schizophrenia' for their 'diagnoses'—which, incidentally, have been severely questioned from within the profession itself for being mere metaphorical extensions of actual medical diagnoses of diseases with real bodily lesions. If anything is 'stigmatising' the 'mentally ill', it's the shonky linguistic practice of so-called 'clinicians' who appear unable to get a language of their own together sufficiently to describe what they suppose to be an 'illness' and, instead, appropriate our interestingly schismatic stock of ordinary language. Perhaps they should have stayed with 'dementia præcox' after all.

For all this, SANE's main complaint about such uses of 'schizophrenic' still turns on its routine and, by now, perfectly understandable—even 'clinical'—connection with 'split personalities'. After all, Bleuler built this very etymology into his own 'clinical', 'diagnostic' definition, as we have seen. Time after time, StigmaWatch upbraids the media, advertising and the corporations for such plain speaking. The situation gets completely out of hand when SANE seeks to censor deliberately comical cases such as a cartoon or a comedy routine. For example

> 27.03.02 '... when I dated a schizophrenic'.
> The *Advertiser*
> • American comedian, Rita Rudner quoted in the *Advertiser* as saying 'The closest I ever came to a ménage à trois was when I dated a schizophrenic'.
> • SANE Australia sent a letter to the *Advertiser* on 27.03.02.
> • The *Advertiser* Associate Editor replied stating that '... support the basis of your complaint' and '... the issue has been brought to the attention of senior editorial staff'. Also stated that 'we will endeavour to avoid similar references in the future'.

We doubt whether Rudner herself would have been so cringing in her response.

Evidently we are not allowed to talk about being 'depressed' about our hair (16 August 2001). We can be neither 'obsessive' nor 'compulsive' about sparkling wine (13 November 1999). When listening to a stereo, we can no longer say we are 'hearing voices' (14 June 2000). We are prevented from being told that we would be 'mad' to miss a bargain sale at a TV store (13 July 2001). Every corner of the StigmaWatch site evinces such stern tones. We are constantly aware of a wagging finger or the censor's blue pencil poised and ready to delete. We have to wonder what credentials these SANE people have to appear so self-righteous. Philological credentials are obviously out of the question. Same goes for taste and a basic sense of humour. So where *are* they coming from?

We can get a glimpse of this if we turn away from the negative side (StigmaWatch) and towards SANE's positive take on problems of the 'mind'—if we turn from its adversarial to its advocacy role, as reflected in its numerous pamphlets, booklets and 'factsheets'. What we find here is an unrelenting attempt to promote a particular discourse about what it is to be 'mentally ill': the discourse of the biomedical model. This is, apparently, the single, correct, unproblematic and would-be-normative discourse that the general public should embrace rather than going around using ordinary words like 'loony', 'mad' and 'psycho'.

SANE's first strategy is to have 'mental illnesses' categorised along with medical conditions proper (diabetes is a favourite). Sister NAMI is particularly good at this, prompting its members to tell the *New York Times* that:

> People with a mental illness are not 'fruitcakes, psychos, sickos, or crazy-as-a-loon'. They are human beings struggling with a brain disorder that is as devastating as all other physical illnesses like cancer, diabetes, HIV, stroke, Parkinson's, or Alzheimer's. (www.nami.org/campaign/20020506.html)

With this metaphorical association in place, we can then apparently proceed to the stage of 'diagnosis'. SANE is cagey about this process, describing it with much caution and tentativeness, as in its booklet, *The SANE Guide to Treatments* (1998):

> A diagnosis simply means the identification of an illness. After a thorough assessment, doctors make a diagnosis based on a particular pattern of symptoms. This then helps them to decide on the best treatment of these symptoms and their underlying causes. Just because someone has a particular diagnosis, doesn't mean they will have all of the symptoms associated with it, of course. It doesn't mean they will have these symptoms all of the time. And it doesn't necessarily mean that they will always have this diagnosis. (p. 2)

Could we imagine such a fuzzy practice being honoured with the title 'diagnosis' at all were the disease in question diabetes, HIV or cancer?

From 'diagnosis' we inevitably proceed to 'treatment'—though never 'cure'. SANE, in the same booklet, supports cognitive-behavioural therapy and electroconvulsive therapy (ECT). But its mainstay is medication, treatment with neuroleptic drugs. This is because 'mental illnesses' are assumed to arise from troublesome and semi-remediable brain states—even though we saw no reference to that particular organ under the heading 'diagnosis' above:

> Medical research shows that many mental illnesses are associated with changes in our brain chemistry … Medical research shows that psychotic symptoms are associated with changes in a particular brain chemical (called dopamine). Antipsychotic medications assist the brain to restore its usual chemical balance. This helps reduce or get rid of some of the symptoms. It can take some weeks before the medication starts to work … In recent years a new generation of antipsychotic medications has become available (pp. 9–12)

Despite the highly tentative and vague language of the literature, this is almost the only picture SANE and its allies in the mental-illness advocacy industry can or want to paint. To be sure, side effects are occasionally mentioned, but they are routinely passed off as rarely serious, mostly minor and controllable by medical practitioners (sometimes through the prescription of still *more* medications) and, we are told, side effects are useful because 'they show that the medication is starting to take effect' (p. 13). There's almost no mention of the fact that no-one really knows how neurotransmitters function or what these drugs do to the brain or the other organs; no mention either of the difficulties of withdrawal and the paucity and brevity of clinical trials.

We're supposed, it would seem, to give up our perfectly effective ordinary language in favour of such blatant scientism—because it's supposed to stop the 'mentally ill' from being stigmatised. Who, we have to wonder, are these 'mentally ill'? Where did they actually say they were being 'stigmatised' by 'Psycho Sam' packaging and the like? When did they authorise SANE to speak, write and censor on their behalf? And in what document did this population unanimously sign off on an agreement that they have biomedical diseases? Do they completely endorse pseudo-clinical descriptions of their conditions over ordinary ones? Do they, whoever they are, agree that medication is the best remedy for their suffering?

A number of observers, such as the prominent psychiatrist David Healy in his study *The Antidepressant Era* (1997) and Ray Moynihan and his colleagues in a recent article in the *British Medical Journal* (13 April 2002), have suggested that the main reason for the promotion of the pure biomedical model is that it ultimately serves the interests not of the sufferers but of the pharmaceutical industry. Whatever the truth of this, the pro-medicalisation position of SANE means in effect an end to questioning, disagreement and dissent on this issue. It facilitates a closure of public discourse on socially unwanted behaviour through a biological reductionism that can be of certain benefit only to the drug companies. There is no evidence that any support SANE receives or acknowledges from such enterprises—the logos of some of these appear on the back covers of various SANE publications—is other than moral. But only one moral position is allowed any articulation here. The delimitation of language that this involves is a delimitation of the possibilities of thought: a political and conceptual violence that shames people into retracting and apologising for utterly mundane uses of a language, English, which has become a wonderful means of expression and representation precisely because, historically, its boundaries have been left so fluid and open.