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Linguistic and (micro)cultural differences in the global debate about re-naming 'schizophrenia': A mixed-methods survey from Switzerland

Anna Landolt [a,1], Mario Müller [a,b,1], Yvonne Ilg [c,d], Peter J. Schulz [e,f], Paul Hoff [a], Erich Seifritz [a], Anke Maatz [a,d,*]

[a] Psychiatric Hospital, University of Zurich, Department of Psychiatry, Psychotherapy and Psychosomatics, Lenggstrasse 31, 8032 Zürich, Switzerland
[b] Psychiatric Hospital, University of Zurich, Department of Psychiatry, Psychotherapy and Psychosomatics, Centre for Social Psychiatry, Militärstrasse 8, 8021 Zürich, Switzerland
[c] German Department, University of Zurich, Schönberggasse, 8008 Zürich, Switzerland
[d] Competence Centre Language & Medicine, University of Zurich, Switzerland
[e] Università della Svizzera Italiana, Institute of Communication and Health, Via Buffi 13, 6900 Lugano, Switzerland
[f] Department of Communication & Media, Ewha Womans University, Seoul, South Korea

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ABSTRACT

Background and hypothesis: This survey explores Swiss mental health professionals', users', and relatives' opinions on re-naming schizophrenia exploiting Switzerland's specific multilingualism to examine possible effects of linguistic and microcultural differences on the issue.
Study design: Opinions on 'schizophrenia' were collected using a self-rated online questionnaire incl. Freetext answers available in the three main Swiss languages, German, French and Italian. It was distributed to the main professional and self-help organizations in Switzerland between June and October 2021.
Study results: Overall, 449 persons completed the questionnaire, 263 in German, 172 in French and 14 in Italian. Of the total sample, 339 identified as mental health professionals, 81 as relatives and 29 as users. Considering the whole sample, almost half favored a name-change with a significant difference between stakeholder- and between language groups. Also, the name 'schizophrenia' was evaluated more critically than the diagnostic concept. Qualitative analysis of freetext answers showed a highly heterogenous argumentation, but no difference between language groups.
Conclusions: Our results suggest the attitude towards re-naming might itself be subject to (micro)cultural difference, and they highlight the nature of 'schizophrenia' as not only a scientific, but also a linguistic and cultural object. Such local factors ought to be taken into consideration in the global debate.

1. Introduction

Naming mental disorders has always been a matter of debate. This is especially true of 'schizophrenia'[2]: In 1902, Eugen Bleuler defended Emil Kraepelin's 'dementia praecox' arguing: "To be sure, the name is not well chosen; but the question is only that of a *nomen et flatus vocis* and not of the thing. To waste words about it is, therefore, useless" (Bleuler, 1902). Ironically, in 1908, Bleuler introduced the new word 'schizophrenia' into psychiatric discourse. 'Schizophrenia' however was not just a new name for the same "thing": It involved a re-conceptualization of the disorder aiming to be true to its course, which Bleuler believed to not necessarily lead to a dementia as 'dementia praecox' suggests, and to adequately capture its psychopathology (Maatz and Hoff, 2014). The name itself was also carefully chosen one of Bleuler's concerns being the possibility to form an adjective (Bleuler, 1911, 4; Ilg, 2019). Despite initial skepticism (Bernet, 2013, 16; Bleuler, 1908), 'schizophrenia' steadily replaced 'dementia praecox' first in Switzerland, then in Europe and finally around the globe. 'Schizophrenia' also travelled into everyday language where a semantic shift took place (Ilg, 2021b, 2019, 2021a): Besides being used as a slur,

* Corresponding author at: Psychiatric Hospital, University of Zurich, Department of Psychiatry, Psychotherapy and Psychosomatics, Centre for Social Psychiatry, Militärstrasse 8, 8021 Zürich, Switzerland.
E-mail address: anke.maatz@pukzh.ch (A. Maatz).
[1] Both authors have equally contributed to the paper and hence share ffrst-authorship
[2] We write 'schizophrenia' in inverted commas when we refer to the name, the word, rather than to the diagnostic concept

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'schizophrenia' is nowadays also employed to describe an action or attitude as absurd or self-contradictory (Dudenredaktion, 2022; Larousse Dictionnaire de Français, 2022; Merriam-Webster, 2022; Zingarelli, 2021). This development, which can be observed in many languages (Athanasopoulou and Sakellari, 2016; Athanasopoulou and Välimäki, 2014; Cain et al., 2014; Dubugras et al., 2011; Goulden et al., 2011; Kara and Kara, 2022; Park et al., 2012; Thys et al., 2013; Wahl et al., 1995), was met with criticism by psychiatrists, relatives and users alike. More generally, 'schizophrenia' was increasingly considered problematic due the stigma associated with it (Gaebel et al., 2002; Howe et al., 2014; Lasalvia, 2018; Lasalvia et al., 2021; Sheehan et al., 2017; Thomas et al., 2013). In 2002, Japan took action and changed the name, notabene a Japanese translation of the Greek 'schizophrenia' from, translated into English, mind-split-disease to integration disorder (Kim, 2002; Maruta and Matsumoto, 2017). The re-naming was accompanied by information campaigns disseminating present-day knowledge of course and outcome, treatment options, and rehabilitation potential (Sato, 2006; Umehara et al., 2011). Whilst opinions on the re-namings' success are heterogenous (Guloksuz and van Os, 2019; Koike et al., 2017; Lasalvia et al., 2021; Sartorius et al., 2014; Sato, 2017; Takahashi et al., 2009; Takahashi et al., 2011; Yamaguchi et al., 2017), other East-Asian countries followed suit and replaced the old translations of 'schizophrenia' in their respective languages by newer descriptions of the disorder (Maruta and Matsumoto, 2017). In the wake of the revisions of the DSM (American Psychiatric Association., 2013) and the ICD (World Health Organization, 2022) and with increasing organization and visibility of users and relatives, the debate about re-naming 'schizophrenia' went global. Besides the term's stigma, the scientific validity of the concept was now also seen as problematic (Jablensky, 2010; Heckers et al., 2013) and some authors blatantly stated that "schizophrenia doesn't exist" (Van Os, 2016). Despite these criticisms, the makers of DSM-5 and ICD-11 re-included 'schizophrenia' with minimal conceptual changes and left the name untouched (Tandon et al., 2013). The debate about a name change however goes on, and over roughly the past decade, several surveys in different countries and global regions have been conducted to empirically investigate attitudes towards 'schizophrenia' and a potential name change (Lasalvia et al., 2021; Maruta and Iimori, 2008; Roelandt et al., 2020; Mesholam-Gately et al., 2021). Some surveys suggest a clear preference for a name change whilst others show more heterogenous opinions on the issue. Psychiatric professionals are equally divided with some considering a name change mere "semantics" (Lieberman and First, 2007; Corrigan, 2016) or "wordplay" (Gaebel and Kerst, 2019), whilst others consider it an adequate means to combat stigma (Chiu et al., 2021; Lasalvia, 2018; Lasalvia et al., 2021; Mesholam-Gately et al., 2021).

What can another survey add to this debate? Besides adding a voice from a country that has up-to-now not been studied with regards to the issue of re-naming, our survey exploits Switzerland's specific multilingualism to examine possible effects of linguistic and microcultural differences on the issue. It thus adds an explicit consideration of local factors to this global debate. Furthermore, it follows Bleuler in distinguishing between "name" and "thing". Whilst the important conceptual difference between the name 'schizophrenia' on the one hand and the diagnostic concept schizophrenia on the other hand has often been acknowledged (Gaebel and Kerst, 2019; Tandon et al., 2009), this differentiation has up-to-now not been made when studying opinions on re-naming. With this paper, we thus hope to show that the debate about name change is not a waste of words, but can indeed "become the first step that allows catalysation of the process of modernizing psychiatric science and services worldwide" (Guloksuz and van Os, 2019).

2. Methods

2.1. Study design and participants

A mixed-methods online-survey was conducted amongst mental health professionals (psychiatrists, psychologists, nurses and others, referred to as "MHP" in the following), psychiatric service users as well as their relatives in Switzerland between June and October 2021. In total, 449 persons responded to the questionnaire.

2.2. Study region

Switzerland is a country situated in central Europe. A specific feature of Switzerland is its multilingualism: The majority (62.3 %) speak (Swiss)German as main language, 22.8 % speak French and 8 % Italian. A fourth official language, Romansh, is spoken by 0.5 % of the population. The remaining 23.1 % speak none of the official languages (Bundesamt für Statistik, 2022).

2.3. Instrument

For this survey, a self-rating questionnaire on use of and opinions on the term 'schizophrenia' used by Maruta et al. (2014) and Lasalvia et al. (2021) was adapted to the specific research interest and regional context: In the first part, socio-demographic information (age, level of education and gender) was gathered alongside information about professional resp. experiential background. We furthermore asked relatives about their relationship to the person diagnosed with schizophrenia, and we inquired about involvement in self-help groups. In a second part, participants were instructed to write down up to six spontaneous associations with 'schizophrenia' before in a third part being asked about their use of the terms 'schizophrenia', 'schizophrenic', and 'the schizophrenic'. Those two parts of the questionnaire, however, will be handled in a follow-up publication focusing specifically on the use of the terms.

Finally, participants were asked about the appropriateness of 'schizophrenia', about their opinion on changing the name and/or the diagnostic concept, and about their perceived association of name and concept respectively with stigma, and if in favor of a name change, they were asked to suggest alternative names (this latter part will equally be presented in a separate publication). To gain a differentiated understanding of the arguments underlying the reported use and opinions, freetext answers were invited for all questions.

The questionnaire was available in the three main Swiss languages, German, French and Italian, as well as in three different versions for the three stakeholder groups. The term 'schizophrenia' was translated 'Schizophrenie'/'schizophrénie'/'schizofrenia', and the associated adjective (schizophrenic) and its substantivized form (the schizophrenic) likewise.

The questionnaires were piloted on psychiatrists, mental health service users, relatives and members of society without any specific relation to 'schizophrenia' and their inputs were implemented to ensure comprehensibility and feasibility.

2.4. Procedures

The online-questionnaires were created with LimeSurvey (Limesurvey GmbH, 2006). Invitations to participate plus the link to the online-questionnaire were sent electronically to a large number of networks and institutions to reach the three stakeholder groups: MHP were recruited through two main professional bodies (*Swiss association for psychiatry and psychotherapy SGPP*, and *Swiss association of directors of psychiatric hospitals SVPC*) as well as by direct contact to major psychiatric hospitals in the three linguistic regions; users were recruited via all registered self-help groups related to 'schizophrenia'; and relatives were recruited via the two main networks of relatives (*Network Relative Support in Psychiatry NAP*, and *Association of Relatives of Mentally Ill People VASK*).

2.5. Statistical analysis

First, simple descriptive statistics were provided to characterize the

entire study sample. Frequencies and percentages were reported for categorical variables and means (M) and standard deviations (SD) for continuous variables.

Furthermore, we explored whether stakeholder group membership and linguistic region (predictor variables) were linked to the primary outcomes (opinion on the term's and concept's adequacy and on whether 'schizophrenia' should be re-named). For this purpose, we calculated Chi-square statistics and bivariate logistic regressions with odds ratios (OR) and 95 % confidence intervals (95%CI) to indicate the degree of association between predictors and outcome. In predictor variables the categories "MHP" and "German language region" served as reference categories while not agreeing to an opinion served as reference in outcome variables. In the next step, we fitted a series of multivariate logistic regression for those models with significant predictor candidates from the previous bi-variate step to predict agreement to the outcomes of interest. All multivariate models were adjusted for gender and age per default (results not tabulated).

Finally, point-biserial correlations were calculated between opinions to illustrate raw associations between outcomes.

Statistical analyses were conducted using STATA/SE 16 (StataCorp, 2019).

2.6. Qualitative analysis

Freetext answers were analyzed according to the principles of thematic analysis (Braun and Clarke, 2006), a method for qualitative data analysis that allows to identify and report thematic patterns for further interpretation. Our leading analytic question was "What arguments are provided for and against the name and concept 'schizophrenia'?". After reading, re-reading and initially coding, i.e. assigning words or short phrases that capture the essence of a portion of text (Saldana, 2015, 4) to the answers, there appeared strong thematic overlaps between answers to individual questions. We thus collated the answers for further analysis. Codes were grouped and systemized into higher-order themes and the emerging coding system was discussed at various data sessions amongst AL, YI and AM, a medical student, a linguist and a psychiatrist and philosopher respectively. It was then applied to the entire data set by AL and continually adapted when necessary. Exemplary as well as unclear passages were discussed amongst the researchers at further data sessions to reach consensual coding (Kuckartz, 2016; Becker et al., 2019).

Our interpretation rests on the triangulation of the results from the statistical and the results from the qualitative analysis, i.e. it brings these results in dialogue with each other seeking to reach a more nuanced understanding of the findings (Mertens and Hesse-Biber, 2012).

2.7. Ethics

As the survey was anonymous and participants' IP addresses were not stored, the study did not need ethical review.

3. Results

3.1. Sample characteristics

Demographic and other relevant characteristics of the sample (n = 449) are shown in Table 1. The average age was 47.7 years (SD = 13.9; range 18–86 years) and 64.7 % identified as female. Regarding educational level, almost three quarters of the sample held a university degree. Therefore, for further analyses, education was dichotomized as university degree vs other. Regarding stakeholder group, most participants identified as MHP (75.5 %), followed by relatives (18 %), followed by service users (6.5 %). Of the MHP, most were nurses (33.5 %) or board-certified psychiatrists (30.5 %), 10.6 % identified as psychiatric residents, 8.8 % as psychologists and 16.6 % declared other mental health professions (e.g. social workers, occupational therapists). Of the service users, 48 % were active in self-help groups. Of the relatives, most identified as parents (55.8 %). The average time of work or personal experience with psychiatry was 17.7 years (SD = 12.2; range 0–50). The majority (58.6 %) of the participants answered the questionnaire in German, 38.3 % in French and 3.1 % in Italian.

Stakeholder groups differed significantly in terms of gender (p = .043), age (p < .001) and education (p < .001) (results not tabulated): The proportion of females were higher in relatives (76.9 %) than in MHP

Table 1
Sample characteristics (n = 449).

	Mean (SD)
Age	47.7 (13.9)
Years of experience with psychiatry (personal or professional) (in order of length)	
Users	20.3 (9.1)
MHP	17.7 (12.2)
Relatives	17.5 (13.8)

	N (%)
Gender	
Female	284 (64.7)
Language (in order of sample size)	
German	263 (58.6)
French	172 (38.3)
Italian	14 (3.1)
Stakeholder group (in order of sample size)	
MHP	339 (75.5)
Relatives	81 (18)
Users	29 (6.5)
Type of MHP (in order of sample size)[a]	
Nurses	111 (33.5)
Board certified psychiatrist	101 (30.5)
Other	55 (16.6)
Psychiatric resident	35 (10.6)
Psychologist	29 (8.8)
Work setting of MHP (in order of sample size, multiple answers possible)[a]	
Psychiatric hospital	207 (61.1)
Private practice	65 (19.2)
Other	38 (11.2)
General hospital	29 (8.6)
Relatives' relationship to user (in order of sample size)[b]	
Parents	43 (55.8)
Sibling	10 (13)
Child	10 (13)
Partner	6 (7.8)
Other	5 (6.5)
Close friend	3 (3.9)
Users' activity in self-help group[c]	
Active	12 (48)
Education (in order of sample size)	
University degree	310 (71.1)
Secondary education (not university)	54 (12.4)
Completed professional education/apprenticeship	40 (9.2)
A-levels or equivalent	21 (4.8)
Completed primary education	9 (2.1)
No formal educational qualification	2 (0.5)

[a] Only relates to the subsample of MHP.
[b] Only relates to the subsample of relatives.
[c] Only relates to the subsample of users.

(62.3 %) and users (59.3 %). Relatives (age = 55.2 years; SD = 16.2) were older than MHP (age = 46.3 years; SD = 13.0) and users (age = 44.6 years; SD = 11.0). The vast majority (83.7 %) of MHP, but only one fourth (25.0 %) of users and one third (32.9 %) of relatives, held a university degree.

The distribution of the stakeholder groups within each language group was as follows: Of 263 questionnaires answered in German, 185 (70.3 %) were returned by MHP, 50 (19 %) by relatives, and 28 (10.6 %) by users. Of 172 questionnaires answered in French, 140 (81.4 %) were returned by MHP, 31 (18 %) by relatives and 1 (0.6 %) by a user. In Italian, the questionnaire was completed by 14 (100 %) MHP; other stakeholder groups were not represented.

3.2. Opinions on the term 'schizophrenia'

Table 2 displays the distributions of agree- and disagreement with adequacy and change of the name and concept of 'schizophrenia' as well as on the stigma associated with them respectively. The results of the unadjusted and adjusted logistic regression models for the associations between predictors and outcomes are equally shown. Accordingly, the results of the regression models for the different outcomes are as follows:

3.2.1. Adequacy of the name

Compared to MHP, users were less likely to agree to the adequacy of the name in the unadjusted model only and the French-speaking group were more likely to agree than the German-speaking group even after adjusting for other variables.

3.2.2. Change of the name

Compared to MHP, users were more likely to agree to a name change in the unadjusted model only and the French-speaking group were less likely to agree than the German-speaking group even after adjusting for other variables.

3.2.3. Adequacy of the concept

Bivariately, MHPs were more likely than others and the French-speaking was more likely than the German-speaking group to agree to the adequacy of the concept schizophrenia. However, those associations disappeared after adjusting for other variables in the model.

3.2.4. Change of the concept

In the unadjusted model, users, compared to MHP, were more likely to agree to a change of the concept schizophrenia and the French-speaking group were less likely to agree than the German-speaking group even after adjusting for other variables.

3.2.5. Stigma of name and concept

No associations between neither stakeholder group nor language group and the perceived stigma of concept nor the perceived stigma of the name 'schizophrenia' were found.

The reported adequacy of name and concept was negatively linked to the reported agreement to change name or concept respectively as well as to stigma while the latter was positively associated with an agreement to change (Table 3).

3.3. Arguments pro and con

Qualitative analysis of freetext answers revealed five main themes – stigma, name, concept, history, emotions and relationship (more detail about how these themes emerged in the coding process is provided in the supplemental material). All themes apart from the last contain both arguments for retaining (pro) as well as arguments for rejecting (contra) 'schizophrenia' (see Table 4).

All arguments were found both in the German and French subsample. In the Italian subsample, only two participants gave freetext answers producing four arguments against and one argument for retaining 'schizophrenia'. In the following, we elaborate on the themes 'stigma' and 'name':

Whilst many participants stated stigma as an argument against 'schizophrenia', others suggested there should be information campaigns and the term should be used precisely to fight the stigma associated with it. A family member wrote[3]: "The more the word is integrated, the more it loses its taboo, like for example AIDS."

Regarding the name, some argued the literal meaning of 'schizophrenia' captures the essence of the illness stating that in 'schizophrenia' "the mind is split". A psychologist elaborated:

> "I have personally found the word's history ("split soul" or "two souls in the chest") very helpful in psychoeducation; the psychotic perception of the person affected alone versus the shared perception of all non-affected persons around him or her."

A user argued to the contrary:

> "My soul is not split nor broken in any other way. The name leads to misunderstanding and is often confused with multiple personality or 'split personality'."

A further argument against the name was its lacking transparency, i.e. the impossibility to understand its meaning from looking at the word alone. As another family member put it: "Because normal people do not immediately understand what kind of illness it is."

Finally, participants arguing that re-namings are always inefficient provided some general reflection on the nature of terms like a family member stating "the name is necessary a reduction" as well as about the relation between names and stigma e.g. a. psychiatrist who wrote "in the end, any term is what one makes of it. Even if it were only numbers, at some point the number 3.7 would be more discriminating than the number 7.2 (or others)".

4. Discussion

4.1. Summary and interpretation of results

Our mixed-methods online survey inquired Swiss stakeholders' opinions on adequacy, change, and stigma of schizophrenia, name, and concept, and gathered arguments for and against the term. Overall, 449 mental health professionals (MHP), relatives, and users from the three main linguistic regions of Switzerland participated in the survey. The majority of the sample thought of the name and the concept as adequate, but almost half were in favor of a name change and four out of 10 favored a change of the diagnostic concept. Further, almost the entire sample rated the stigma of both the name (96 %) and the concept (90 %) as high. Name and concept were thus evaluated differently with the name being seen as more problematic than the concept. In bivariate correlations, preference for change of name and preference for change of concept were associated with low ratings of adequacy and higher ratings of stigma of name and concept, respectively. The most notable difference was between linguistic regions: Participants from the German-speaking part of Switzerland thought of name and concept as less adequate and were more likely to favor a change of name and concept than participants from the French-speaking part of Switzerland even after adjusting for covariates. Regarding stigma, no significant difference between stakeholder- nor between language groups was found.

The arguments reported for and against name and concept were manifold and the same topic was elaborated as a pro-argument by some, as a contra-argument by others. This suggests that opinions on schizophrenia are importantly influenced by personal experience and values. The difference between the linguistic regions that we found in the statistical analysis of the closed answers could not be found in the freetext answers.

[3] Free-text answers presented in the paper were translated to English by AM.

Table 2
Opinions on the term.

		Total - N	Chi square			Unadj. model	Adj. model (a)
			Yes - N (%)	No - N (%)	*p*-Value	OR (95 % CI)	OR (95 % CI)
Adequacy name		349	205 (58.7)	144 (41.3)			
Stakeholder group	Mental health professionals	267	166 (62.2)	101 (37.8)	0.008	Ref	Ref
	Users	23	7 (30.4)	16 (69.6)		0.27 (0.11–0.67)**	0.49 (0.17–1.44)
	Relatives	59	32 (54.2)	27 (45.8)		0.72 (0.41–1.27)	0.86 (0.43–1.72)
Language group	DE	204	99 (48.5)	105 (51.5)	<0.001	Ref	Ref
	FR	136	99 (72.8)	37 (27.2)		2.84 (1.78–4.53)***	2.59 (1.57–4.27)***
	IT	9	7 (77.8)	2 (22.2)		3.71 (0.75–18.30)	3.64 (0.72–18.53)
Change name		349	168 (48.1)	181 (51.9)			
Stakeholder group	Mental health professionals	267	118 (44.2)	149 (55.8)	0.018	Ref	Ref
	Users	23	16 (69.6)	7 (30.4)		2.89 (1.15–7.25)*	2.67 (0.89–8.04)
	Relatives	59	34 (57.6)	25 (42.4)		1.72 (0.97–3.04)	1.56 (0.80–3.06)
Language group	DE	204	111 (54.4)	93 (45.6)	0.012	Ref	Ref
	FR	136	55 (40.4)	81 (59.6)		0.57 (0.37–0.88)*	0.61 (0.38–0.97)*
	IT	9	2 (22.2)	7 (77.8)		0.24 (0.05–1.18)	0.27 (0.05–1.36)
Adequacy concept		349	241 (69.1)	108 (31.0)			
Stakeholder group	Mental health professionals	267	194 (72.7)	73 (27.3)	0.026	Ref	Ref
	Users	23	12 (52.2)	11 (47.8)		0.41 (0.17–0.97)*	0.64 (0.24–1.76)
	Relatives	59	35 (59.3)	24 (40.7)		0.55 (0.31–0.99)*	0.89 (0.44–1.80)
Language group	DE	204	127 (62.3)	77 (37.8)	0.004	Ref	Ref
	FR	136	106 (77.9)	30 (22.1)		2.14 (1.31–3.51)**	1.66 (0.98–2.82)
	IT	9	8 (88.9)	1 (11.1)		4.85 (0.60–39.53)	3.32 (0.39–27.86)
Change concept		349	144 (41.3)	205 (58.7)			
Stakeholder group	Mental health professionals	267	101 (37.8)	166 (62.2)	0.021	Ref	Ref
	Users	23	15 (65.2)	8 (34.8)		3.08 (1.26–7.53)*	2.39 (0.82–6.97)
	Relatives	59	28 (47.5)	31 (52.2)		1.48 (0.84–2.62)	0.97 (0.49–1.92)
Language group	DE	204	101 (49.5)	103 (50.5)	0.001	Ref	Ref
	FR	136	42 (30.9)	94 (69.1)		0.46 (0.29–0.72)**	0.59 (0.36–0.96)*
	IT	9	1 (11.1)	8 (88.9)		0.13 (0.02–1.04)	0.18 (0.02–1.51)
Stigma name		348	335 (96.3)	13 (3.7)			
Stakeholder group	Mental health professionals	267	257 (96.3)	10 (3.7)	0.882	Ref	
	Users	23	22 (95.7)	1 (4.3)		0.86 (0.10–7.00)	
	Relatives	58	56 (96.6)	2 (3.4)		1.09 (0.23–5.11)	
Language group	DE	203	198 (97.5)	5 (2.5)	0.22	Ref	
	FR	136	129 (94.9)	7 (5.2)		0.47 (0.14–1.50)	
	IT	9	8 (88.9)	1 (11.1)		0.20 (0.02–1.94)	
Stigma concept		348	314 (90.2)	34 (9.8)			
Stakeholder group	Mental health professionals	267	238 (89.1)	29 (10.9)	0.415	Ref	
	Users	23	21 (91.3)	2 (8.7)		1.28 (0.29–5.74)	
	Relatives	58	55 (94.8)	3 (5.2)		2.23 (0.66–7.60)	
Language group	DE	203	186 (91.6)	17 (8.4)	0.276	Ref	
	FR	136	119 (87.5)	17 (12.5)		0.64 (0.31–1.30)	
	IT	9	9 (100.0)	0 (0.0)		empty	

*** p > .001.
** p > .01.
* p > .05.

Table 3
Point-biserial correlations between outcomes on opinions.

	Adequacy name	Change concept	Adequacy concept	Change name	Stigma name	Stigma concept
Adequacy name	–					
Change concept	−0.57***	–				
Adequacy concept	0.60***	−0.72***	–			
Change name	−0.74***	0.68***	−0.56***	–		
Stigma name	−0.16**	0.16**	−0.10*	0.19***	–	
Stigma concept	−0.16**	0.18***	−0.16**	0.18***	0.39***	–

*** p > .001.
** p > .01.
* p > .05.

Comparing these results to the literature, Switzerland displays a more conservative attitude towards re-naming than Italy (Lasalvia et al., 2021) and the U.S.A. (Mesholam-Gately et al., 2021), but the overall Swiss attitude is comparable to the one found transnationally by Roelandt et al. (Roelandt et al., 2020). This finding stresses the role of cultural difference in the debate, although it must be considered that Lasalvia et al.'s and Mesholam-Gately et al.'s studies explicitly framed the question of name change as a question about ways to reduce stigma which might have led to higher rates of agreement. Differences between Swiss linguistic regions have been found with regards to other health-related topics like organ donation and backpain (Schulz et al., 2006; Schulz et al., 2013; Dunkel et al., 2018) supporting the idea that the difference found between the German- and the French-speaking region in our study might indeed be linked to their specific microcultures.

Regarding the arguments revealed by the thematic analysis of free-text answers, most of them have been described before, most

Table 4
Arguments pro and con.

	Pro	Con
Stigma	• Information campaigns can reduce stigma • The term can and should be reclaimed	• The stigma of the term is harmful for those given the diagnosis
Name 'schizophrenia'	• Adequately captures the essence of the illness • There is no better alternative name • Re-namings are generally inefficient	• Suggests a wrong concept, esp. that of a split mind or consciousness • Not transparent • Outdated • Used in public discourse
Concept		
- The diagnostic concept schizophrenia	• Well known and generally well understood by everybody	• Heterogeneous • Does not reflect subjective experience of the illness • Does not reflect aetiology • Does not reflect the course of the illness
- Diagnostic concepts in psychiatry generally	• Psychiatric diagnoses are helpful for those who are diagnosed • Psychiatric diagnoses are needed for communication	• Psychiatric diagnoses harmful for those who are diagnosed
History of 'schizophrenia'	• Reflects a valuable nosological tradition • Historic evolution	• Associated with unethical treatments in the past
Emotions and relationship		• Associated with uncanniness • Provokes anxiety • Using 'schizophrenia' is harmful for the relationship • Associated with a poor prognosis

prominently perhaps the argument put forward by members of all stakeholder groups alike that the stigma associated with schizophrenia is harmful (Asylum Magazine, 2017; Dillon, 2007; Voice America, 2012; Schizophrenia Inquiry, 2012; Lasalvia et al., 2021; Mesholam-Gately et al., 2021; Sartorius et al., 2014), and the argument that the concept is scientifically invalid (Guloksuz and van Os, 2019; Bentall, 2003; Van Os, 2010; Guloksuz and van Os, 2018). The literal, Greek meaning of 'schizophrenia' has also often been mentioned as a contra-argument as it is considered to increase stigma and lead to the confusion of schizophrenia with dissociative identity disorder (Borsche et al., 2007; Holzinger et al., 1998; Sulzenbacher et al., 2002). Participants of our study mentioned these arguments but evaluated them in new and more nuanced ways: The association of 'schizophrenia' with a split mind was, by some, seen as helpful in explaining the symptoms. Most interestingly perhaps, stigma which has up-to-now rather unanimously been portrayed as the main reason for a name change was also mentioned as an argument for retaining 'schizophrenia': Some participants pointed out the possibility to reclaim (Brontsema, 2004; Galinsky et al., 2003) the term, i.e. to revalue it by users self-consciously referring to themselves in terms of this label.

All arguments were produced by participants from the German- and the French-speaking group. The same groups however displayed different opinions on name change and change of concept. The triangulation of quantitative and qualitative results thus suggests that whilst the arguments available in the discourse on 'schizophrenia' are comparable across cultural regions, the attitude towards re-naming and changing the diagnostic concept are subject to cultural difference.

Taken together, the differences in the attitude towards re-naming schizophrenia found within our survey and across surveys conducted in different global regions point to the importance of local factors. Herein, the role of culture and language can of course not be told apart. However, it is worthwhile considering the relation between name and concept in light of their relation to culture and language respectively. The name, i.e. the linguistic sign or simply the sequence of letters/sounds, cannot be the same globally, but has to be translated into different languages. The name's morphological and grammatical properties are thus different in different languages, and these properties have an impact on how it is used. This is especially important because diagnostic terms like 'schizophrenia' inevitably behave like ordinary linguistic expressions and us such travel across discourse spheres, i.e. they can and will be used in different cultural and communicative contexts than the original clinical one (Maatz and Ilg, 2021). If a term's meaning is its use in language (Wittgenstein, 1958), the concept does not remain unaffected if the patterns of use change. Patterns of use of course do not only depend on linguistic properties but are also culture-bound, the media discourse playing an especially important role in shaping and disseminating such patterns. This has been shown for 'schizophrenia' in various countries and languages (Athanasopoulou and Sakellari, 2016; Athanasopoulou and Välimäki, 2014; Cain et al., 2014; Dubugras et al., 2011; Goulden et al., 2011; Kara and Kara, 2022; Park et al., 2012; Thys et al., 2013; Wahl et al., 1995), also in Switzerland (Hoffmann-Richter, 2000; Ilg, 2019), but the media discourse in the three Swiss linguistic regions has not been systematically compared in this respect yet.

Taken together, in line with our findings, these insights highlight schizophrenia's nature as not only a scientific, but also a linguistic and cultural object (Woods, 2011). Whilst our specific results are thus not generalizable beyond Switzerland, the generalizable point our findings support is the importance of taking into account local factors in the global debate.

4.2. Strengths and limitations

This is the first study inquiring attitudes on schizophrenia in Switzerland. Given that it was conducted in the three main linguistic regions of the country and that previous surveys never employed exactly the same design, it is also the first study that allows a direct comparison between different linguistic and cultural regions. Regarding design, our study distinguished between name and concept. Whilst conceptually a strength, this might have been a pragmatic limitation because it presupposed participants' willingness and ability to engage with this unfamiliar distinction. Importantly also, our survey included the option to give freetext answers for each closed question. This allowed to study the arguments underlying the expressed opinions and to capture ambivalent reflections which necessarily get lost in closed answers. Regarding the sample, an obvious limitation is that it was not representative. Generally, users and relatives were underrepresented with all users apart from one coming from the German-speaking region, and relatives only from the French- and German-speaking regions. Further studies should seek to include a higher proportion of these stakeholder groups across language groups to give persons with lived experience of 'schizophrenia' a stronger voice in the debate. Despite the overall small number of participants of the Italian-speaking region, their proportion of the overall sample is similar to their proportion of the overall Swiss population (8 %) and was therefore not unexpected. As the results in the Italian-speaking sub-sample, although similar to those of the French-speaking sub-sample, did not reach significance as an artifact of sample size, further studies with larger samples are required to confirm our results. The fact that, in contrast to previous surveys in other countries, we included MPH other than psychiatrists is a strength because the MHP subsample thus better represents the variety of healthcare personnel which is relevant for the use of 'schizophrenia' in the clinical discourse sphere.

5. Conclusions

Schizophrenia, both name and concept, have always been and remain disputed, the critical discourse displaying greatly heterogenous arguments. Opinions on whether name and/or concept should be

changed depend on experiential background, global region and probably a great number of other factors that remain to be investigated in more detail. This discursive constellation demonstrates that schizophrenia is not treated as a mere scientific object, but perhaps even predominantly as a cultural one – considering that psychiatric practice incl. scientific inquiry is equally culturally embedded. Moreover, the attitude towards re-naming itself appears, as our study suggests, to be a matter of culture and/or language.

The re-naming debate is not a waste of words we believe. Surveys however should not be considered a means to arbitrating about whether to re-name 'schizophrenia'. Rather, they can be seen as part of the much-needed debate about some "big questions" of psychiatry like: (How) can we find a way to communicate reliably about mental illness whilst at the same time accommodating its essential subjectivity and cultural difference? How can we as societies and individuals conceive of and respond to mental suffering in a non-stigmatizing way? How can perspectives from other disciplines e.g. philosophy, linguistics, sociology, and anthropology be made fruitful in such debates? If these background questions are considered, the re-naming debate should go on.

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CRediT authorship contribution statement

AM and YI conceived of and initiated the study; AL, AM and YI designed the study with PH and JS giving feedback on the design; AL programmed the questionnaires; AL, AM and ES recruited participants; AL, AM, YI and MM analyzed the data; AL, AM and MM drafted sections of the manuscript; AM finalized the manuscript; all authors read and approved of the final version of the manuscript.

Declaration of competing interest

All authors declare that they have no conflict of interest relating to the content of this study.

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Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.schres.2024.03.045.

References

American Psychiatric Association, 2013. Diagnostic and Statistical Manual of Mental Disorders (5th Ed.) (DSM-V). https://doi.org/10.1176/appi.books.9780890425596.

Asylum Magazine, 2017. Campaign for the abolition of schizophrenia label by Paul Hammersley and Terence McLaughlin. https://asylummagazine.org/2017/09/campaign-for-the-abolition-of-schizophrenia-label-by-paul-hammersley-and-terence-mclaughlin/ (2017).

Athanasopoulou, Christina, Sakellari, Evanthia, 2016. 'Schizophrenia' on Twitter: content analysis of Greek language tweets. Stud. Health Technol. Inform. 226, 271–274.

Athanasopoulou, Christina, Välimäki, Maritta, 2014. Schizophrenia' as a metaphor in Greek newspaper websites, vol. 202, 275–278. Studies in Health Technology and Informatics.

Becker, Judith, Franziska Moser, Maria Fleßner, and Bettina Hannover. 2019. "Die Beobachter_innenübereinstimmung als Kompass bei der induktiven Kategorienbildung? Erfahrungen einer Forschungsgruppe mit der Auswertung von Interviewtranskripten." Forum Qualitative Sozialforschung / Forum: Qualitative Social Research Vol 20 (September): No 3 (2019): Qualitative Content Analysis I. doi:10.17169/FQS-20.3.3383.

Bentall, Richard P., 2003. Madness Explained: Psychosis and Human Nature. Allen Lane, London.

Bernet, Brigitta, 2013. Schizophrenie : Entstehung und Entwicklung eines psychiatrischen Krankheitsbilds um 1900. Chronos, Zürich.

Bleuler, Eugen. 1902. "Dementia praecox." The Journal of Mental Pathology 3 (4,5): 113–20.

Bleuler, Eugen, 1908. Die Prognose Der Dementia Praecox (Schizophreniegruppe). Allgemeine Zeitschrift Fuer Psychiatrie Und Psychisch-Gerichtliche Medizin 65, 436–464.

Bleuler, Eugen, 1911. Dementia Praecox Oder Gruppe Der Schizophrenien. Arts&Boeve, Nijmegen.

Borsche, Julia, Schomerus, Georg, Matschinger, Herbert, Angermeyer, Matthias, 2007. Ein Irrtum der Gebildeten? Gespaltene Persönlichkeit und Schizophrenie. Psychiatr. Prax. 34 (8), 384–387. https://doi.org/10.1055/s-2006-940098.

Braun, Virginia, Clarke, Victoria, 2006. Using thematic analysis in psychology. Qual. Res. Psychol. 3 (2), 77–101.

Brontsema, Robin, 2004. A Queer Revolution: Reconceptualizing the Debate Over Linguistic Reclamation. https://doi.org/10.25810/DKY3-ZQ57 (PDF).

Bundesamt für Statistik, 2022. Sprachen. https://www.bfs.admin.ch/bfs/de/home/statistiken/bevoelkerung/sprachen-religionen/sprachen.html (2022).

Cain, Belinda, Currie, Roseanne, Danks, Eleanor, Fiona, Du, Hodgson, Erica, May, Jennifer, O'Loghlen, Kirsty, et al., 2014. 'Schizophrenia' in the Australian print and online news media. Psychosis 6 (2), 97–106. https://doi.org/10.1080/17522439.2013.764349.

Chiu, Yi-Hang, Kao, Meei-Ying, Goh, Kah Kheng, Cheng-Yu, Lu, Mong-Liang, Lu., 2021. Effects of renaming schizophrenia on destigmatization among medical students in One Taiwan University. Int. J. Environ. Res. Public Health 18 (17), 9347. https://doi.org/10.3390/ijerph18179347.

Corrigan, Patrick W., 2016. Lessons learned from unintended consequences about erasing the stigma of mental illness. World Psychiatry 15 (1), 67–73. https://doi.org/10.1002/wps.20295.

Dillon, Jacqui. 2007. "CASL – the campaign to abolish the Schizophrenia label." 2007. http://www.jacquidillon.org/1327/publications/casl-—the-campaign-to-abolish-the-schizophrenia-label/.

Dubugras, Maria Thereza Bonilha, Evans-Lacko, Sara, de Jesus Mari, Jair, 2011. A two-year cross-sectional study on the information about schizophrenia divulged by a prestigious daily newspaper. J. Nerv. Ment. Dis. 199 (9), 659–665. https://doi.org/10.1097/NMD.0b013e318229cf90.

Dudenredaktion, 2022. 'schizophren' Auf Duden Online. October 18, 2022. https://www.duden.de/rechtschreibung/schizophren.

Dunkel, Anke, Nakamoto, Kent, Schulz, Peter J., 2018. Micro-cultural customization of organ donation propagation messages. Patient Educ. Couns. 101 (5), 824–829. https://doi.org/10.1016/j.pec.2017.12.019.

Gaebel, W., Kerst, A., 2019. The debate about renaming schizophrenia: a new name would not resolve the stigma. Epidemiol. Psychiatr. Sci. 28 (03), 258–261. https://doi.org/10.1017/S2045796018000513.

Gaebel, W., Baumann, A., Witte, M., 2002. Einstellungen der Bevölkerung gegenüber schizophren Erkrankten in sechs bundesdeutschen Großstädten. Nervenarzt 73 (7), 665–670. https://doi.org/10.1007/s00115-002-1306-3.

Galinsky, Adam D, Kurt Hugenberg, Carla Groom, and Galen V Bodenhausen. 2003. "The Reappropriation of stigmatizing labels: implications for social identity." In Research on Managing Groups and Teams, vol. 5:221–56. Bingley: Emerald (MCB UP). doi: https://doi.org/10.1016/S1534-0856(02)05009-0.

Goulden, Robert, Corker, Elizabeth, Evans-Lacko, Sara, Rose, Diana, Thornicroft, Graham, Henderson, Claire, 2011. Newspaper coverage of mental illness in the UK, 1992-2008. BMC Public Health 11 (1), 796. https://doi.org/10.1186/1471-2458-11-796.

Guloksuz, S., van Os, J., 2018. The slow death of the concept of schizophrenia and the painful birth of the psychosis spectrum. Psychol. Med. 48 (2), 229–244. https://doi.org/10.1017/S0033291717001775.

Guloksuz, S., van Os, J., 2019. Renaming schizophrenia: 5 × 5. Epidemiol. Psychiatr. Sci. 28 (03), 254–257. https://doi.org/10.1017/S2045796018000586.

Heckers, Stephan, Barch, Deanna M., Bustillo, Juan, Gaebel, Wolfgang, Gur, Raquel, Malaspina, Dolores, Owen, Michael J., et al., 2013. Structure of the psychotic disorders classification in DSM-5. Schizophr. Res. 150 (1), 11–14. https://doi.org/10.1016/j.schres.2013.04.039.

Hoffmann-Richter, Ulrike, 2000. Psychiatrie in der Zeitung: Urteile und Vorurteile. Ed. Das Narrenschiff, Psychiatrie-Verlag, Bonn.

Holzinger, Anita, Angermeyer, Matthias, Matschinger, Herbert, 1998. Was Fällt Ihnen Zum Wort Schizophrenie Ein? Eine Untersuchung Zur Sozialen Repräsentation Der Schizophrenie. Psychiatr. Prax. 25 (1), 9–13.

Howe, Lorna, Tickle, Anna, Brown, Ian, 2014. 'Schizophrenia is a dirty word': service users' experiences of receiving a diagnosis of schizophrenia. The Psychiatric Bulletin 38 (4), 154–158. https://doi.org/10.1192/pb.bp.113.045179.

Ilg, Yvonne, 2019. 'Schizophrenie' in Der Alltagssprache. Eine Linguistische Begriffsgeschichte 1908–2009. Universität Zürich, Zürich.
Ilg, Yvonne, 2021a. Kommunikative Adaption, Prägung von Wissen, Kampf Um Bedeutung. Aspekte von Gesundheits- Und Krankheitsmetaphern Am Beispiel Schizophrenie. In: Bendheim, Amelie, Pavlik, Jennifer (Eds.), Gesundheit Als Metapher. Winter, Heidelberg, pp. 51–69.
Ilg, Yvonne. 2021b. "Medizinische Terminologie im öffentlichen Diskurs: Konjunkturen und Veränderungen von Schizophrenie." In Linguistik und Medizin, edited by Marina Iakushevich, Yvonne Ilg, and Theresa Schnedermann, 219–40. De Gruyter. doi:https://doi.org/10.1515/9783110688696-013.
Jablensky, Assen, 2010. The diagnostic concept of schizophrenia: its history, evolution, and future prospects. Dialogues Clin. Neurosci. 12 (3), 271–287. https://doi.org/10.31887/DCNS.2010.12.3/ajablensky.
Kara, Umut Yener, Kara, Başak Şenel, 2022. Schizophrenia on Turkish Twitter: an exploratory study investigating misuse, stigmatization and trivialization. Soc. Psychiatry Psychiatr. Epidemiol. 57 (3), 531–539. https://doi.org/10.1007/s00127-021-02112-x.
Kim, Yoshiharu, 2002. Renaming the term schizophrenia in Japan. Lancet 360 (9336), 879. https://doi.org/10.1016/S0140-6736(02)09987-7.
Koike, Shinsuke, Yamaguchi, Sosei, Ohta, Kazusa, Ojio, Yasutaka, Watanabe, Kei-ichiro, Ando, Shuntaro, 2017. Mental-health-related stigma among Japanese children and their parents and impact of renaming of schizophrenia: stigma in children and parents. Psychiatry Clin. Neurosci. 71 (3), 170–179. https://doi.org/10.1111/pcn.12423.
Kuckartz, Udo. 2016. Qualitative Inhaltsanalyse: Methoden, Praxis, Computerunterstützung. 3., Überarbeitete Auflage. Grundlagentexte Methoden. Weinheim Basel: Beltz Juventa.
Larousse Dictionnaire de Français, 2022. 'schizophrénique' Larousse.Fr. October 18, 2022. https://www.larousse.fr/dictionnaires/francais/schizophrénique/71415.
Lasalvia, Antonio, 2018. Words matter: after more than a century 'schizophrenia' needs rebranding. BJPsych Advances 24 (1), 33–36. https://doi.org/10.1192/bja.2017.25.
Lasalvia, Antonio, Vita, Antonio, Bellomo, Antonello, Tusconi, Massimo, Favaretto, Gerardo, Bonetto, Chiara, Zanalda, Enrico, Mencacci, Claudio, Carpiniello, Bernardo, 2021. Renaming schizophrenia? A survey among psychiatrists, mental health service users and family members in Italy. Schizophr. Res. 228, 502–509. https://doi.org/10.1016/j.schres.2020.03.047.
Lieberman, Jeffrey A., First, Michael B., 2007. Renaming schizophrenia. BMJ 334 (7585), 108. https://doi.org/10.1136/bmj.39057.662373.80.
Limesurvey GmbH, 2006. LimeSurvey: An Open Source Survey Tool. LimeSurvey GmbH, Hamburg, Germany. http://www.limesurvey.org.
Maatz, Anke, Hoff, Paul, 2014. The birth of schizophrenia or a very modern Bleuler: a close reading of Eugen Bleuler's 'Die Prognose Der Dementia Praecox' and a re-consideration of his contribution to psychiatry. Hist. Psychiatry 25 (4), 431–440. https://doi.org/10.1177/0957154X14546606.
Maatz, Anke, Ilg, Yvonne, 2021. The ins and outs of 'schizophrenia': considering diagnostic terms as ordinary linguistic expressions. J. Med. Humanit. 42 (3), 387–404. https://doi.org/10.1007/s10912-019-09587-5.
Maruta, Toshimasa, Iimori, Makio, 2008. Schizo-nomenclature: a new condition? Psychiatry Clin. Neurosci. 62 (6), 741–743. https://doi.org/10.1111/j.1440-1819.2008.01872.x.
Maruta, Toshimasa, Matsumoto, Chihiro, 2017. Stigma and the renaming of schizophrenia. In: Gaebel, Wolfgang, Rössler, Wulf, Sartorius, Norman (Eds.), The Stigma of Mental Illness - End of the Story? Springer International Publishing, Cham, pp. 571–579. https://doi.org/10.1007/978-3-319-27839-1_39.
Maruta, Toshimasa, Volpe, Umberto, Gaebel, Wolfgang, Matsumoto, Chihiro, Iimori, Makio, 2014. Should schizophrenia still be named so? Schizophr. Res. 152, 305–306.
Merriam-Webster. 2022. "'Schizophrenia.' Merriam-Webster.Com Dictionary." October 18, 2022. https://www.merriam-webster.com/dictionary/schizophrenic.
Mertens, Donna M., Hesse-Biber, Sharlene, 2012. Triangulation and mixed methods research: provocative positions. J. Mixed Methods Res. 6 (2), 75–79. https://doi.org/10.1177/1558689812437100.
Mesholam-Gately, Raquelle I., Varca, Nicole, Spitzer, Courtney, Parrish, Emma M., Hogan, Victoria, Behnke, Stephen H., Larson, Linda, et al., 2021. Are we ready for a name change for schizophrenia? A survey of multiple stakeholders. Schizophr. Res. 238, 152–160. https://doi.org/10.1016/j.schres.2021.08.034.
Park, Jun-Hyun, Choi, Young-Min, Kim, Bongseog, Lee, Dong-Woo, Gim, Min-Sook, 2012. Use of the terms 'schizophrenia' and 'schizophrenic' in the South Korean news media: a content analysis of newspapers and news programs in the last 10 years. Psychiatry Investig. 9 (1), 17. https://doi.org/10.4306/pi.2012.9.1.17.
Roelandt, Jean-Luc, Baleige, Antoine, Koenig, Marie, Demassiet, Vincent, Agoub, Mohamed, Barikova, Victoria, Benmessaoud, Dalila, et al., 2020. How service users and carers understand, perceive, rephrase, and communicate about 'depressive episode' and 'schizophrenia' diagnoses: an international participatory research. Soc. Psychiatry Psychiatr. Epidemiol. 55 (9), 1201–1213. https://doi.org/10.1007/s00127-020-01836-6.
Saldana, Johnny, 2015. The Coding Manual for Qualitative Researchers, 3rd edition. SAGE Publications Ltd., London.
Sartorius, Norman, Chiu, Helen, Heok, Kua Ee, Lee, Min-Soo, Ouyang, Wen-Chen, Sato, Mitsumoto, Yang, Yen Kuang, Xin, Yu., 2014. Name change for schizophrenia. Schizophr. Bull. 40 (2), 255–258. https://doi.org/10.1093/schbul/sbt231.
Sato, Mitsumoto, 2006. Renaming schizophrenia: a Japanese perspective. World Psychiatry: Official Journal of the World Psychiatric Association (WPA) 5 (1), 53–55.
Sato, Mitsumoto, 2017. What have we learned from the name change for schizophrenia?: editorials. Psychiatry Clin. Neurosci. 71 (3), 153. https://doi.org/10.1111/pcn.12504.
Schizophrenia Inquiry, 2012. The inquiry into the 'schizophrenia' label (ISL), 2012. https://www.schizophreniainquiry.org.
Schulz, Peter J., Nakamoto, Kent, Brinberg, David, Haes, Joachim, 2006. More than nation and knowledge: cultural micro-diversity and organ donation in Switzerland. Patient Educ. Couns. 64 (1–3), 294–302. https://doi.org/10.1016/j.pec.2006.03.009.
Schulz, Peter J., Hartung, Uwe, Riva, Silvia, 2013. Causes, coping, and culture: a comparative survey study on representation of back pain in three Swiss language regions. PLoS One 8 (11), e78029. https://doi.org/10.1371/journal.pone.0078029.
Sheehan, Lindsay, Nieweglowski, Katherine, Corrigan, Patrick W., 2017. Structures and types of stigma. In: Gaebel, Wolfgang, Rössler, Wulf, Sartorius, Norman (Eds.), The Stigma of Mental Illness - End of the Story? Springer International Publishing, Cham, pp. 43–66. https://doi.org/10.1007/978-3-319-27839-1_3.
StataCorp, 2019. Stata Statistical Software: Release 16. StataCorp LLC, College Station, TX.
Sulzenbacher, Hubert, Schmid, Rosi, Kemmler, Georg, 2002. Schizophrenie … "bedeutet für mich gespaltene Persönlichkeit". Neuropsychiatrie 16 (1–2), 93–98.
Takahashi, Hidehiko, Ideno, Takashi, Okubo, Shigetaka, Matsui, Hiroshi, Takemura, Kazuhisa, Matsuura, Masato, Kato, Motoichiro, Okubo, Yoshiro, 2009. Impact of changing the Japanese term for 'schizophrenia' for reasons of stereotypical beliefs of schizophrenia in Japanese youth. Schizophr. Res. 112 (1–3), 149–152. https://doi.org/10.1016/j.schres.2009.03.037.
Takahashi, Tohru, Tsunoda, Miho, Miyashita, Mitsuhiro, Ogihara, Tomomi, Okada, Yatsuka, Hagiwara, Tetsuya, Inuzuka, Shin, Washizuka, Shinsuke, Hanihara, Tokiji, Amano, Naoji, 2011. Comparison of diagnostic names of mental illnesses in medical documents before and after the adoption of a new Japanese translation of 'schizophrenia': diagnostic names in documents. Psychiatry Clin. Neurosci. 65 (1), 89–94. https://doi.org/10.1111/j.1440-1819.2010.02174.x.
Tandon, Rajiv, Nasrallah, Henry A., Keshavan, Matcheri S., 2009. Schizophrenia, 'just the facts' 4. clinical features and conceptualization. Schizophr. Res. 110 (1–3), 1–23. https://doi.org/10.1016/j.schres.2009.03.005.
Tandon, Rajiv, Gaebel, Wolfgang, Barch, Deanna M., Bustillo, Juan, Gur, Raquel E., Heckers, Stephan, Malaspina, Dolores, et al., 2013. Definition and description of schizophrenia in the DSM-5. Schizophr. Res. 150 (1), 3–10. https://doi.org/10.1016/j.schres.2013.05.028.
Thomas, Philip, Seebohm, Patience, Wallcraft, Jan, Kalathil, Jayasree, Fernando, Suman, 2013. Personal consequences of the diagnosis of schizophrenia: a preliminary report from the inquiry into the schizophrenia label. Ment. Health Soc. Incl. 17 (3), 135–139. https://doi.org/10.1108/MHSI-05-2013-0013.
Thys, E., Struyven, C.I., Danckaerts, M., De Hert, M., 2013. Stigmatization of schizophrenia in Flemish newspapers. Schizophr. Res. 150 (2–3), 598–599. https://doi.org/10.1016/j.schres.2013.08.040.
Umehara, H., Fangerau, H., Gaebel, W., Kim, Y., Schott, H., Zielasek, J., 2011. Von der "Schizophrenie" zur "Störung der Einheit des Selbst": Ursachen und Folgen der Umbenennung der Schizophrenie in Japan im Jahre 2002. Nervenarzt 82 (9), 1160–1168. https://doi.org/10.1007/s00115-010-3208-0.
Van Os, Jim, 2010. Are psychiatric diagnoses of psychosis scientific and useful? The case of schizophrenia. J. Ment. Health 19 (4), 305–317. https://doi.org/10.3109/09638237.2010.492417.
Van Os, Jim, 2016. 'Schizophrenia' does not exist. BMJ 352 (February), i375. https://doi.org/10.1136/bmj.i375.
Voice America, 2012. Mental illness, treatment, recovery and stigma, 2012. https://www.voiceamerica.com/episode/66130/mental-illness-treatment-recovery-and-stigma.
Wahl, Otto F., Borostovik, Linda, Rieppi, Ricardo, 1995. Schizophrenia in popular periodicals. Community Ment. Health J. 31 (3), 239–248. https://doi.org/10.1007/BF02188750.
Wittgenstein, Ludwig, 1958. Philosophische Untersuchungen, vol. 14. Suhrkamp Taschenbuch. Frankfurt am Main, Suhrkamp.
Woods, Angela, 2011. The sublime object of psychiatry. In: Schizophrenia in Clinical and Cultural Theory (International Perspectives in Philosophy and Pychiatry). International Perspectives in Philosophy and Pychiatry. Oxford University Press, Oxford.
World Health Organization, 2022. ICD-11: International Classification of Diseases (11th Revision). https://icd.who.int/en.
Yamaguchi, Sosei, Mizuno, Masashi, Ojio, Yasutaka, Sawada, Utako, Matsunaga, Asami, Ando, Shuntaro, Koike, Shinsuke, 2017. Associations between renaming schizophrenia and stigma-related outcomes: a systematic review: review of renaming schizophrenia. Psychiatry Clin. Neurosci. 71 (6), 347–362. https://doi.org/10.1111/pcn.12510.
Zingarelli, Nicola, 2021. Lo Zingarelli: vocabolario della lingua italiana: [2022 versione base]. In: Cannella, Mario, Lazzarini, Beata, Zaninello, Andrea (Eds.), Ristampa 2022 della dodicesima edizione. Zanichelli, Bologna.