

We might all agree that 'schizophrenic' is no longer acceptable, but there is probably no (lasting) stigma free description (witness the use of 'care-in-the-community-patient' as a term of derision in the media). Much of the stigma surrounding schizophrenia comes from misconceptions about the condition and a (careless? malevolent?) misuse of the word by the media. No matter how idealistic, our best hope of reducing the stigma attached to 'schizophrenia' probably has more to do with education and changing attitudes than with just changing labels. It is reassuring that groups as diverse as the Royal College of Psychiatrists and the user-based Schizophrenia Media Agency are working to change press reporting of mental illness.

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Offensive or stigmatising labelling: an open letter to Sue Stephens

Sir: The letter from Sue Stephens (*Psychiatric Bulletin*, July 1995, **19**, 453) requires comment.

Over the centuries, technical term after technical term relating to neuropsychiatric disorders has been abandoned as stigmatising. This is because they eventually come into common parlance and generally in a pejorative way.

Examples of this abound: cretin, idiot, imbecile are long gone, psychopath and psychotic seem destined to go this way and now the term schizophrenia is raised as a further potential casualty.

There will, of course, come a time when we run out of replacement terms and perhaps we should anticipate this now and go back to archaic usage. The varying terms for mental handicap (sorry, learning difficulties!) are too embedded in the English language to resurrect. With regard to schizophrenia, however, perhaps we might return to Kraepelin's term, and, wishing to avoid obfuscation through the use of Latin, start calling our schizophrenic patients 'precocious dements?'

It is a sad reality of life that psychiatrists treat patients who are very frequently viewed by society as worthy of stigmatisation and until society changes its view of mental disorder, the trend towards repeated campaigns for heuristic relabelling will do nothing but to add to the growing vocabulary of terms of abuse.

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Is this racism?

Sir: I was astonished to read Birgit Berg's letter (*Psychiatric Bulletin*, July 1995, 449–450). While there can be no doubt that racism occurs, I do not understand Dr Berg's need to confront her patients regarding their behaviour during a manic episode.

We detain manic patients because of just this inappropriate, disinhibited behaviour as it may lead to the patient being at risk from others' possibly aggressive reaction to this behaviour. How therefore can we, on the one hand say this behaviour is secondary to mental illness, and on the other chastise patients for behaving in an offensive way to ourselves.

I doubt whether there is anyone working in psychiatry who has not been insulted by a manic patient over some personal issue, be it appearance, weight, clothes or competence. But surely the way to respond is to recognise these actions as the result of illness. The real cause for concern is the racism encountered from non-disinhibited patients, their relatives and worse other professionals, and it is they who need to be 'engaged in discussion' regarding their behaviour. Not the recovered patient who is often horrified by his/her behaviour when ill.

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Sir: In response to Dr Mulligan's letter, racism is defined as "discrimination against a person on the grounds of the person's race/nationality". Even though a patient's symptoms like elation, disinhibition or the occurrence of delusions are explained by their mental illness, the content of those symptoms are not. This forms part of an individual's cognitions influenced by belief systems of the particular time and society. These cognitions are displayed in a kind of 'raw form', are 'exaggerations' of the person's normal perception when for example in a manic phase. But they are also to a certain extent under a patient's control – a fact one uses in cognitive-behavioural therapy.

The patients in question were clearly in remission and their behaviour concerned was provocative and a means of getting attention. By setting boundaries in showing which behaviour is unacceptable they learned how to change. This made a difference to the general atmosphere and set also an example. After all mental health workers are not 'dustbins' but human beings.

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