

## Psychiatry's contribution to the stigma of schizophrenia.

H Katschnig

University of Vienna, Austria

Chronicity, split personality, and psychotic symptoms (i.e., hallucinations and delusions), which are not at the center of the modern definition of schizophrenia, are the mainstay of the public's stereotype of schizophrenia. The concept of chronicity was introduced by Emil Kraepelin in the 19th century with the term "Dementia praecox" which he had based on a very selected group of hospital in-patients – today we know that only approximately one in five patients has such a detrimental chronic course. Eugen Bleuler, a Swiss psychiatrist, invented the term schizophrenia in the beginning of the 20th century, to stress that cognitive and affective disturbances are its primary symptoms, but the word schizophrenia has developed a life of its own in everyday language in the meaning of "split personality" (à la Dr. Jekyll and Mr. Hyde), which is an especially threatening notion to the public, but has nothing to do with schizophrenia. Finally, in the middle of the 20th century, Kurt Schneider, a German psychiatrist, suggested a list of "First Rank Symptoms", which are all hallucinations and delusions. American psychiatrist who liked to count symptoms used this list for the definition of schizophrenia in DSM-III. Again, hallucinations and delusions may be threatening symptoms, but are not present in all persons suffering from schizophrenia, who suffer mainly from cognitive disturbances. In later versions of the DSM (and of the ICD) psychotic symptoms were progressively de-emphasized, but in the public stereotype chronicity, split personality and hallucinations and delusions still dominate. In the lecture it will be shown, which circumstances guided Kraepelin, Bleuler and Schneider in developing their concepts, under which people with schizophrenia and their families still suffer today in terms of stigma and discrimination.