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Kobenhaven, November 4, 2021

Do diagnoses help us understand the causes of madness?

Professor John Read

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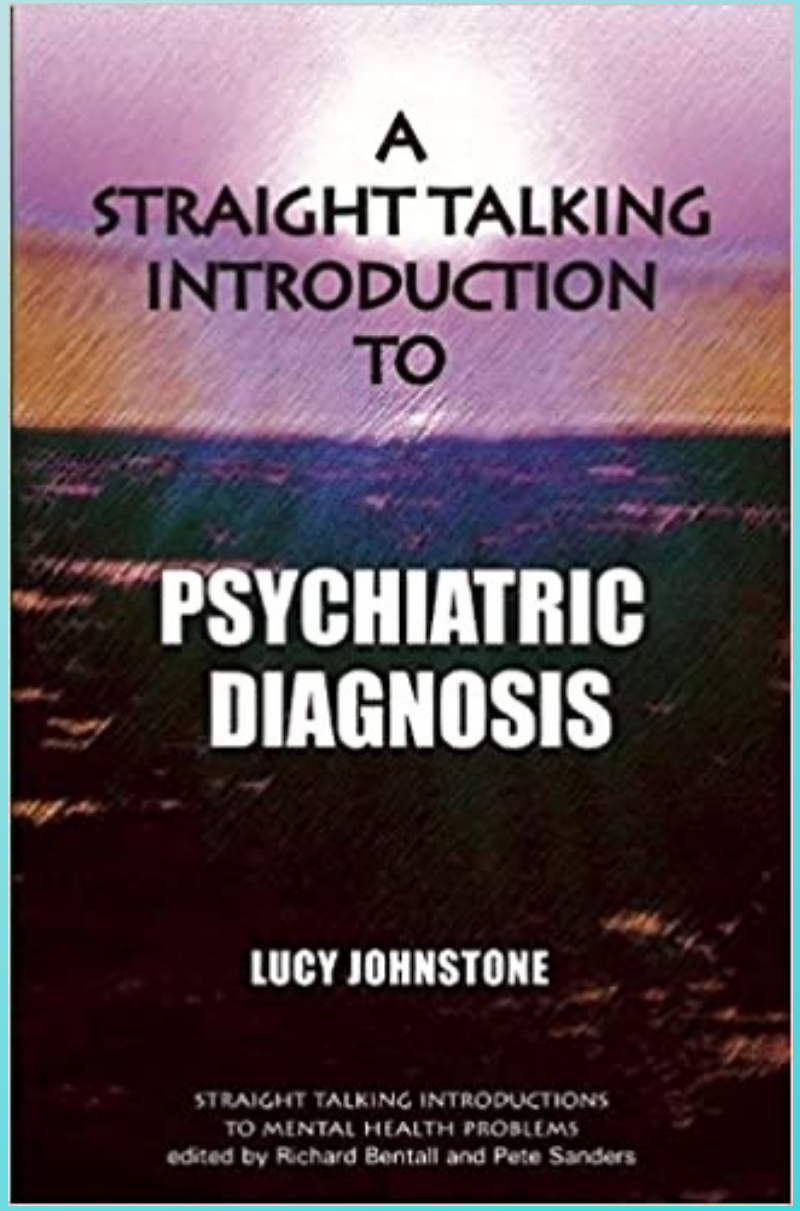
A
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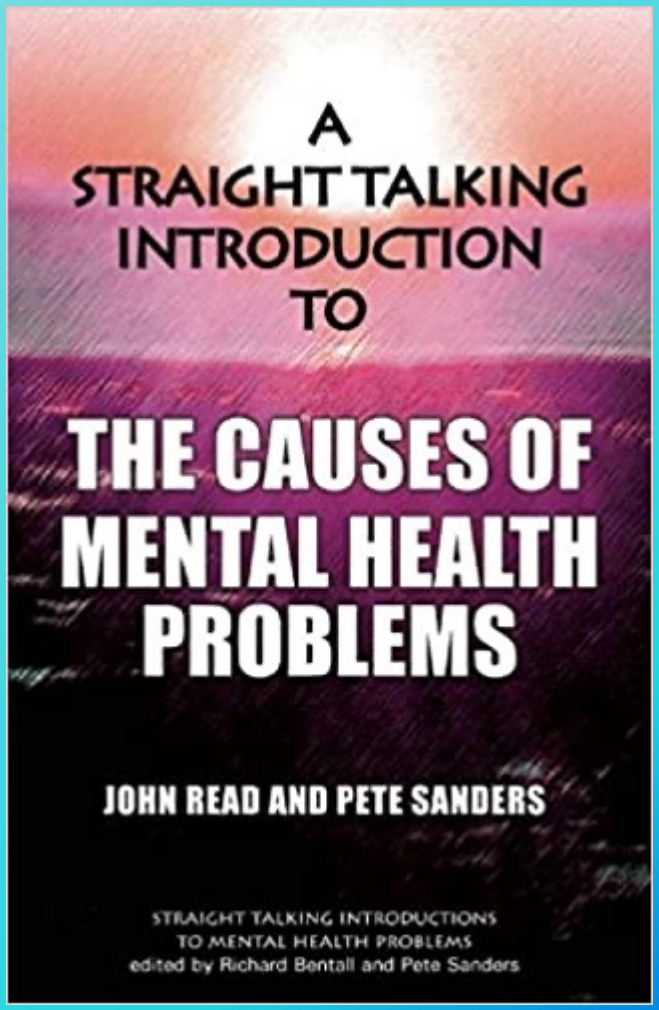
A
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THE CAUSES OF
MENTAL HEALTH
PROBLEMS
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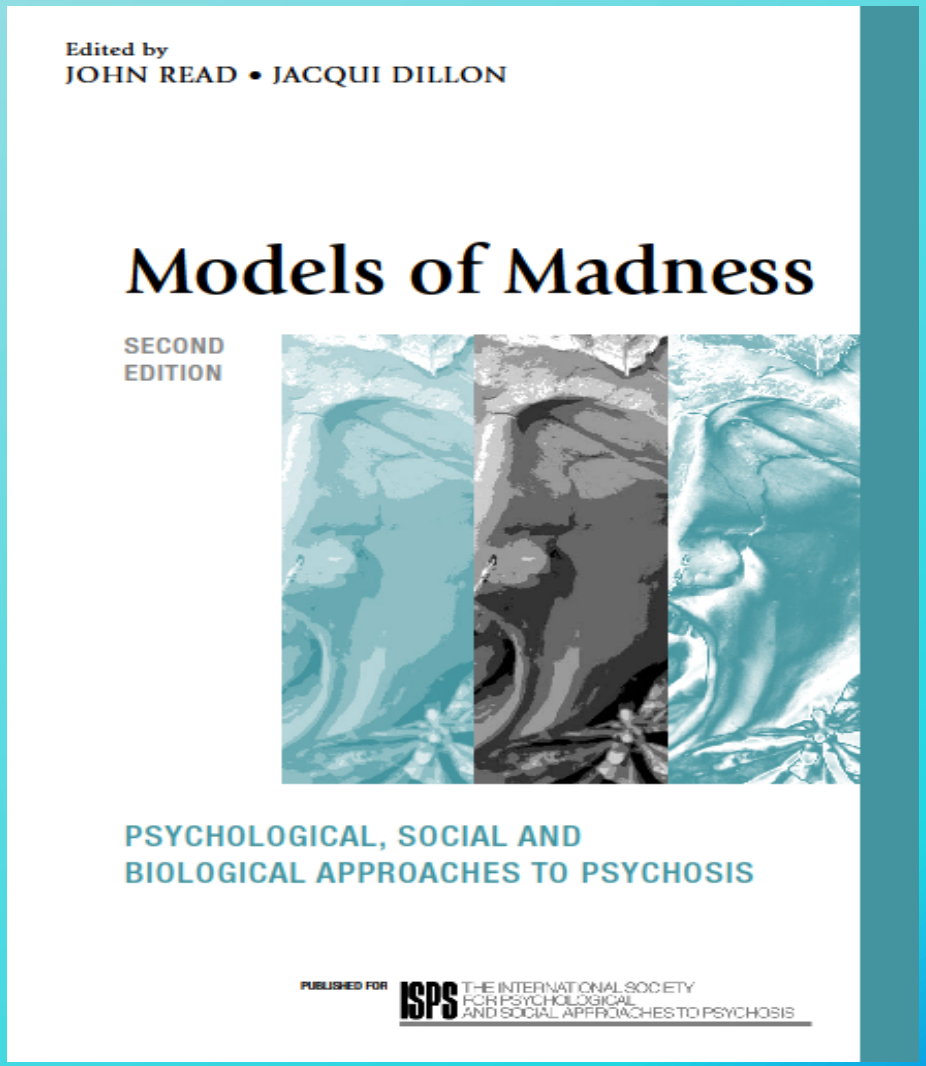
Chapters on reliability, validity and stigma relating to 'schizophrenia' diagnosis



Diagnosing witches

The water-float test. This test was one way in which medieval authorities sought to detect possession and witchcraft. Managing to float above the water line was deemed a sign of impurity. In the lower right-hand corner, you can see the bound hands and feet of one poor unfortunate who failed to remain afloat, but whose drowning would have cleared any suspicions of possession.

ISPS THE INTERNATIONAL SOCIETY FOR PSYCHOLOGICAL AND SOCIAL APPROACHES TO PSYCHOSIS

www.isps.org

Hearing Voices Network

www.hearing-voices.org

www.iipdw.org

The medicalisation of distress

How to turn a label in to a causal entity:

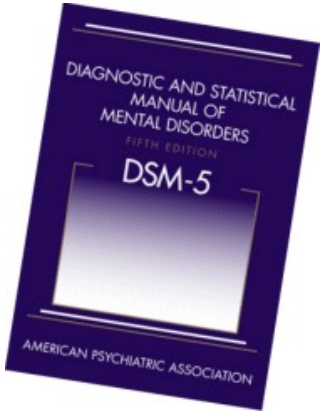
American Psychiatric Association:

"Major Depressive Disorder (MDD) is a medical illness that affects how you feel, think and behave causing persistent feelings of sadness and loss of interest in previously enjoyed activities.

Depression can lead to a variety of emotional and physical problems. It is a chronic illness that usually requires long-term treatment".

http://www.dsm5.org/Documents/Bereavement%20Exclusion%20Fact%20Sheet.pdf

The DSMs

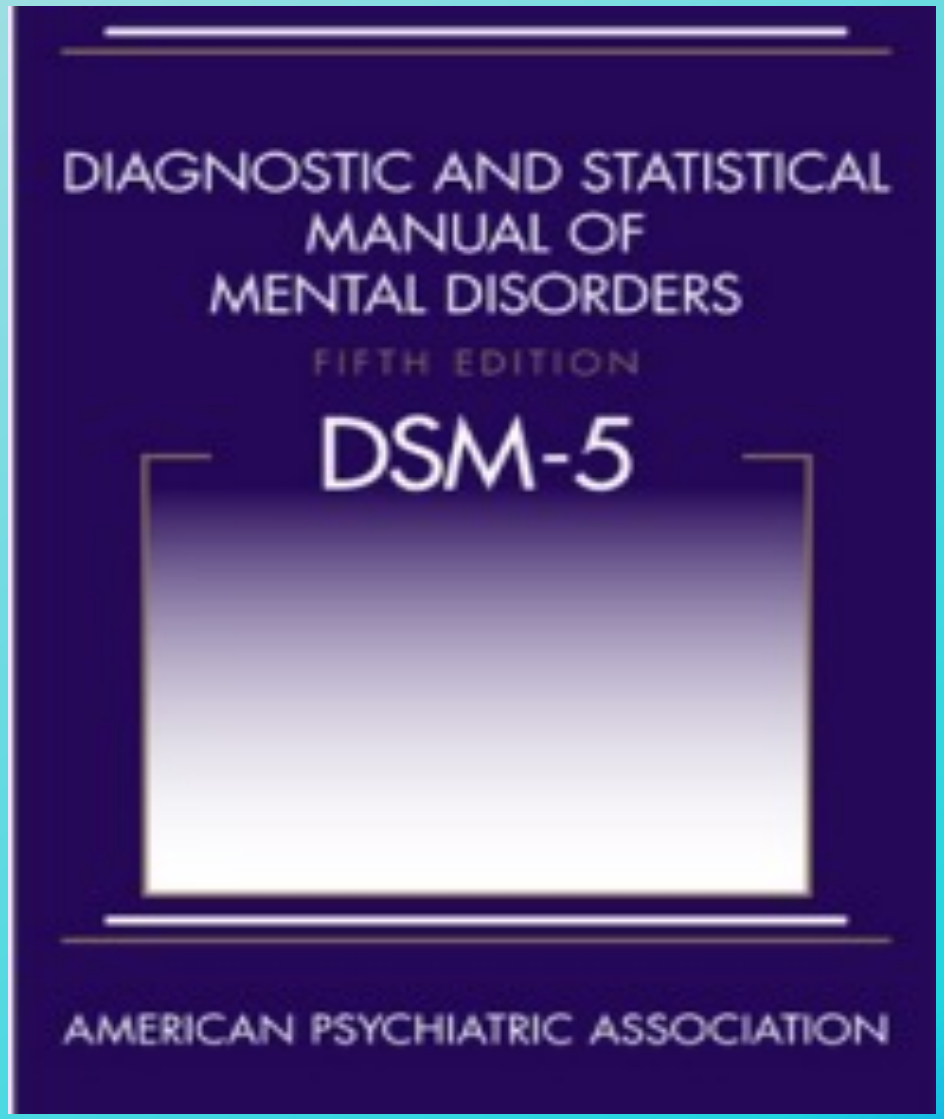


Note: older DSMs are available as pdf files.

http://www.psychiatryonline.com/DSMPDF/dsm-i.pdf

ICD-10 - www.who.int/classifications/icd/en/

DSM-5 (2013)


DIAGNOSTIC AND STATISTICAL
MANUAL OF
MENTAL DISORDERS
FIFTH EDITION
DSM-5
AMERICAN PSYCHIATRIC ASSOCIATION


ICD-10
International Statistical Classification of Diseases and Related Health Problems
10th Revision
World Health Organization

Diagnostic and Statistical Manual (D.S.M.)

Advantages:

1. **Assists communication** (eg researchers)
2. **Brings relief** (appearance of explanation & not alone)
3. **Administration** – allocating services; insurance

Disadvantages:

1. **Locates problem in the individual** – ignoring family, poverty, abuse, gender, culture etc.
2. **Stigma -** from labelling and illness beliefs
3. **Poor reliability & validity**
4. **Categories** instead of dimensions
5. Implies **illness** and therefore need for medication
6. Renders behaviours and feelings **meaningless**

Dr Allen Frances (Chair, DSM-IV Panel)

“This is the saddest moment in my 45 year career. The APA has given its final approval to a deeply flawed DSM 5 containing many changes that seem clearly unsafe and scientifically unsound.

My best advice to clinicians - be sceptical and don't follow DSM 5 blindly down a road likely to lead to massive over-diagnosis and harmful over-medication. Just ignore the ten changes that make no sense”.

https://www.psychologytoday.com/blog/dsm5-in-distress/201212/dsm-5-is-guide-not-bible-ignore-its-ten-worst-changes

Allen Frances

“The APA's deep dependence on the publishing profits generated by the DSM 5 business enterprise creates a conflict of interest between the DSM 5 public trust and DSM 5 as a best seller.

When its deadlines were missed APA chose quietly to cancel the DSM 5 field testing step that was meant to provide it with a badly needed opportunity for quality control”.

Drug company influence

- “Of the 170 contributors to the most recent edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM), ninety-five (56%) had financial ties to drug companies, including **all** of the contributors to the sections on mood disorders and **schizophrenia**” (Angell 2008).

Dr Allen Frances

‘Not even one biological test is ready for inclusion in the criteria sets for DSM-5.’

Allen Frances
Top two of his ten 'worst changes'

1) Disruptive Mood Dysregulation Disorder: DSM 5 will turn temper tantrums into a mental disorder- will exacerbate already excessive use of medication in young children.

2) Normal grief will become Major Depressive Disorder, thus medicalizing necessary emotional reactions to the loss of a loved one and substituting pills for the deep consolations of family, friends, religion, and the resiliency that comes with time and the acceptance of the limitations of life.

[REMOVAL OF TWO MONTH BEREAVEMENT EXCLUSION']

Problems

- UK National Institute for Health and Clinical Excellence (2007):
  - **Depression ".. is too broad and heterogeneous a category, and has limited validity as a basis for effective treatment plans"**

British Psychological Society Position Statement on Classification (2013):

“It is timely and appropriate to affirm publicly that the current classification system as outlined in DSM and ICD, in respect of the functional psychiatric diagnoses, has significant conceptual and empirical limitations. Consequently, there is a need for a paradigm shift in relation to the experiences that these diagnoses refer to, towards a conceptual system not based on a ‘disease’ model.”

Division of Clinical Psychology

DSM diagnostic criteria for ‘schizophrenia’

Two of:

- **Hallucinations**
- **Delusions**
- **Thought Disorder**
- **Catatonia**
- **Negative symptom**

A **DYSJUNCTIVE** CATEGORY

Scientifically meaningless

Does schizophrenia exist? Reliability

1.	**Schizophrenia**	**Personality Disorder**
UK (194)	**2%**	**75%**
USA(134)	**69%**	**7%**

Copeland et al. (1971)

2. **16 diagnostic systems for 'schizophrenia' led to between 1 and 203 of 248 patients being diagnosed**
   (Herron et al. 1992)

3. '**On being sane in insane places'** (Rosenhan, 1973)

Cross-Cultural Issues

- **Subjective judgements about ‘symptoms’ are necessarily bound up with cultural norms**
- **African-Carribeans in the UK are up to 12x more likely to be given a diagnosis of schizophrenia than white people**
- **Long history of psychiatric diagnoses used to disguise effects of racism, while perpetuating racism: ‘drapetomania’**

Diagnoses and Stigma

Stereotype of the ‘schizophrenic’

- **CREATIVE/ARTISTIC/GENIUS**

- **WORTHLESS**
- **DIRTY**
- **INSINCERE**
- **DELICATE**
- **SLOW**
- **TENSE**
- **WEAK**
- **FOOLISH**
- **INCOMPETENT**

- **NOT RESPONSIBLE FOR ACTIONS**

- **DANGEROUSLY VIOLENT**

- **UNPREDICTABLE**

Destigmatization programmes

- **Based on '*mental illness is an illness like any other*' metaphor**
- **Intended to bestow the *dignity* of the *sickness role***
- **Intended to remove blame by educating public that these people are *not responsible* for their actions**
- **Consistent with dominant bio-genetic ideology (often funded by drug companies)**

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ACTA PSYCHIATRICA SCANDINAVICA

Review article

Prejudice and schizophrenia: a review of the 'mental illness is an illness like any other' approach

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Read J, Haslam N, Sayce L, Davies E. Prejudice and schizophrenia: a review of the 'mental illness is an illness like any other' approach.

Objective: Many anti-stigma programmes use the 'mental illness is an illness like any other' approach. This review evaluates the effectiveness of this approach in relation to schizophrenia.
Method: The academic literature was searched, via PsycINFO and MEDLINE, to identify peer-reviewed studies addressing whether public espousal of a biogenetic paradigm has increased over time, and whether biogenetic causal beliefs and diagnostic labelling are associated with less negative attitudes.
Results: The public, internationally, continues to prefer psychosocial to biogenetic explanations and treatments for schizophrenia. Biogenetic causal theories and diagnostic labelling as 'illness', are both positively related to perceptions of dangerousness and unpredictability, and to fear and desire for social distance.
Conclusion: An evidence-based approach to reducing discrimination would seek a range of alternatives to the 'mental illness is an illness like any other' approach, based on enhanced understanding, from multi-disciplinary research, of the causes of prejudice.

Key words: prejudice; attitudes; stigma; mental illness; schizophrenia

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Relationship between bio-genetic causal beliefs and negative attitudes

(Read et al. in Models of Madness 2 – 2013)

- In 28 of 31 studies **(90%) bio-genetic** causal beliefs are related **to negative** attitudes.

- In 24 of 26 studies **(92%) psycho-social** beliefs are related to **positive** attitudes.

Diagnostic labeling

- Increases belief in bio-genetic causes, and also increases…

- **Perceived Dangerousness**
- **Perceived Unpredictability**
- **Perceived Lack of Responsibility for Own Actions**
- **Perceived lack of 'Humanity'**
- **Perceived Severity of the Problem**
- **Perceived Dependency**
- **Pessimism about Recovery**
- **Fear**
- **Rejection**
- **Desire for Distance**

(Models of Madness, 2013)

Public believe mental health problems, including psychosis, are caused primarily by adverse life events, in…….

South Africa
Egypt
Fiji
Malaysia
Ethiopia
Bali
England
Germany
Australia
Mongolia
New Zealand
China
Turkey
Japan
Switzerland
Greece
Brazil
Ireland
India
Italy
Russia

Read J et al. (2013) Models of Madness

Service users' causal beliefs

- All 15 samples of 'patients' diagnosed with psychosis, from 8 countries, when asked about the causes of their own symptoms, prioritised social causes

(Models of Madness, 2013, Chap. 11).

e.g.

- **GERMANY** (Holzinger *et al*. 2002)

recent psychosocial factors – 88%,
family - 64%,
biology - 31%

- **ITALY** (Magliano *et al.* 2009).

76% at least one social cause
10 % at least one biological cause

The diagnostic ‘double bind’

W.H.O. study (1973) found that 297 of 306 ‘typical schizophrenics’ (97%) did not believe they had an illness. *(*Constructed as ‘lack of insight’, a symptom of ‘schizophrenia’

‘lack of insight is the commonest symptom of schizophreneia ’
(Psych Textbook: Murray & Dean 2008)

Now called ‘Anosognosia’:
(Amador & Kronengold, 2004)

“Damage to the prefrontal and parietal areas together make anosognosia especially likely. Anosognosia, or lack of awareness of illness, thus has an anatomical basis and is caused by damage to the brain by the disease process”
http://www.treatmentadvocacycenter.org/about-us/our-reports-and-studies/2143

‘Bad things happen and can drive you crazy: The causal beliefs of 701 people taking antipsychotics.’

Online survey: 701, from 30 countries, answered an open question about what had caused the problems for which they had been prescribed the drugs.

On a ‘Bio-Social’ likert scale, from 1 = ‘Purely Biological’ to 5 = ‘Purely Social’, the mean score was 4.24.

Thematic analysis produced seven themes:

Social (75.6%),

Psychological (18.4%),

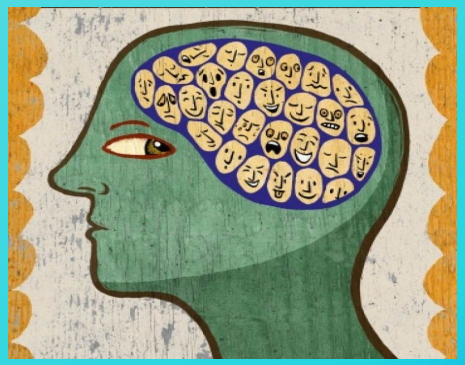
Bio-genetic (17.5%),

Iatrogenic (17.1%),

Drug and Alcohol (10.1%),

Medical Condition (6.8%)

Insomnia (6.0%).



“Rather than dismiss the beliefs as ‘lack of insight’ it is more respectful and productive to listen carefully and adjust our understandings and services accordingly.”

‘Bad things happen and can drive you crazy: The causal beliefs of 701 people taking antipsychotics.’

EXAMPLES OF ‘SOCIAL’ CAUSES (76%)

- *being raised in a house with a dad with anger issues led me to live in constant fear as a child. But I didn't understand that fear so instead it changed to paranoid thinking like monsters or demons were coming to kill me.*
- *I suffered abuse as a child which I think caused abnormalities in my beliefs, self image, perception of the world, and my emotional responses*
- *molestation by my grade 4 primary school teacher over period of a year*
- *Trauma, stress, burnout, death of a parent while still a child, abusive and neglectful parenting, social isolation, bullying*
- *Psychological abuse stemming from my own mom's abuse*
- *Child Abuse, Teen Mum, Domestic violence, Physical Illness, Severe Depression, Hyper vigilance*
- *prolonged trauma for 9 months when I was 12, this trauma included physical and emotional abuse and neglect. compounded by me telling adults about the abuse and they let the abuse continue*
- *significant trauma throughout my childhood (sexual abuse, witness to domestic violence, emotional abuse), which caused me to become very fearful and withdrawn. I started hearing voices when I was a child*

The causes of psychosis hidden by diagnoses

usually in combination/cumulative:

- ***Brain differences ? (can be caused by trauma/adversities)***

- **Maternal prenatal health and stress**
- **Birth complications**
- **Rape and physical assault**
- **War trauma**
- **Heavy early cannabis use**
- **Urban living**
- **Poverty**
- **Ethnicity (via poverty, isolation and racism)**
- **Child abuse**
- **Child neglect**
- **Early parental loss**
- **Bullying**