

Shifting Paradigms and the Term Schizophrenia

William T. Carpenter

Maryland Psychiatric Research Center, Department of Psychiatry, University of Maryland School of Medicine, Baltimore, MD

Schizophrenia Bulletin, since its inception in 1969, has played a central role in the dissemination of hypothesis-driven research findings relating to the causes and treatments of schizophrenia. Original research reports and reviews combined with cover art work, first person accounts, and special features have advanced the field while creating a strong sense of community among researchers, clinical care providers and recipients of care. As Editor-in-Chief, I have been moved by the commitment of so many colleagues to the success of the *Bulletin*. It is strange, therefore, that I have recently become a bit uneasy with the title of our journal. Here, I will report how the editorial office at the Maryland Psychiatric Research Center and our publisher, Oxford University Press, have considered and in some respects struggled with current trends and issues in relation to use of the term “schizophrenia.”

The central issue relates to a paradigmatic shift within the field that has reduced attention on diagnostic class while increasing efforts to deconstruct clinical syndromes at levels ranging from symptoms and functioning to behavioral constructs, endophenotypes, neural circuits, genetic profiles, and neural pathways contributing to illness development. The emerging change in research priorities reflects a new emphasis on porous diagnostic boundaries with increased attention to similarities and differences between disorders. Also, a focus on deconstructing heterogeneous clinical syndromes in order to identify specific elements of pathology is advancing science, often in a dimensional framework without diagnostic specificity. Repositioning ourselves to take the lead in published this type of content was viewed as a priority.^{1–4} Additional concerns relating to the use of schizophrenia in the title are based on the view that the term is experienced as stigmatizing by persons afflicted with psychotic illness, impedes public education, is often misrepresented in the media, and avoided by clinicians who may prefer terms such as psychosis not otherwise specified or schizoaffective disorder. Several countries have already dropped “schizophrenia” as an official diagnostic term⁵ but this may not achieve the desired effect on media representation.⁶

In this context, we considered a title change for the *Bulletin* represented by these approximate options:

1. Psychosis Bulletin
2. The Bulletin: The Journal of Psychoses and Related Disorders; or
3. Schizophrenia Bulletin: The Journal of Psychoses and Related Disorders.

Option 2 may best relate to where the field is headed but much is unclear and dropping the term schizophrenia seems premature. In any case, 2 issues favor option 3. First is the practical issue associated with a new title, which is tantamount to creating a new journal. This would mean a loss of history and impact factor, potential problems attracting authors and reviewers for a “new” journal, creating a new platform for online publishing, risk that libraries would not subscribe to the new journal, and other risks that discourage a substantive change. The second issue is the force of opinion within the *Bulletin* community who are not prepared to lose all that is associated with the *Schizophrenia Bulletin*.

In an effort to have our cake and eat it too, our plan is as follows: We will continue to publish as the *Schizophrenia Bulletin* but add a clarifying statement such as in #3. To call further attention to the change, we will arrange a number of themes, reviews, and commentaries for 2017 that address critical similarities and differences across diagnostic boundaries and reports related to deconstruction of syndromes and pathophysiology of specific components of psychopathology. We will also begin to actively debate the merits of modifying the terminology used to describe the illness in all of its various forms. The process is already well under way with the receipt of a number of cross-cutting articles. We think the added emphasis will call greater attention to developmental pathologies, enhance understanding of environmental and genetic risk factors, clarify connections in translational models, provide impetus for novel therapeutic discovery, and assist regulatory bodies to integrate changing paradigms.

We can see the field rapidly changing concepts and methods but we cannot yet see the eventual reformulation of nosology

and clinical application. We hope the modest change associated with title will make clear that we embrace advancing knowledge within and across current diagnostic boundaries.

References

1. Cuthbert BN, Insel TR. Toward new approaches to psychotic disorders: the NIMH Research Domain Criteria Project. *Schizophr Bull.* 2010;36:1061–1062.
2. Carpenter WT. Porous diagnostic boundaries: a new emphasis for the Bulletin. *Schizophr Bull.* 2014;40:1–2.
3. Shepard PD. Basic science, RDoC, and Schizophrenia Bulletin. *Schizophr Bull.* 2014;40:717–718.
4. Leboyer M, Schurhoff F. Searching across diagnostic boundaries. *Schizophr Bull.* 2014;40:946–948.
5. Sartorius N, Chiu H, Heok KE, et al. Name change for schizophrenia. *Schizophr Bull.* 2014;40:255–258.
6. Koike S, Yamaguchi S, Ojio Y, Ohta K, Ando S. Effect of name change of schizophrenia on mass media between 1985 and 2013 in Japan: a text data mining analysis [published online ahead of print November 26, 2015]. *Schizophr Bull.* doi:10.1093/schbul/sbv159.