

Labelled as Schizophrenic

By Laure Murat

In the 20th century, being labelled as “schizophrenic” was tantamount to a life sentence. A study based on patient records shows that schizophrenics suffered not only from their illness but also from ideological prejudice and the classificatory obsession of their time.

Reviewed: Hervé Guillemain, *Schizophrènes au XXe siècle. Des effets secondaires de l'histoire*, Alma éditeur, 2018. 317 pp., €22.

Few books have such explicit titles and subtitles. The title chosen by Hervé Guillemain, a specialist in the cultural and social history of psychiatry, wholly encompasses the author's aim: *Schizophrènes au XXe siècle* ("Schizophrenics in the 20th Century") indicates that this is not a history of schizophrenia or of the symptoms and development of an illness, but rather that of *patients* labelled as schizophrenics.

The book's subtitle, *Des effets secondaires de l'histoire* ("The side effects of history"), immediately hints at an interpretation of their condition: as targets of science's classificatory obsession, schizophrenics were first and foremost the victims of political collateral damage at the time. The book's cover image, depicting a patient with a melancholic expression trapped inside a light bulb, completes the subject's delimitation—schizophrenia as a 20th-century construction and an example of ideological containment.

Inventing Schizophrenia

In the introduction, Hervé Guillemain explains his choices: "While neither a trial against psychiatry [...] nor a monument dedicated to the unsung victims of science [...], this book falls clearly within the category of circumspect observations of the classificatory process." Was schizophrenia, as a new way of labelling a tentacular and indefinable illness, instead not a reflection of the political upheavals of history? Although the answer lies in the question, the results of the survey, based exclusively on archives and patient records from across France, are fascinating.

Historically, the word "schizophrenia" was coined in 1899 by Kraepelin and adopted by Bleuler in 1911. However, the concept developed in the interwar period, when it shifted from dementia praecox to schizophrenia itself, which had become a serious "social scourge" (p. 32). Today the illness is the primary cause of inpatient hospitalisation in France, affecting around 30 million people globally, according to WHO data.

Paradoxically, could this staggering development be a sign of the term's own obsolescence? In the short term, insists Guillemain, the word, in encompassing a contourless reality, is fated to disappear. Already, as is the case with autism, experts talk about "schizophrenia spectrum disorders" (p. 282), and the gradation has established a certain distancing.

The suspicion that hangs over schizophrenia, incorrectly claimed to be incurable, is nothing new. In the 1970s, at the height of the anti-psychiatry movement, it was described as a "myth", as the author recalls, citing the following exchange between Nicole Martin, a patient who appeared on the *Apostrophes* television talk-show to discuss her book *Rescapée d'un mythe* (Surviving a Myth), and the psychiatrist Henri Baruk:

Nicole Martin: I believe that certain patients in certain states of schizophrenia, for example...

Henri Baruk: ...which doesn't exist. There is no such thing as schizophrenia.

Nicole Martin: Yes, I agree, it's a myth, but I was treated as such. (p. 26)

This dialogue could have served as an epigraph to Guillemain's book, which attacks the mythical—that is, imaginary—dimension of a nosological entity as well as a system of classification. This deconstruction effort is part of the critical historiography of psychiatry and, as such, confirms the known structural traits—madness, a melting pot for individuals considered asocial—while keeping a few surprises in store.

Female/Male

A predominantly female pathology, schizophrenia primarily affected women whose desire for emancipation was too overt or indiscreet; domestic women who had "gone up to the city", whose attitude or clothing did not meet the standards of their social environment. Some "modern" professions bore the brunt: in 1940, "one schizophrenic woman in five works as a shorthand typist" (p. 52), a highly qualified position that had initially been a male profession but had become feminised in the interwar period.

Some were harassed by their employer, which caused mental collapse—an issue of particular relevance today:

The bosses do not keep their distance; they tell us things that may well be their own story but which married people should not say in public. I didn't know what to do. We daren't get angry for fear of being sacked. We no longer know what we're supposed to be doing at work. It makes our heads spin. [...] We can't do everything at once: take orders and be fondled (p. 54).

The illness shifted from being three-quarters female in the 1930s, at a time when women's labour expanded following the First World War, to being a predominantly male pathology in the 1950s. The historian uses the survey, statistics and case studies to show how schizophrenia mirrored the historical, political and social reality.

It affected immigrants uprooted from their native lands—Poles, Russians, Czechoslovakians, Yugoslavians, Armenians—who spoke limited French and were not welcomed in France. In the south of the country, a majority of patients (up to two-thirds) had Corsican or Italian names (p. 58). It affected widows and orphans (in the 1990s, the proportion of orphaned children with schizophrenia stood at 15%), individuals stigmatised for believing in bewitchment, both from the countryside and the colonies, homosexuals and rebellious teenagers.

Doctors scrutinized heredity and speculated endlessly on the theory of humours, seizing on the schizophrenic's body and brain—soon to be lobotomised—where the "proof" of the illness lay hidden, in a desperate attempt by psychiatrists to get closer to the methods of evidence-based medicine.

Anyone who has studied psychiatric archives is familiar with the rhetoric of the madman equated with those who were asocial, misfits, non-conformists, "outsiders", or "aliens". In the 19th century, these ideological *a priori* filled volume after volume. No patient escaped the prejudices of their doctor or the era.

So what distinguished schizophrenia from other pathologies? In chapter 8, on the subject of "diagnostic mutability", Hervé Guillemain provides a perspective that gives

meaning to his book by detailing the shifts and surreptitious transfers of melancholy and hysteria into the new more "scientific" category of schizophrenia. The final part of the book, which focuses on the administrative management of schizophrenia, gives valuable information on the mechanics of the asylum system and the transfer of patients to private institutions—usually to reduce hospital statistics.

Being diagnosed as schizophrenic in the 20th century was tantamount to a life sentence. The invention of psychotropic drugs and chemotherapy in the 1950s succeeded in relieving some symptoms, at the cost of highly disabling side effects. It failed to conquer the "illness", which had to be named one way or another, and whose definition and, above all, historical, political and social meaning is revisited in depth in Guillemain's book.

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