

New Article: 7 Myths About Schizophrenia

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Courtenay M. Harding, Ph.D.

Actually, it's not a new article, but a classic one: "[Empirical correction of seven myths about schizophrenia with implications for treatment](#)", by the legendary **Courtenay M. Harding** and her colleague, **James H. Zahniser**, from *Acta Psychiatrica Scandinavica* in 1994. PsychOdyssey came across this article again when reviewing its files. Harding and Zahniser present empirical evidence accumulated for two decades before the article's publication to challenge seven long-held myths in psychiatry about schizophrenia. Sadly, even nearly 20 years later such myths still stubbornly persist. Families in the maelstrom must know the facts and even help the field of psychiatry overcome its own prejudices in the quest to help their loved ones.

The seven myths are:

1. MYTH: "Once a schizophrenic, always a schizophrenic." REALITY: There appears to be an ever widening heterogeneity of outcomes across time.
2. MYTH: "A schizophrenic is a schizophrenic is a schizophrenic." REALITY: There is wide individual heterogeneity within the SZ diagnosis category.
3. MYTH: Rehabilitation can be provided only after stabilization. REALITY: Rehabilitation should begin on Day One.
4. MYTH: Why bother with psychotherapy for schizophrenia? REALITY: Supportive psychotherapy is crucial for integrating the experience and enhancing continued adult development.
5. MYTH: Those with SZ must be on medication all their lives. REALITY: It may be a small percentage who need medication indefinitely.
6. MYTH: People with SZ cannot do anything except low-level work. REALITY: People with SZ can and do perform at every level of work.
7. MYTH: Families are the etiological agents. REALITY: Families as collaborators can provide critical information and provide environments to lower a relative's vulnerability to episodes.