

Psychiatric Classifications in the Light of Bibliographic Classifications: An Epistemic Justice Issue

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Abstract: The social stigmatization affecting patients with serious mental disorders, as well as the evolution of patients' right to information, calls for a more inclusive approach to the production of concepts in classifications. Failing to do so, medical classifications (International Classification of Diseases and Related Health Problems and Diagnostic and Statistical Manual of Mental Disorders) appear to be a tool of epistemic injustice: patients are the object of a diagnosis that eludes them and hinders care. The interplay between medical concepts and their interpretation by society has an impact on both the patient's social integration and the way he or she is cared for. For example, a patient classified as schizophrenic will be considered incurable from the outset. In this context, encyclopedic bibliographic classifications can provide the hermeneutical resources needed to think differently about severe mental disorders. This study shows how 3 encyclopedic classifications sheds light on the link between the medical representation of illness and the patient's integration into society. The difference between the representation of the same concept in the Medline medical subject headings and in universal classifications is also highlighted. The findings are then compared with an analysis of the French media over the period 2019-2023 related to representations of mental disorders. An evolution in representation is evident, even if stigmatizing interpretations remain quite present. Bibliographic knowledge organization systems need to address these issues.

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1.0 Introduction

The psychiatric classifications (ICD: 5th chapter of the *International Classification of Diseases and Related Health Problems*; DSM: *Diagnostic and Statistical Manual of Mental Disorders*) have always been subject to controversy, particularly regarding the definition of mental health and the boundaries that distinguish mental disorders. Furthermore, psychiatric classifications share with medical classifications in general two major difficulties: that of producing a universal norm (Bowker and Star 2000) and that of meeting various purposes ranging from diagnosis to the production of statistics and reimbursement of care. The difficulty of producing a universal classification lies in finding a principle of organization. According to Bowker (1996, 51), “The ICD is a nomenclature, not a classification. There is no single organizing principle, rather etiological (disease origin), topographical (disease site), operational (test for disease), and ethical/political factors each play complex, frequently conflicting, roles in establishing the list.” Although it took until the 6th edition of the ICD to integrate psychiatry, its existence as well as that of the DSM demonstrates the need for psychiatrists to have a common language: “The introduction of an agreed psychiatric classification system has been a milestone because it has enabled researchers and psychiatric professionals worldwide to communicate about diagnoses in a standardized manner. Prior to this, these professionals had used the same words, but with widely varying concepts and content” (Rossler 2013,1).

However, medical classifications as a whole are not only a tool for communication between doctors and a tool for diagnosis. Historically, they are and remain a coding instrument for recording the causes of morbidity and mortality affecting the field of medicine. They are used for disease classification but also signs, symptoms, traumatic injuries, poisonings, social circumstances, and external causes of injuries or illnesses. They have also become an economic instrument through which the healthcare system is funded. In addition to the many stakeholders who construct and exploit this boundary object, a new actor has emerged: the patient. Their exclusion from the classificatory process, which affects them, has become a concern, particularly in the case of psychiatric classifications. The involvement of the patient and their family in the classificatory process of psychiatric disorders is considered an issue of epistemic justice. This article is dedicated to this issue.

The role of psychiatric classifications in the epistemic injustice affecting people with mental disorders is highlighted by several studies. Miranda Fricker’s theory (2007), which posits that there exists a specific category of prejudices where the subject’s capacity to produce and transmit knowledge is denied or undermined, is increasingly used in the medical field, particularly in psychiatry. Fricker (2007)

distinguishes between testimonial injustice and hermeneutical injustice. The former occurs when a testimony is deemed lacking in credibility or when a witness is not believed due to their social position, origin, gender, or any other property independent of their reliability as a witness. One of her examples is the young black man, Tom Robinson, in Harper Lee’s novel “*To Kill a Mockingbird*,” accused of raping a white woman, whose testimony the jury does not take seriously simply because he is black. The second type of epistemic injustice that Fricker studies, hermeneutical injustice, occurs when an individual lacks access to the conceptual resources necessary to understand their situation. Fricker’s example of this injustice is a young girl who does not realize she is a victim of sexual harassment because she does not have this concept and cannot describe what is happening to her. Applied to health, these two types of injustice are often linked. The credibility deficit sometimes suffered by the patient’s speech that does not correspond to medical knowledge, the difficulty in sharing interpretive resources with the doctor to explain their pain, and the lack of a concept to describe an ignored disease can cause situations of injustice. The asymmetry of knowledge is not a sufficient condition: it becomes an epistemic injustice when it denies or devalues the speech and knowledge of a stakeholder in the relationship.

The PubMed medical publications database reflects the growing interest of the medical community in this approach. As of July 2024, it includes 283 publications mentioning “epistemic injustice” and 56 associating “injustice épistémique” and “psychiatry.” The term appears in PubMed starting from 2010 in the first case and from 2015 in the second. The number of publications on this subject has been steadily increasing over the past three years. In psychiatry, the situation of injustice can be even more serious than in the rest of the medical field, according to Crichton et al. (2017, 65): “people with mental disorders may be susceptible to even greater epistemic injustice than people with physical illnesses.” Indeed, the negative stereotypes associated with mental disorders affect the medical relationship, society, and the performance of the healthcare system. According to some authors, the very construction of psychiatric classification could be reconsidered in light of the concept of “epistemic injustice” by allowing “a better articulation between experiential and medical knowledges” (Nicolle et al. 2022), between the knowledge of the patient and that of the doctor.

To address this issue of epistemic justice in psychiatry, this article identifies how bibliographic classifications and the media interpret a concept from the disease classification (ICD) and DSM: schizophrenia. The media and bibliographic knowledge organization systems are ways to capture society’s representation of mental health concerning a concept that embodies many fears: schizophrenia. Do they echo the stereotypes of madness, or do they also open up new horizons?

Firstly, using the specific case of schizophrenia, the article analyzes the consideration of destigmatization in the evolution of medical classifications and bibliographic knowledge organization systems (KOS), including encyclopedic and specialized classifications, as well as subject headings lists from the Library of Congress and the French bibliographic system RAMEAU. Secondly, based on the same concept, it examines the portrayal of schizophrenia in French-language media over the past four years. The medical classifications studied include ICD 6 to 11, the Decimal Dewey Classification (DDC 23), the specialized classification Medical Subject Headings, the American LCSH, and the French-speaking subject headings RAMEAU. Media data are extracted from the Europepress database.

The aim is to assess the gap between the schizophrenic patient, society, and medical knowledge. Through this example, the goal is to contribute to an approach to medical and bibliographic classifications in terms of epistemic justice.

2.0 Epistemic injustice and psychiatric classifications

2.1 Modern psychiatric classifications: science against patient

The inclusion of mental illness (now termed “Mental, behavioural and neurodevelopmental disorder”) in the international classification of diseases in its sixth edition (1949), followed by the DSM in 1952, is the culmination of several classificatory attempts characteristic of the advent of modern psychiatry. According to historian Guillemain (2017 p.55-56), the disintegration of the intellectual framework of early 19th-century clinical practice, which had been centered on the concept of mental alienation, was accompanied by an aspiration for precision: “Since there are probably several ways to be mad, just as there are several ways to be ill, the aim is to clearly name a set of entities whose number is limited and whose differential diagnosis is clear.” Progress means “to separate and distinguish” (2017). Then as now, a medical classification is considered reliable if different doctors diagnose the same patient in the same way and valid if it distinguishes each disease from all others and from normality. The classification of mental illnesses became a tool of precision medicine and predictive medicine (allowing the prediction of the course of mental pathologies) well before the current aspirations of big data applications in health (Guillemain 2017). According to the historian (2017 p.56) “The watchword of the new psychiatry is to foresee” (“le maître mot de la psychiatrie est de prévoir”) meaning to anticipate the stages of disease progression and associate the appropriate prophylaxis. The classification is also a tool that allows distancing from the patient to discover what cannot spontaneously appear in the behavior of the sick subject, particularly the stage they have reached in the course of their

pathology. Faced with a patient considered fundamentally dissimulative, whose speech is discredited, the modern doctor can no longer be passive and dependent on the patient’s knowledge: the classification classification is a tool for distancing oneself from the patient and a method for predictability. It draws its legitimacy from opposing scientific medicine to the patient’s speech.

Transforming psychiatric classification into a tool of epistemic justice thus shakes its very foundations. However, the involvement of patients is now seen as a means of improving the classification. In addition to the patient-doctor relationship, the pharmaceutical industry and health policies have also become involved. Bueter (2021, 4712) states that “Psychiatric classification, as exemplified by the Diagnostic and Statistical Manual of Mental Disorders (DSM), is dealing with a lack of trust and credibility – in the scientific, but also in the public realm. She adds that “Regarding the latter in particular, one possible remedial measure for this crisis in trust lies in an increased integration of patients into the DSM revision process” (4712). The exclusion of patients constitutes what she calls “a special kind of epistemic injustice: preemptive testimonial injustice, which precludes the opportunity for testimony due to a wrongly presumed irrelevance or lack of expertise” (Bueter 2019, 1064). According to her, this presumption is erroneous for two reasons: “(1) the role of values in psychiatric classification and (2) the potential function of first-person knowledge as a corrective means against implicitly value-laden, inaccurate, or incomplete diagnostic criteria sets” (1064). She shows that decisions in psychiatry cannot be based exclusively on empirical data but necessarily involve values. She gives examples such as “the criteria for Attention-Deficit/Hyperactivity Disorder (ADHD)” which are “informed by ideals of academic success particular to a certain cultural context; the criteria of female sexual dysfunctions such as Hyposexual Desire Disorder (HSDD) or of Premenstrual Dysphoric Disorder (PMDD) that have been said to incorporate gendered norms of behavior and sexuality (e.g. Brotto 2010; Chrisler and Johnston-Robledo 2002; Tiefer 2006)” (Bueter 2021, 4720). She advocates for procedural objectivity that would establish trust by involving stakeholders: “A proceduralist account of epistemic trustworthiness has the benefit that it can avoid problematic connotations of value-freedom, impartiality, or carving nature at its joints, while still enabling warranted trust in the results of taxonomic decision-making, if these are attained in the right way” (4718).

The highlighting of value judgments involved in psychiatric diagnoses aligns with the social critique of psychiatry. By anchoring the transformation of the insane into the mentally ill in European history, between the 16th and 19th centuries, Foucault (1972) had demonstrated the social control exercised by psychiatry: “The mentally ill person is not only the one who cannot work, but also the one who cannot

adapt to the rules of family morality, who cannot integrate into the ethical and legal system constituted by the bourgeois European family” (Foucault 1970, 487). He was then separated from society in general, and given a special place in what was to become the psychiatric hospital. A wide variety of individuals, whether maladjusted, poor or simply a nuisance to society, could become the object of this medicalization of madness, leading to their segregation. Guillemain (2018) has shown this to be true of schizophrenics in the 20th century, referring to an illness conceptualized in 1900 by Emil Kraepelin and confirmed in 1911 by Bleuler. Metz (2020) has highlighted how this same illness was described in the 1960s, during the civil rights struggle in Detroit, within prestigious medical journals as a “revolt psychosis” by virtue of which black men develop “hostile and aggressive feelings” and “anti-white delusions.”...

2.2 Medical communication

The analysis of psychiatric classifications in terms of epistemic justice/injustice involves the search for what Bueter (2021) calls procedural objectivity. The process of involving the patient in the medical diagnosis, considering their values and expectations, could thus address several aspects, provided that only patients and the medical community are involved in the process, excluding industry and insurers. Nicolle et al. (2022), echoing Stein and Bueter, point out the following aspects:

- Renaming of disorders.
The change from “mental retardation” to “intellectual disability” in the DSM-5 was indeed influenced by input from users and advocates, as it was considered less stigmatizing. This change aligns with terminology used by other organizations and reflects a more respectful approach to individuals with this condition.
- Inclusion or exclusion of disorders by involving patients in assessing the clinical utility of a disorder definition
- Defining diagnostic criteria for a disorder using methods such as Patient-Related Outcome Measures (PROMs) and Core Outcome Sets (COSs)
- Research funding, based on better identification of key symptoms, could help steer research towards more relevant clinical criteria.

Associating the patient with the formulation of the diagnosis is not just a response to what Bueter has called the crisis of credibility of psychiatric classifications. It also accompanies the evolution of the patient’s right to information since 1946 and the Nuremberg trials. Patients’ informed consent to

treatment, the transparency of information concerning them and access to their medical records have led us to reconsider medical communication in its entirety. Medical classification can no longer be a language for doctors alone, nor for doctors and the economic and political circles that manage healthcare. The right for information of a vulnerable person, the patient, as well as his or her right to participate in the medical decision that concerns him or her, has given rise to various national and local ethics committees in many countries around the world. An international movement to promote patients’ rights (see, for example, the Amsterdam Declaration for Europe) is underway, raising questions about medical information and communication. Bias, prejudice and value judgments are not confined to classification, but apply to medical language in general. Medical records, for example, have been the target of a number of studies highlighting the stigmatization of the language used to describe certain patients. The number of these studies is growing while the patient can read the medical record. Here are a few examples. Goddu and al. (2018 p.685) show that “Stigmatizing language used in medical records to describe patients can influence subsequent physicians-in-training in terms of their attitudes towards the patient and their medication prescribing behavior”. Examining 600 encounter notes from electronic medical records, written by 138 physicians in 2017 in the ambulatory internal medicine setting at an urban academic medical center, Park et al. (2021) found 5 ways that physicians express negative feelings toward patients, including disapproval, discrediting, and stereotyping. They “suggest that physicians should increase their awareness of stigmatizing language in patient records to ensure that their notes are informative and respectful”. After the 21st Century Cures Act in USA compelling clinicians to make medical records open to patients, Healy et al. (2022, 2533) conducted a study in order “to provide clinicians with guidance on how to avoid stigma and bias in our language as part of larger efforts to promote health equity”. Using Natural Language Processing Techniques, Harrigan et al. (2023) sought to identify stigmatizing language in electronic medical records.

Representations of mental health in society as a whole interact with the medical world and their patients. The articulation between theoretical medical knowledge, diagnostic practice, and interpretation by the patient and the society is a challenge and a matter of social justice. The World Health Organization (WHO) has described the phenomenon of stigma against people with mental disorders as “the most significant obstacle to overcome in the community” and presents the issue of contending stigma as “the foundation of modern psychiatry” (Sebbane et al. 2019). Partial opening of the electronic medical record to the patient contributes to considering the impact of the diagnosis on the patient in terms of hermeneutic justice in the sense of Fricker, which could also open up rights.

In order to better understand the relationship between society and medical knowledge, we'll first show how physicians try to make the International Classification of Diseases evolve to address society's representations of medical concepts in psychiatry. Next, we will show how bibliographic knowledge organization systems (Dewey Decimal Classification, Library of Congress Subject Headings and RAMEAU) interpret specialized concepts from medical classifications, in this case the concept of schizophrenia.

3.0 The contribution of bibliographic knowledge organization systems to the representation of mental disorders: the case of schizophrenia

In the medical universe, the concept of "schizophrenia" is associated with chronicity and confinement in hospital. For the patient and the family, it means incurability, leading to denial of care and sometimes suicide; for the society a schizophrenic person is violent and dangerous. The schizophrenia diagnosis reduces a person to be a schizophrenic case. Many studies have highlighted the social stigmatization of people with schizophrenia (Roelandt 1990; 2011; Lampropoulos et al. 2019). For these reasons some Asian countries (for Japan, see Aoki et al. 2016) no longer use this category. World Health Organization (WHO) changed its practices: "the revision process for ICD11 has been open to all interested parties from the outset, for the first time in the history of ICD revision" (World Health Organization 2019, 3). However, the concept of schizophrenia has been maintained in ICD-11. In the last DSM revision, the use of non-stigmatizing language was a concern, and a work group had to ensure appropriate attention to these risk factors (<https://www.psychiatry.org/psychiatrists/practice/dsm/about-dsm>). Other diagnoses, such as Borderline Personality Disorder (BPD), pose the same problem to the extent that the concept was to be removed from ICD 11, "only reintroduced as a trait qualifier as a result of last-minute lobbying," according to Watts (2024, 1). Watts adds: "Retaining BPD as a de facto diagnosis keeps us stuck at a deadlock that undermines the voices of patients who have persistently told us this label adds 'insult to injury' (1).

3.1 Psychiatric classifications and destigmatization: the case of schizophrenia in the ICD

A comparison between versions of the ICD, from version 6 (1949) to version 10 (released in 1990 and implemented in 1993), shows a strategy for reducing three major stereotypes associated with schizophrenia:

1. Schizophrenia is synonymous with "madness": as early as ICD 7 (1955), the medical profession revised its terminology.

2. There is no cure for schizophrenia: the dimension of temporality appears, suggesting that this disorder is not definitive.
3. All schizophrenics are the same: sub-categories appear to distinguish schizophrenia from schizophrenia.

Thus, in response to the first stereotype, the medical community gradually chooses to eliminate the concept of "dementia." "Dementia," is commonly synonymous with mental alienation and madness, is no longer associated with "schizophrenia": it becomes a separate category linked to age (senile and presenile dementia) or alcoholism until it disappears from the classification. Bleuler's concept of schizophrenia replaced the term dementia praecox in 1911, referencing its progression. Similarly, "paraphrenia," a subcategory of "schizophrenia," is referred to in version 10 as a "delusional disorder" (F220). Other concepts disappear entirely, such as homosexuality.

Regarding the second stereotype, it is the definition of the illness over time that becomes decisive. In versions 6 and 7, schizophrenia is a pathology with a definitive diagnosis. This contributes to conveying the image of an incurable disease. However, starting with version 8, the idea of the disease fluctuating over time appears. Thus, "acute schizophrenia" (versions 6 and 7) becomes an "acute schizophrenic episode" (295.4) in versions 8 and 9. The term "episode" implies a temporary state, which helps to qualify the definitive diagnosis of the earlier versions. The diagnosis 295.6 of "residual schizophrenia," which appears in versions 8 and 9, shows a disease that does not necessarily progress negatively over time. This notion is maintained in version 10 under the code F20.5. The definition specifies that negative symptoms are not necessarily irreversible. The latest version (ICD 11), currently in use, moves towards a dimensional rather than categorical structure, precisely by defining concepts in relation to their evolution over time. Thus, the index 64A20 (specific category of 64A2: Schizophrenia or other primary psychotic disorders) is defined by the number of episodes (first episode, multiple episodes, or "continuous" form) rather than by the presence or absence of a defined entity.

Finally, to address the problem posed by the third stereotype, doctors are attempting to contest the image that all schizophrenics are the same by broadening the scope of schizophrenia in the disease classifications. This is very evident in version 10, where schizophrenia no longer occupies a single category. We mainly find it in F20, but some sub-diagnoses are redistributed within the classification hierarchy of chapter 5. Entire categories address different facets of the disease. We find category F21, which deals with "schizotypal disorders," and F25, which deals with "schizoaffective schizophrenia." We also have subcategories that introduce the term "schizophrenia," such as F23.1 "acute polymorphic psychotic disorder with symptoms of schizophrenia" and F23.2 "acute

schizophrenia-like psychotic disorder.” The creation of new categories and subcategories specifies the nuances of the disease, broadening the spectrum of schizophrenia.

These discarded forms – dementia, cretinism, idiocy – which all have passed into common language to become negative stereotypes, nevertheless remain entry terms in medical and bibliographic classifications related to psychiatry.

3.2 Bibliographic classifications: the link between medicine and society

The encyclopedic bibliographic knowledge organization systems (KOS) used for publications’ subject indexing (LCSH, RAMEAU, DDC 2023 for those we consulted) all refer to the National Library of Medicine’s thesaurus, Medical Subject Headings (MeSH) when integrating a concept from the

field of medicine. MESH is a controlled vocabulary of terms organized hierarchically. It incorporates the definitions of the DSM V, which in turn corresponds to the penultimate version of the ICD, ICD 10th version. Figure 1 shows the MESH tree related to the concept of Schizophrenia, and Figure 2 shows the correspondence between the MESH descriptor Schizophrenia and the definition of the DSM V.

We can see that the MESH tree is not built on a strict generic/specific relationship. Rather, the tree refers to different viewpoints on the subject (paranoid shizophrenia is a specific form of schizophrenia according to medical classifications, but treatment resistance is not). Furthermore, in terms of definitions (figure 3), we note that the DSM V definition cited as a source is not reproduced in its entirety.

MeSH (Medical Subject Headings) is organized into 16 basic trees. Each tree is assigned a letter as an identifier.

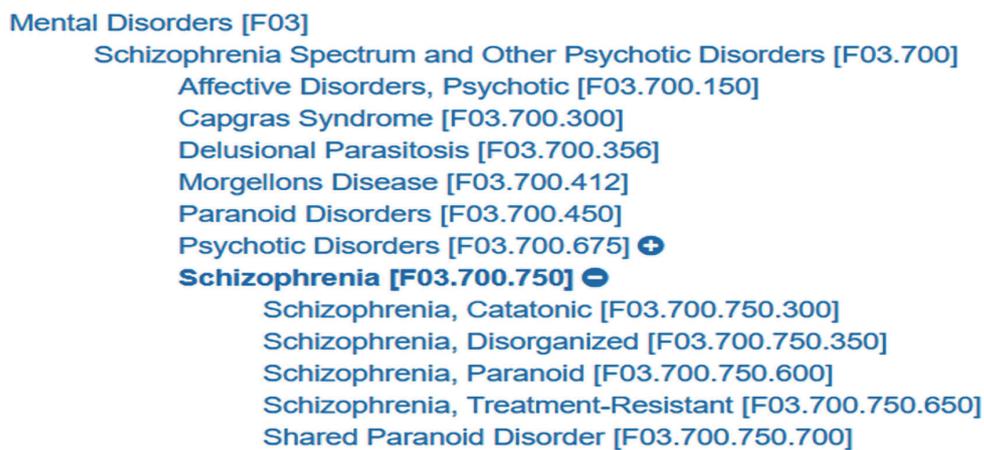


Figure 1. Schizophrenia concept in MESH tree

DSM 5	MESH
<p style="text-align: right; font-weight: bold; font-size: 1.2em;">Schizophrenia</p> <hr/> <p>Diagnostic Criteria 295.90 (F20.9)</p> <p>A. Two (or more) of the following, each present for a significant portion of time during a 1-month period (or less if successfully treated). At least one of these must be (1), (2), or (3):</p> <ol style="list-style-type: none"> 1. Delusions. 2. Hallucinations. 3. Disorganized speech (e.g., frequent derailment or incoherence). 4. Grossly disorganized or catatonic behavior. 5. Negative symptoms (i.e., diminished emotional expression or avolition). <p>3 specifiers are proposed:</p> <ul style="list-style-type: none"> – “course specifiers” can be used after one year duration. – “with catatonia” – Current severity: it’s possible to use a severity specifier 	<ol style="list-style-type: none"> 1. Schizophrenia Spectrum and Other Psychotic Disorders (F03.700) Marked disorders of thought (delusions, hallucinations, or other thought disorder accompanied by disordered affect or behavior), and deterioration from a previous level of functioning. Individuals have one or more of the following symptoms: delusions, hallucinations, and disorganized speech. (from <u>DSM-5</u>) 2. Schizophrenia (F03.700.750) A severe emotional disorder of psychotic depth characteristically marked by a retreat from reality with delusion formation, HALLUCINATIONS, emotional disharmony, and regressive behavior.

Figure 2. Schizophrenia definitions in DSM V and in the MESH (July 2024)

A	Anatomy
B	Organisms
C	Diseases
D	Chemicals and Drugs
E	Analytical, Diagnostic and Therapeutic Techniques and Equipment
F	Psychiatry and Psychology
G	Phenomena and Processes
H	Disciplines and Occupations
I	Anthropology, Education, Sociology and Social Phenomena
J	Technology, Industry, and Agriculture
K	Humanities
L	Information Science
M	Named Groups
N	Health Care
V	Publication Characteristics
Z	Geographicals

Figure 3. MESH structure

Despite the diversity of the MESH fields of study, the concept of schizophrenia belongs to only one tree: Psychiatry and Psychology. This is not the case for Intellectual Disability (present in categories C, F, and I), which allows the theme of the Education of Intellectually Disabled to emerge. Schizophrenia appears at two levels in category F: Schizophrenia Spectrum and Other Psychotic Disorders(F03.700) with the specific concept “schizophrenia” (F03.700.750) and Schizophrenic Psychology (F04.824). The F04 category refers to Behavioral Disciplines and Activities in a very different sense from the social science aspects of category I: F04 is presented

as “The specialties in psychiatry and psychology, their diagnostic techniques and tests, their therapeutic methods, and psychiatric and psychological services” (<https://meshb.nlm.nih.gov/record/ui?ui=D004191>). Yet it is precisely this link between “mental, behavioural, and neurodevelopmental disorders,” including the most severe ones, and social sciences that encyclopedic knowledge organization systems enable. This link is essential to address problems of epistemic injustice and the stigmatization of patients. It can offer a view of mental disorders beyond what terminology alone conveys as representation.

In contrast, DDC includes a specific index (616.898) for the medical concept of schizophrenia (Figure 4). But it also considers it from other points of view: in the social sciences under index 362.26 for “People with mental illness and disabilities”, under index 700 (The Arts) with 700.19 Arts-psychological aspects and 791.436561 Medicine-motion pictures.

The subject indexing languages of the Library of Congress (LC) and the National Library of France (BnF) go even further. Beyond opening up to society, they make “schizophrenic” a subject in its own right, distinct from the illness “schizophrenia.” “Schizophrenics” is a subject heading used for “Schizophrenia – Patients.” It belongs to the more general category of “Mentally ill.” Additionally, it can refer to broader concepts (Figure 5), allowing for the inclusion of other perspectives on the person and not just the illness.

However, the American *Schizophrenics* scheme retains a pejorative term, “insane” (figure 6), as variants of the generic concept “Mentally ill”, which is found in the French schem (RAMEAU) at a higher level (“*Malades mentaux*”). We can also observe that, in France, a mentally ill person is a chronically ill person, which brings us back to the stereotype of the incurably mentally ill (Figure 6).

Figure 4. The DDC medical concept of Schizophrenia

- Broader Concepts from Other Schemes**
-  Schizophrenics--Attitudes [↗](#)
 -  Schizophrenics--Canadian provinces [↗](#)
 -  Schizophrenics--Care [↗](#)
 -  Schizophrenics--Deinstitutionalization [↗](#)
 -  Schizophrenics--Education [↗](#)
 -  Schizophrenics--Employment [↗](#)
 -  Schizophrenics--Legal status, laws, etc [↗](#)
 -  Schizophrenics--Mental health services [↗](#)
 -  Schizophrenics--Physiology [↗](#)
 -  Schizophrenics--Psychological testing [↗](#)
 -  Schizophrenics--Psychology [↗](#)
 -  Schizophrenics--Research [↗](#)
 -  Schizophrenics--Services for [↗](#)
 -  Schizophrenics--Social conditions [↗](#)
 -  Schizophrenics--Substance use [↗](#)
 -  Schizophrenics--Testing [↗](#)

Figure 5. Schizophrenics in the LCSH: Broader concepts from Other Schemes

LCSH (LC) Generic term of the concept Schizophrenics: Mentally ill	RAMEAU (BnF) Generic term of the concept "Psychotiques" (whose one of the specifics is Schizophrenics)
<p>Mentally ill</p> <p>URI(s)</p> <ul style="list-style-type: none"> - http://id.loc.gov/authorities/subjects/sh85083699  - http://id.loc.gov/authorities/sh85083699#concept <p>Variants</p> <ul style="list-style-type: none"> - Insane - Mental illness--Patients - Mental patients - Mentally disordered <p>Broader Terms</p> <ul style="list-style-type: none"> - Sick 	<p>Malades mentaux</p> <p><i>Velette matière nom commun. S'emploie en tête de velette.</i></p> <p><Employé pour :</p> <ul style="list-style-type: none"> Aliénés Fous Maladies mentales -- Patients <p><<Terme(s) générique(s) :</p> <p>Malades chroniques</p>

Figure 6. Comparison between Schizophrenia generic concepts in LCSH and RAMEAU

While stereotypes of mental disorders remain present in bibliographic encyclopedic SOC (see also Rusquart 2023), they nevertheless construct a representation of a link between the medical world and society that is valuable for psychiatric medicine itself. By considering “the mentally ill” and “the schizophrenics” as subjects in their own right, ex-

isting outside the illness from which they suffer, these SOC open a path toward a representation of the patient as a person in society and, potentially, as an epistemic subject.

Thus, the evolution of SOC reveals a connection to the interpretation of the content of bibliographic production and psychiatric classifications. What about another source

of social representation: the media? How do the media perceive schizophrenia? Is there convergence with what the bibliographic SOCs reveal?

4.0 Schizophrenia in French media analysis over the last four years

Many studies have analyzed the negative stereotypes associated with mental disorders or psychiatry. Hernandez (2018) examines the various representations of schizophrenia in the media (television, cinema, the press and the Internet) to determine whether the information disseminated conveys stigmatizing images or whether the themes addressed are predominantly objective and benevolent. Diefenbach and West (2007) conducted a study in the United States that determined correlations between television consumption, perceptions of media representations, and attitudes towards mental health in the general population. Angermeyer et al. (2005), investigated in Germania “the relationship between watching TV and reading the newspaper on the one hand, and the desire for social distance towards people with schizophrenia on the other”. They highlight the impact of a distorted presentation of the mentally ill in the media on attitudes towards people with mental. Kilkisiz et al. (2023) analyse the relationship between psychiatry and forms of visual media (films, television, and social media) that have become increasingly influential in the 21st century. The French OBSOCO study (2015), conducted on print media from 2011 to 2015, attempted to understand how opinions and representations of schizophrenia are formed in society. It was initiated by the association Promesses (PROFAMILLES et Malades: Eduquer, Soutenir, Surmonter Ensemble les Schizophrénies) and funded by two pharmaceutical companies, Sanofi and Ipsen, as part of their solidarity activities. Three conclusions emerged from it:

- Schizophrenia is a subject that is ignored and poorly treated in the press (angle, vague).
- The French press generally perpetuates the stereotype that individuals with schizophrenia are intrinsically dangerous.
- The misappropriation of the term into stereotypical metaphors, a targeted but frequent usage that is largely derogatory, amplifies the negative tone of the discourse on schizophrenia. This misappropriation, which increased in the 1970s, expresses the idea of a duality, an ambivalence, and a lack of unity in behavior. According to the authors, it follows a new definition of schizophrenia in the DSM II of 1968, which introduced the notion of “ambivalence” to describe certain symptoms that had not been present before.

4.1 Methodology

4.1.1 Data

To complete these studies over a recent period, 2019-2023 (5 years), we have built two corpora on the French media: one on French general-interest television channels and the other on French-language print media newspapers.

The audiovisual corpus is made up of 169 television contents from French general-interest channels over a period of 5 years between 2019 and 2023. We selected all national, satellite and digital free TV. We excluded regional channels, radio stations, commercial messages, and clips. The corpus is the result of a search using the term “schizophren*” in all fields of the content records inventoried by the Institut National de l’Audiovisuel (the institute responsible for the legal deposit of French media). Table 1 shows the number of programs selected per year:

The press corpus comprises 1,520 articles from the French-language general press between the same period (2019-2023). These data were extracted using the Europresse database. We excluded articles from the regional press. To build the corpus, we searched for the term “schizophren*” in all the fields of the content records inventoried by Europresse. The Table 2 shows the 1,520 articles collected:

4.1.2 Analysis

A content analysis grid was constructed for the 2 corpora aiming at categorizing elements related to schizophrenia into 4 categories: schizophrenia covered in miscellaneous news, metaphorical use of the term “schizophrenia” in the sense of the OBSOCO study, schizophrenia as a subject of fiction, and schizophrenia in the medical sense. Schizophrenia covered by the news refers to the notion of “faits divers” in French (“Miscellaneous news”), which means a category of news that recounts everyday events, often dramatic or unusual, but not directly related to major political, economic, or social news. These events can include accidents, crimes, judicial incidents, natural phenomena, curious anecdotes, etc. “Faits divers” are generally characterized by their concrete and often sensational nature, attracting readers’ attention through their human and emotional aspect. As for the “medical sense” category, it was subdivided into three sub-categories: testimonials giving voice to patients or their families, interviews with health professionals or researchers, and finally, documentaries.

Here are the four categories (column named Category) with an illustrative example taken from the media corpus:

1. Miscellaneous: Reports on current events related to schizophrenia.

Example: → Table 3

2. Metaphorical use of the term “schizophrenia” in the sense of the OBSOCO study

Example: → Table 4

3. Schizophrenia as a subject of fiction: series, feature films or shorts depicting schizophrenia

Example: → Table 5

4. Schizophrenia in “medical use” with 3 sub-categories

This 4th category “medical use” was divided into 3 sub-categories to specify who was speaking: either the patient or carer (for the sub-category “4.a testimonial”), a care professional (for “4.b interview”) and finally the journalist (for “4.c documentary”).

4.a Testimonial: Broadcasts or articles giving patients or their families a voice

Example: → Table 6

Year	2019	2020	2021	2022	2023	Total
Number f programs	22	17	61	20	49	169
%	13,02%	10,06%	36,09%	11,83%	28,99%	100%

Table 1. Distribution of media content per year in the corpus

	2019	2020	2021	2022	2023	Total
Total	362	253	332	260	313	1520
%	24%	17%	22%	17%	21%	100%

Table 2. Number of papers in the corpus per year

Channel	Date of broadcast	Title	Collection	Program	Catégorie
France 2	29/05/2021	FACTUEL AGRESSION POLICIÈRE À LA CHAPELLE-SUR-ERDRE	7h00 le journal	7h00 le journal : [émission du 29 mai 2021]	Miscellaneous news

Table 3. Schizophrenia in Miscellaneous news (example)

Title 1	Title 2	Program	Catégorie	Publication date
Pagaille à LR, maux de tête en macronie	Quentin Laurent (avec D.D.) Les Républicains, considéré comme le parti « pivot » avec lequel le gouvernement espérait négocier la réforme des retraites, est-il en train de virer schizophrène ? ...	Aujourd’hui en France	Métaphorical use	09/03/2023

Table 4. Metaphorical use of the term “schizophrenia” in the sense of the OBSOCO study (example)

Channel	Date of broadcast	Title of the program	Title of the collection	Category
TF1	07/09/2022	Avis divergents	Chicago Med	Fiction

Table 5. Example of Schizophrenia as a subject of fiction (example)

4.b Interviews: Broadcasts and articles in which healthcare professionals and researchers talk about schizophrenia

→ Table 7

4.c Documentaries: reports and documentaries about schizophrenia

→ Table 8

4.2 Results

Here is the distribution of each corpus according to the four categories.

The media corpus shows a clear over-representation of schizophrenia in the miscellaneous news category (Figure 7) compared with the other categories. This category represents a cumulative total of 85 programs between 2019 and 2023. In this content, schizophrenia is associated with violence (aggression and murder) and therefore with a negative representation of the illness. Fiction, on the other hand, is very little present (8%).

Titre 1	Titre 2	Program	Category	Publication date
La détresse des mamans de patients	Elles demandent juste à être des mamans. Pas des soignantes, encore moins les « otages » d'un système psychiatrique qui se fracasse. Et qui entraîne dans sa chute leurs enfants et leurs ...	Aujourd'hui en France	Testimonial	16/01/2019

Table 6. Medical use, subcategory Testimonial (example)

Titre 1	Titre niveau 2	Program	Category	Publication date
Schizophrénie : pourquoi les patients entendent-ils des voix ?	PSYCHIATRIE Parfois crainte, souvent stigmatisée, la schizophrénie est une maladie psychiatrique qui reste surtout mal connue. Elle touche environ 600 000 personnes en France. S'il est vrai que les hallucinations ...	Le Figaro	interview	27/01/2020

Table 7. Medical use, subcategory Interview (example)

Channel	Date of broadcast	Title	Collection	Program	Catégorie
France 5	02/02/2023	[In vivo :] Accueillir des schizophrènes chez soi [3 ^{ème} partie]	Le magazine de la santé	Le magazine de la santé : [émission du 02 février 2023]	documentaire

Table 8. Medical use, subcategory Documentarie (example)

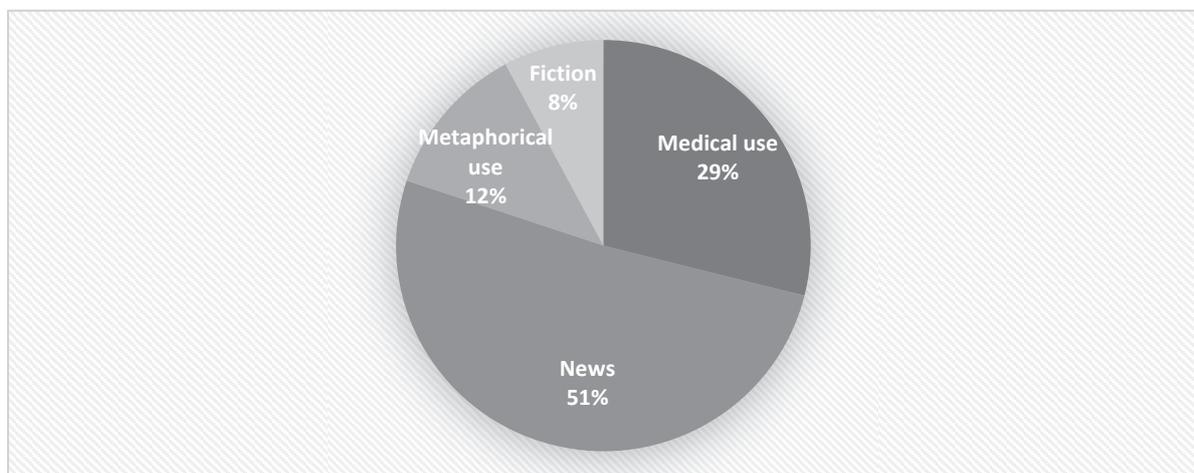


Figure 7. Distribution of the 4 categories in the media corpus

The OBSOCO study on the image of schizophrenia in the media in 2015 suggested that new media practices should be put in place, in particular this one: “make schizophrenia visible as an illness and avoid metaphorical use of the term”. Today, the medical use of the term is more than twice as high as its metaphorical use.

What’s more, this medical use of the term gives greater prominence to the words of patients in television broadcasts

than to those of healthcare professionals in interviews (Figure 8). This is a new trend, in line with the recommendations of the Obsoco report to restore a less stigmatizing image of the disease.

In the press corpus (Figure 9), the largest category is that of metaphorical use. This finding aligns with the OBSOCO report, which lamented the too frequent use of schizophrenia in everyday language. The report highlighted an intensi-

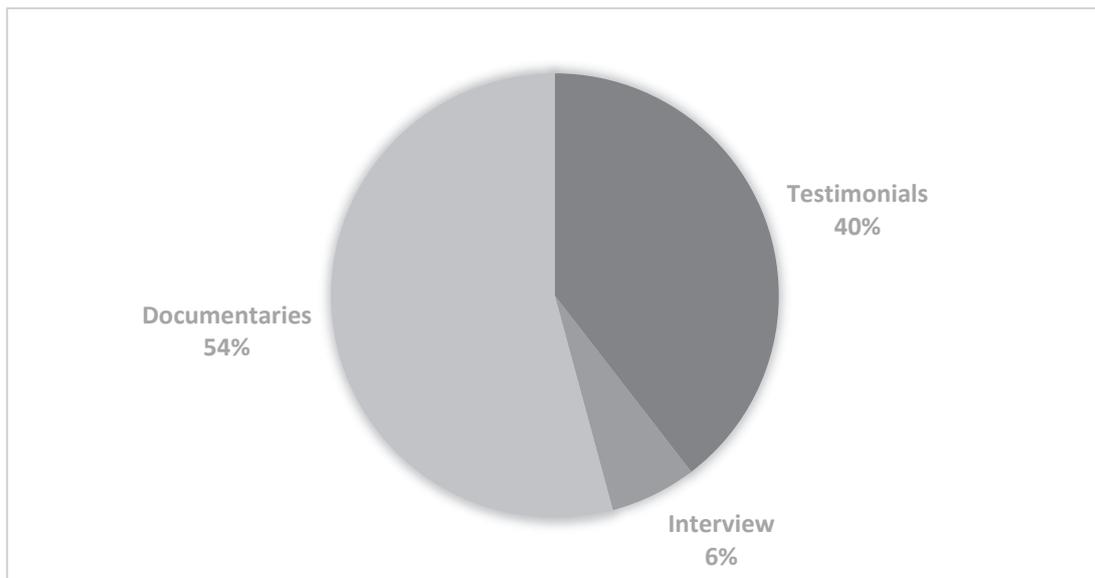


Figure 8. Distribution of the three subcategories of medical usage in the media corpus (2019-2023)

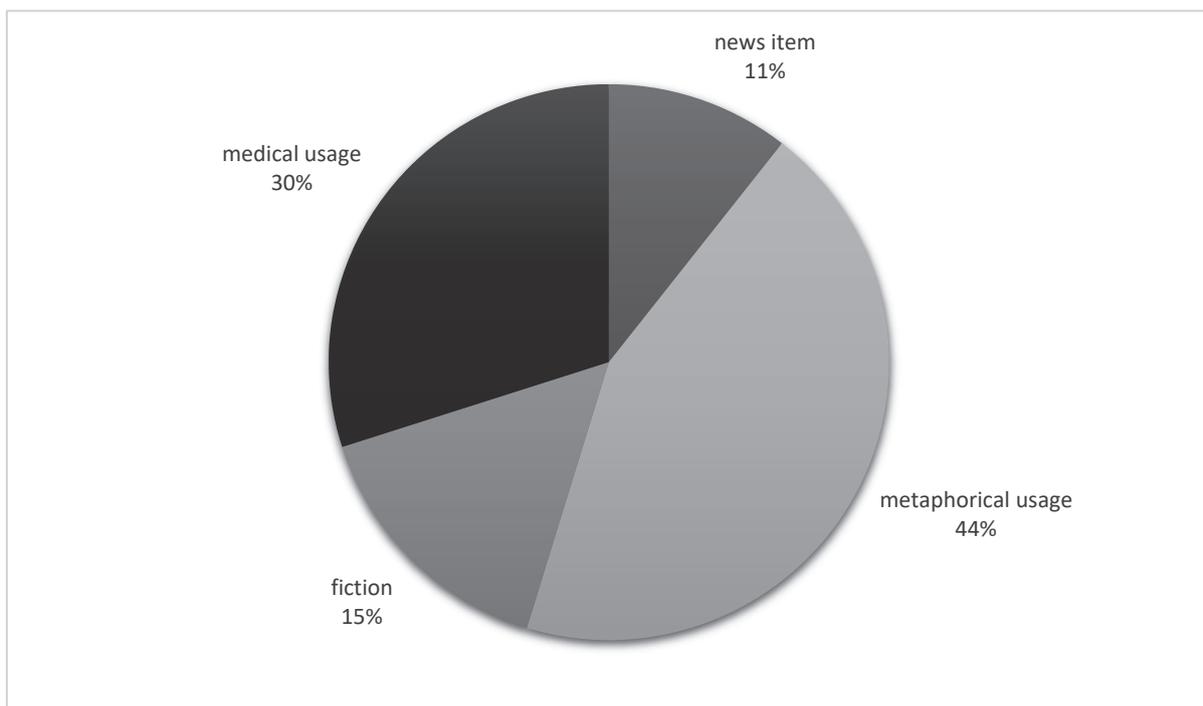


Figure 9. Distribution of the 4 categories in the corpus of the French press between 2019 and 2023

fiction of metaphorical usage in the press since the 1970s, reaching a representation of 44%. We find no increase in metaphorical use in the press compared with the data provided in the OBSOCO report. As with television programs, metaphorical use is most often associated with political opinions, with the association of schizophrenia with “ambivalence” contributing to a distorted image of the illness.

A visualization of the data by year shows how these categories have evolved over time (Figure 10). Two main blocks

can be seen: a first block comprising miscellaneous news and fiction, which remain low and stable over the five years, and a second block made up of metaphorical and medical use. However, we can see that the two curves, those of metaphorical use and medical use, eventually converge in 2023, with an increase in medical use and a decrease in metaphorical use.

In terms of medical use, Figure 11 shows that documentaries are more prevalent overall over the period studied, accounting for 47% of the corpus. Testimonials are in second

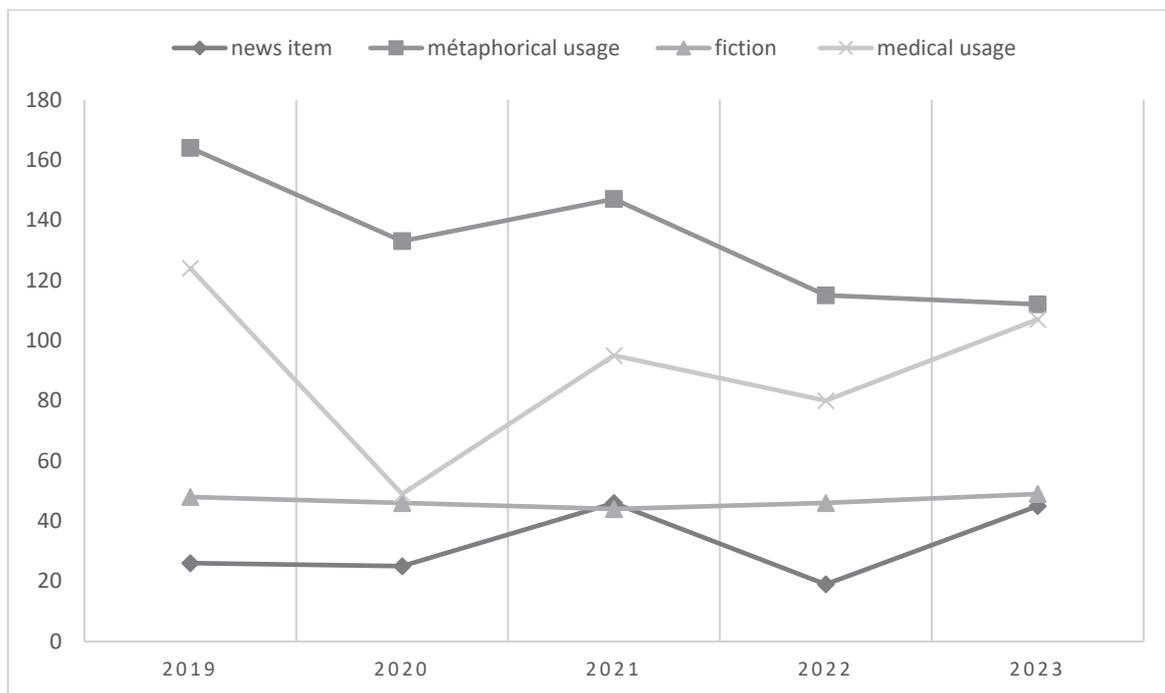


Figure 10. Distribution of the 4 categories in the corpus of the French press between 2019 and 2023

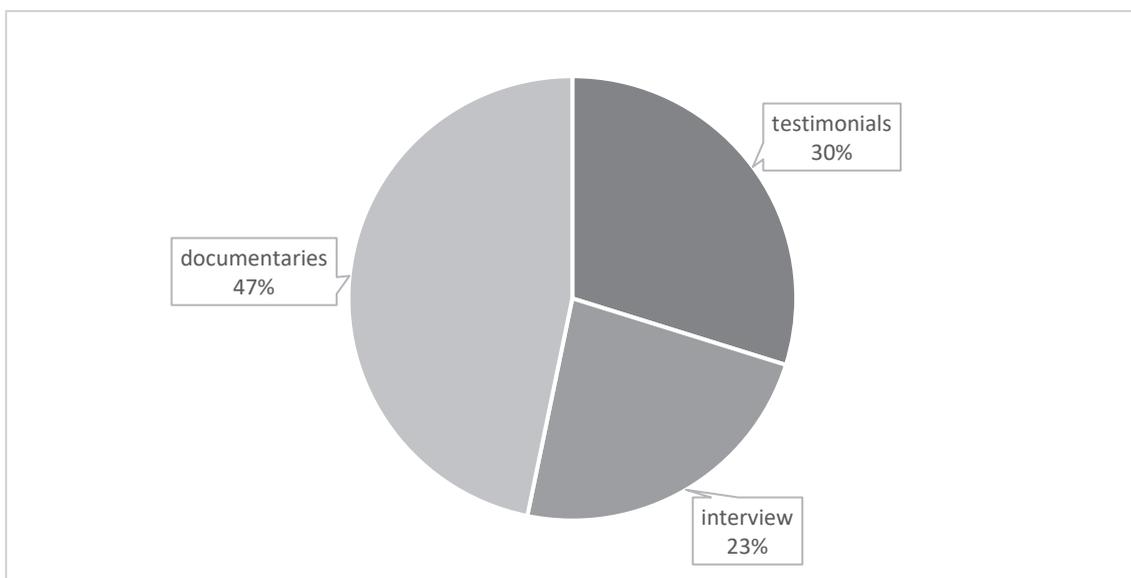


Figure 11. Distribution of subcategories of medical usage in the corpus of the French press between 2019 and 2023

place with 30%. The words of experts and patients account for more than half the corpus (53%), compared with 47% for documentaries. There is thus a public health approach aimed at giving a voice to professionals and patients to talk about the disease.

4.3 Results' analysis

At the conclusion of these two analyses of French audiovisual and written media corpora, we first observe that schizophrenia is treated differently in television and in the press. The media predominantly discuss schizophrenia in the category of "faits divers" (miscellaneous news), often associated with violence, murder, and criminal irresponsibility. In contrast, the press most frequently refers to a metaphorical usage of schizophrenia, synonymous with "ambivalent" and "contradictory behavior," particularly in politics. It is interesting to note that the proportion of press articles using the term schizophrenia metaphorically remains the same between 2011-2015 (OBSOCO report) and 2019-2023, at 44% of the corpus. If you need further assistance or additional translations, feel free to ask!

The OBSOCO report (2015) recommended "making schizophrenia visible for what it is: an illness, not a metaphor". If anything, this recommendation has been followed in the press corpus, where the curve of articles with medical usage is increasing, while that of metaphorical usage is decreasing (Figure 10). The use of the term schizophrenic seems to be reversing, thus responding to the report's recommendation to promote "the need and possibility of more treatment from the medical angle [...] more embodied, and more hopeful (daily life, new therapies, innovative medico-social solutions, recovery and examples of integration)" (OBSOCO op.cit. p.11-12). The themes of TV documentaries reflect this recommendation, tackling subjects such as the professional integration of people with schizophrenia and their reception into families. In addition, many press articles deal with the treatments available for this illness. The medical use of the term schizophrenia on television is given credibility by its broadcast in public service health programs. This trend contributes to a destigmatization effort and to public health education.

Our study also shows that patients are beginning to have their say in the media. They account for 30% of the medical use of the term schizophrenia in the press, and 40% on television. Similarly, we note the same trend towards an increase in press publications giving a voice to patients and care professionals, compared with documentaries. This trend shows an interest in what patients and their families have to say. This is a decisive factor in the destigmatization of schizophrenia. It is in line with the patient empowerment approach advocated by the World Health Organization for the revision of the ICD and by those engaged in the fight for epistemic justice.

5.0 Conclusion

Our analysis of French media and bibliographical SOC converge on one point: patients with schizophrenic disorders and their families have a voice, and their words are a subject of interest. This evolution is still timid, but it is clear. Stereotypes remain, however, such as that which makes the mentally ill a specific category of the chronically ill (RA-MEAU).

Moreover, encyclopedic classifications show that schizophrenia is not just an object analyzed by doctors (the disease). It is a subject for the social sciences and the arts: the disease is linked to society. This is not the case with MESH, the specialized indexing language for medicine, even though it takes a multidisciplinary approach to health, judging by its structure of 16 fundamental categories. MESH is the reference language for bibliographic classifications that are not strictly medical (encyclopedic or other disciplines).

By providing a conceptual framework that is not reducible to medical knowledge, encyclopedic bibliographic classifications could provide hermeneutic resources for the stakeholders of a more inclusive psychiatric classification. This is an important point, as methods of involving patients in the elaboration of psychiatric classifications are difficult to implement: the process is complex and lengthy; the patient's experience is not necessarily representative; the patient is not exempt from the influence of pressure groups. Yet the patient's voice is decisive, and his or her understanding of the diagnosis is all the more essential now that he or she has become a subject of law. The information available and the way in which it is organized are therefore key issues in patient records and bibliographic systems alike. The evolution of medical classifications and patient empowerment require a quality information environment to combat stigmatization and stereotyping.

The impact of this "power to name" (Olson 1996) of bibliographic SOCs (classifications, thesauri, subject headings list...) was first perceived under the prism of critical analyses, which revealed numerous biases retained over the course of their revisions: prejudices of the dominant classes (white, Christian and Western), gender-oriented representations (Lopez-Huertas et al. 2007), homosexuals (Campbel 2000), or migrants (controversy over the "illegal aliens" heading deemed offensive to foreigners cited in documents on migration and removed from the Library of Congress Subject Headings: www.loc.gov/illegal-aliens-decision). The problems posed by the evolution over time of subjects were illustrated by Tennis (2012) in relation to "eugenics", and its "journey" within Dewey classes over the years. Responses have been made by claiming to go beyond the only traditional principle of "literary warrant", according to which bibliographic classifications could be a "neutral" mirror of documentary production. Sometimes, however,

encyclopedic classifications do reflect certain advances and, despite the remaining biases, help provide the interpretive resources that epistemic justice needs.

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