

AT: Research concept, design of the study, prior literature review, data interpretation, critical review of the paper and approval of the final version.

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### COMPETING INTERESTS

The authors have declared that no competing interests exist.

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### ETHICAL CONSIDERATIONS

This study was conducted with the approval of the Hokkaido University Faculty of Medicine ethics committee (No. 20-019).

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## Reflections on the Relevance of Culture in Psychiatry and Medicine

### Reflexões sobre a Relevância da Cultura em Psiquiatria e na Medicina

**Keywords:** Anthropology; Ethnopsychology/classification; Psychiatry

**Palavras-chave:** Antropologia; Etnopsicologia/classificação; Psiquiatria

Dear Editor,

A recent article raised relevant questions regarding the specific healthcare needs of vulnerable populations of refugees and migrants in Europe and prompted the authors to briefly reflect on the role of culture in medicine.<sup>1</sup>

Culture is an essential dimension in medicine. Psychiatry is paradigmatic with the exotic nature of certain behaviours in different cultures sparking the interest of early colonial psychiatrists and anthropologists.<sup>2</sup> Despite the recognition of the limitations of the early descriptions, many traces of that aesthetic wonder have persisted throughout the years transpiring into modern psychiatric nosology and medical practice.<sup>2</sup> Over the years, thinkers such as Frantz Fanon voiced their critical view of the colonial origins of psychopathology.<sup>3,4</sup> Disease classification systems (e.g. World Health Organization's International Classification of Diseases) were essential to bring validity and reliability to previously erratic diagnoses. However, some authors question

the universality of diagnostic categories, highlighting the importance of recognizing the individual ways in which we express suffering through our personal narratives and the risk of medicalization of behaviours.<sup>4</sup> Cultural syndromes were an intrinsically problematic construct in the sense that they were not in fact culture-bound but rather culture-related; and not true syndromes according to the medical model. These included local explanations or causal attributions of certain behaviours, folk diagnostic labels, different idioms of expression of distress or metaphors.<sup>2</sup> If one wants to develop more robust diagnostic manuals our positivistic third-person approach has to be complemented with phenomenological subjective and intersubjective approaches to inform our research and the way we conceptualize symptoms. Exploration of the self and the basic structures of experience as well as the construction of shared narratives and interpretations allows a more comprehensive understanding of the illness experience of our patients.<sup>5</sup> Every human experience, including illness, is necessarily embedded in social and cultural processes. These processes transform even the most essential biological and physiological disturbances' translation into symptoms and behaviors through the lens of particular cultural codes.<sup>2</sup> The interactions between our own subjectivity and intersubjectivity with culture are essential for a proper understanding of everyday clinical practice.

We hope our work prompts clinicians and researchers to adopt an approach that integrates different frameworks (from genetics to large-scale networks, narrative structures

and social networks) and using different but complementary methods (epidemiology, phenomenology, neurophysiology, neuroimaging, etc.). Otherwise, we risk building knowledge upon increasingly frail foundations, thus hindering the understanding and ultimately the care provided to patients.

#### AUTHORS CONTRIBUTION

TT: Concept of the work, draft of the manuscript, critical review.

SVBG: Critical review of the paper.

#### PROTECTION OF HUMANS AND ANIMALS

The authors declare that the procedures were followed according to the regulations established by the Clinical Research and Ethics Committee and to the Helsinki Declaration of the World Medical Association updated in 2013.

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### Abandoning Old Concepts and Revisiting the Idea of a Diagnostic Hierarchy in Psychiatry

### Abandonando Conceitos Antigos e Revisitando a Ideia de uma Hierarquia Diagnóstica em Psiquiatria

**Keywords:** Mental Disorders/classification; Mental Disorders/diagnosis; Psychotic Disorders; Schizophrenia

**Palavras-chave:** Esquizofrenia; Perturbações Mentais/classificação; Perturbações Mentais/diagnóstico; Perturbações Psicóticas

To the Editor,

We have read with great interest the letter penned by our fellow psychiatrist Dr Gama Marques published in a recent issue of the Acta Med Port.<sup>1</sup> In his letter, Dr Gama Marques revisits the concepts of pseudo-schizophrenia and secondary schizophrenia. He also emphasises the need for psychiatrists to be vigilant regarding cases of *de facto* organic psychosis misdiagnosed as primary psychosis, namely schizophrenia.

Despite the insightful observations, we diverge from Dr Gama Marques on certain points. The first concerns the

concept of pseudo-schizophrenia. Pseudo-schizophrenia is an archaic, ill-defined, concept representing a form of non-diagnosis. The concept goes against the modern notions that any medical diagnostic practice should reside on positive findings, a trend that has received attention in psychiatry and in neurology, particularly in functional disorders.<sup>2</sup> Why use 'schizophrenia' to denote something we suspect is not schizophrenia? If we have reason to believe that a schizophrenia-like syndrome is due to a medical condition, why not just say 'psychosis due to a medical condition'? If a patient with neurosyphilis presents with schizophrenia-like symptoms, they do not have pseudo-schizophrenia or secondary schizophrenia; they simply have neurosyphilis. Despite their historical interest, these concepts are of dubious usefulness and will likely contribute to deteriorated communication among psychiatrists, and between psychiatrists and patients. This first objection leads to our second point of dissent.

During his closing remarks, Dr Gama Marques states that 'schizophrenia is the ultimate diagnosis of exclusion in psychiatry'.<sup>1</sup> Although the spirit of the remark is