

One Last Note Concerning the Concepts of Secondary Schizophrenia and Pseudoschizophrenia

Uma Última Nota acerca dos Conceitos de Esquizofrenia Secundária e Pseudo-Esquizofrenia

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 gladly read Dr Marques' article in response to our letter.¹⁻³ Indeed, we must congratulate Dr Marques for the heart he pours into his topics of interest. However, our capacity to perceive his enthusiasm comes at the expense of our ability to decipher the arguments hidden within his words. Nonetheless, our reply follows in separate parts.

First, we welcome the recognition that secondary schizophrenia (SSz) and pseudoschizophrenia are obsolete and inadequate concepts. However, Dr Marques' recognition is accompanied by the relativisation of the schizophrenia entity, so much that he implies that schizophrenia, SSz, and pseudoschizophrenia have the same diagnostic dignity. They do not. For better or for worse, schizophrenia is still a diagnosis; SSz and pseudoschizophrenia – if something – are non-diagnoses, so they are certainly not equals. We agree that the concept of schizophrenia faces significant challenges, and evidence suggests that a new paradigm for this clinical entity is needed.⁴ Even so, until a new solid construct is ready to be clinically implemented, we believe it may not be appropriate to discard a concept that, at the very minimum, provides common ground for communication and understanding between psychiatrists.⁵ Having said that, we do not think that promoting the dissemination of schizophrenia through several non-diagnoses and obsolete concepts is the way forward. Indeed, this dissemination is at odds with an intention to rehabilitate the diagnosis and may certainly contribute to loosening its use, leading to consequences such as diagnostic inaccuracy and patient stigmatization. Furthermore, this relativism regarding psychiatric diagnoses undermines the clarity of the psychiatric discourse.

Second, we thank Dr Marques for connecting us with

authors who disbelieve schizophrenia. However, because the books were cited in their entirety, it is difficult for us to grasp the actual argument. We noticed that two of the referenced authors were adherents to the antipsychiatry movement, which is, incidentally, a useful reminder that we are no longer in the 1960s or 1970s.

Third, “not repeating the errors of the past” is a noble intention that is undermined by its catchphrase status. Which errors of the past are actually at risk of being repeated? Is schizophrenia being diagnosed for political reasons? Is schizophrenia being carelessly overdiagnosed? Is this the same past that Dr Marques proposes to return to by legitimizing what seems like obsolete non-diagnoses? It is not clear.

Fourth, there is no tragedy if the concept of schizophrenia falls (there are certainly good arguments for its demise).⁴ However, if it falls, it should fall towards the future, not the past. If it falls, schizophrenia should be replaced by a construct that better represents the reality that lies under its diverse clinical picture. Psychiatry – and its diagnoses – must evolve, and must do so through evidence, humanism, and clarity, not tragic proclamations or arbitrariness. If psychiatry needs saving – as postulated by Dr Marques –, the scientific method is its only saviour. However, in an age of technical possibilities and intense research, the claim of psychiatry's impending doom seems utterly misplaced.

Finally, we maintain that what seems like obsolete concepts around schizophrenia belong in a psychiatry history book, and not in a twenty-first century medical journal. We hoped to engage Dr Marques in a discussion about the idea of diagnostic hierarchy; unfortunately, we were unsuccessful. We are certain other opportunities will emerge.

AUTHORS CONTRIBUTION

SMM: Conception, writing, critical review, and approval of the work.

AMC: Critical review and approval of the work.

COMPETING INTERESTS

The authors report no competing interests.

FUNDING SOURCES

The authors received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

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Received/Received: 26/07/2022 - Aceite/Accepted: 01/08/2022 - Publicado Online/Published Online: 24/08/2022 - Publicado/Published: 02/11/2022

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<https://doi.org/10.20344/amp.18881>

