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CULTURE AND GENERAL PSYCHOPATHOLOGY: FROM ACUTE PSYCHOTIC-LIKE REACTION TO THE CONCEPTUALIZATION OF SCHIZOPHRENIA

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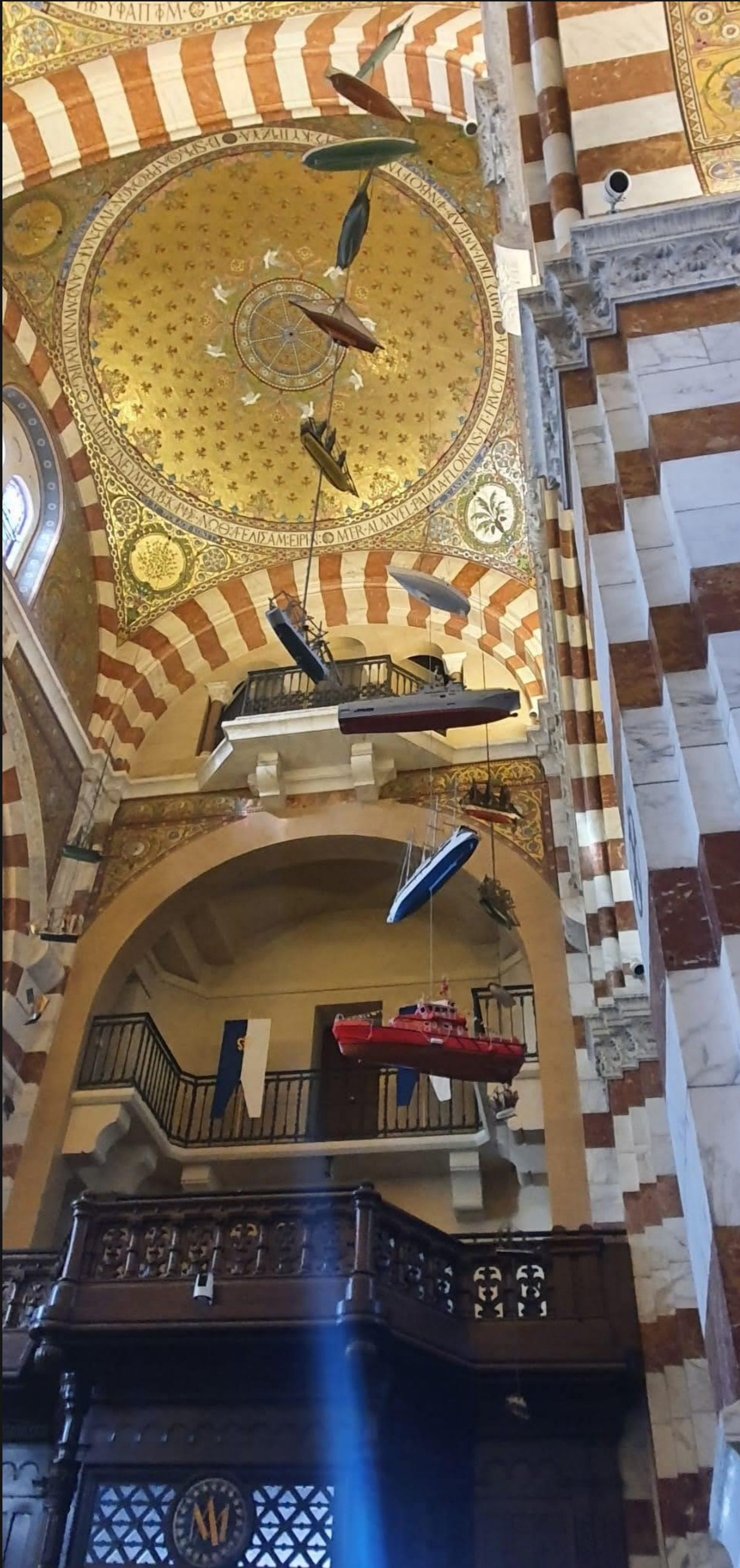
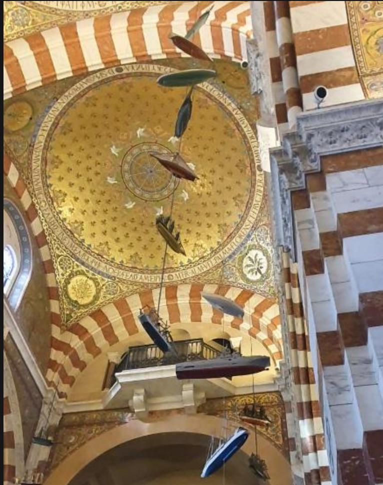
Before to start my lecture aimed to underline the clinical aspects relevant to Cultural Psychiatry, I would like to spend two minutes for a flashback.

Last July, after the presentation of the video *Where horses enter the church*, we received a short and profound request, namely: "would you clarify the difference between **transcendence** and **phantasy?**"

My brief answer acted as compass needle: "*Trascendence is a dynamic that pertains to the construction of the realm of the sacred, while phantasy pertains to the activity of the artist, who are able to evoke profane emotions*".



Marsiglia Harbor Church (France)



This image shows better than any word the interbreeding between many different dimensions.

The golden mosaic represents **trascendence** (Collins dictionary: *surpassing the nature plane; supernatural or mystical*). The models of boats and ships in the cupola represents fisherman and sailors **mundane phantasies**.

Why did I show this photo?

To make evident that TRASCENDENCE and PHANTASY are mind performances born in the same cradle.

Both thrive on (and are manipulted by) customs, rites, hopes, local beliefs, twilight states and so on.

All these circumstances have influenced the attitude of humans to detach from “brute” reality to realize DREAMING (as it happens in Australian Desert Aborigines) or DISSOCIATION (in modern cultures)

In this lecture I shall perform a brief roundup of the **metamorphosis** of these states of consciousness.

The topic of the appearance and diffusion of schizophrenia is an area of knowledge so wide that, usually, there is not the time to arrive to a decent conclusion. For this reason, as a paradox, I shall immediately open to you the conlusion of my lecture.

The thesis I submit to your attention is that **schizophrenia** (as described in our textbooks) **is a syndrome mainly produced by Western Culture**.

It is now appropriate to work through this statement.

All along the history of psychiatry, this science has described a lot of psychic performances: visionary experiences, hallucinations, manic episodes, confusional states, twilight states, *oneiroid* thoughts, etc. All these psychic performances are classified and marked under the label of psychotic symptoms, and have been connected with various degree of **dissociation**.

Now, dissociation may be short and without permanent negative side effects. On the contrary, dissociation may be long lasting. In this case it is completely different thing from the first.

Scholars in cultural psychiatry are called to keep on their shoulders the burden to discover what kind of cultural factors have **transformed TEMPORARY dissociation** into **CHRONIC dissociation**. The latter has taken the shape of **schizophrenia**.

Transcultural psychiatry has been in the forefront in researching the difference between **acute psychotic-like reaction** and **schizophrenia**.

Those brief acute reaction are a frequent (if not standard) biocultural psychic response of human beings when facing an overwhelming event.

Now, once again, why am I insisting so much debating the brief acute psychotic-like reactions?

During my career as director of the Transcultural Unit in Rome I have seen how it is frequent to label acute psychotic-like reactions as an onset of schizophrenia.

Be aware that this misdiagnosis is frequent when working with other ethnic groups, in particular with migrant populations who have to relate to a multifaceted external psychological climate (but it does not happens to migrants only: I still see in my office Brief Acute Psychotic-like Reactions in very sensitive adolescents who have lost orientation).

I think it is now worth supporting the above mentioned statements quoting a few indications taken from well know pioneers in cultural comparative psychiatry:

1. Firstly I wish to mention a book titled *Transcultural Psychiatry*, published by CIBA foundation Symposium in 1965. This book has been very important for me since through it I got in touch with the existence of Transcultural Psychiatry.[1]

[1] At that time Pharma Companies demostrated a big interest in Transcultural Psychiatry, probably to open new psycho pharmacautical markets to a great number of populations.

In his introdution, Wittkover (the founder of the Transcultural Psychiatry Section of the World Psychiatry Association) insisted on giving consideration to a syndrome mostly described in non technological populations. He underlined that the acute onset of “frenzied anxiety” was short lasting despite the presence of very florid symptoms.

2. Adeoye Lambo (later he became WHO president) wrote in this book a Chapter dedicated to *Schizophrenic and Borderline States* (at that time Borderline meant a syndrome located between psychosis and neurosis) where he describes in depth “confusional states of varying degrees that seem to emerge as a prominent pseudo-psychotic-like symptom. […]

In the rural non-literate Africans the delusional contents are often centered around concepts of supernaturalism and ancestral cults. […] Anxiety is almost invariably interpreted as a result of a bewitchment which constitutes a threat to life.”

3. Lambo continues that often these florid delusions "cast within the framework of supernaturalism but lack the tenacity and conviction that are often encountered in similiar delusions of the westernized group".

4. Other authors described the above mentioned syndrome using different labels: onirisme terrifiant (Aubin, Collomb); twilight states, atypical depersonalization, retrospective falsification of hallucinatory experiences, agitated confusion (Carothers); pseudo-psychotic confusional states, pseudo running amok, (Lambo); acute confusional states (Smartt). All authors distinguish these syndromes from the label of schizophrenia.

5. In his seminal book *Comparative Psychiatry*, Murphy devotes a full chapter to pointing out the importance of *Acute Reactive Psychoses*: "It does appear likely that acute transient psychoses were common in Europe in the early nineteenth century than they were at its end. […] It is with industralization that schizophrenia comes to replace the more transient psychoses".

6. In his book *Rethinking Psychiatry*, Kleinman warns that the course of schizophrenia was better in less technologically countries and worse in the most technologically advanced ones.

7. The strongest statement which evaluates the great importance of acute brief psychotic-like simptomatolgy comes from out mentor W.S. Tseng. In his *Hanbook of Cultural Psychiatry* (2001) the Chapter 28, *Classification of Disorders: Acute, Transient,* Psychogenic *Psychosis*, Tseng is extremely clear.

“One of the diagnostic disorders that is NOT present in American classification system but is recognized in the classification system of other countries, such as China, France, Scadinavia, and Africa, is acute or reactive psychosis. This describes a clinical condition that is psychotic, tends to occur as a reaction to external stress, has a brief and transient course, and a relatively benign prognosis.

It is commonly observed in many developing countries. It is unclear to what extent such a disorder may be attributed to cultural factors. **However, the questioni is WHY American psychiatrists ignore or resist entertaining such a diagnostic nosology in their national classification system?"**

8. Let me to quote my own reflections published in the French Encyclopédie Medico-Chirugical. In the chapter *Reflection on Spirituality, Religion & Psychiatry* dedicated the link between specific cultural attitudes and the disturbances of the state of consciousness, I tried to find explanations for the increasing loss of orientation affecting our modern civilization.

"Today it is difficult to find a consistency between communication levels that are compatible with the ordinary reality proposed by the scientific paradigms and the levels of representation of a non-ordinary reality that is stretched beyond its limits. […] It pratically becomes necessary to constantly use a FLIP SIDE OF CONSCIOUNSNESS in order to cope with engagements in non-ordinary reality".

Once we focus on the flip side of consciousness (this term is from Roland Littlewood) we see that the term *dissociation* does not anymore indicate A SPLIT IN CONSCIOUSNESS following an unconscious reaction to a perceived traumatic event, as mainly described by orthodox psychoanalysis.

Dissociation in the XXI Century represents a detachment **from any mundane feelings** that ultimately tends to lead the subject to refuse anything that is not yet recognized and accepted and treasured in his own biocultural memeplex. (Blackmore: The Meme machine).[2]

9. Finally this list quotations ends with the words of J.Garrabé (in his book *History of Schizophrenia*). "The solidity and the immutability of the label of schizophrenia is in contrast with the evidence of the metamorphosis of psychiatric disorders that are deemed to be "mortal", in the sense that their life rarely exceeds a century, even if similiar symptoms reappear in subsequentes centuries in a different form and under a different label. […] Schizophrenia is destined to remain as it is until advancements in knowledge deprive it of its **mistery**".

[2] I am aware that for the sake of brevity i am overlapping the term Negation and the term Dissociation.

At this point I wish to end this lecture with an astonishing fresco.

Might a VII century fresco offer any help to unlock the "mistery" of the onset and the diffusion of dissociation?

The unknown painter of the very ancient fresco shows the murder of Abel **assembling Cain in flesh and bone with his dissociated double**.

I have never seen such a clear picture depicting dissociation! It is up to each of you to interpret the message of warning.