Correspondence
EDITED BY KHALIDA ISMAIL

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Racism in psychiatry

Professor Tyrer’s editorial (2005) is welcome and long overdue. He highlights a serious inequality between the contributions of authors from the industrialised and non-industrialised world. What Professor Tyrer failed to discuss is a more deeply imbedded problem of the institutionalised racism that lies at the heart of the conceptual systems we use in psychiatry. This is, of course, an understandably even harder come and long overdue. He highlights a concept of depression, which is meaningless without institutional is difficult to determine but I do not do this, we will not get rid of the scourge of institutional racism from our profession.

These psychiatrists have carried their own cultural assumptions (derived from the dominant Western culture) without apparently being aware of this, and developed a system thinking and acting for psychiatrists based on these Western cultural ideals. Thus, from its conception, modern psychiatry has been imposing these Western, culturally constructed ideas on communities who have very different models for understanding mental health problems and what to do about them.

Sadly, I am not sure how ready our profession is to engage in some self-reflection and a thorough re-examination of these issues. I guess that may be just too painful; however, if we do not do this, we will not gain from the experience of other countries in getting services provided early to a stigmatised group (Chatterjee et al, 2003). I therefore do not share Dr Timimi’s pessimism; by opening up the debate we have moved from ‘powerful psychiatrists interpreting the existing evidence’ in their favour, to powerful evidence from around the world influencing the responses of all psychiatrists, irrespective of their status. Long may this process continue.


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Author’s reply: Dr Timimi raises the much larger issue of scientific racism in psychiatry in his letter. How much of this is institutional is difficult to determine but I contend that this is not the primary responsibility of journal editors to correct. The duty of an editor is to inform, to promulgate and explicate rather than to direct and legislate, and if this is done successfully it can help, together with many other influences, in changing minds and opinions. So we carry this out using the approach of Harriet Beecher Stowe rather than that of Abraham Lincoln and, if we change public opinion through the written word, we can also influence the climate of psychiatric practice favourably.

I hope that the Journal is helping to change opinion more in Dr Timimi’s direction in the spirit of my editorial (Tyrer, 2005). So we accept that our definitions of psychiatric illness are indeed too centred on the developed world and point out, for example, that the ICD–10 and DSM–IV diagnostic classification descriptions of anorexia nervosa are deficient in Ghana as those with the condition there ‘would not be classed as having anorexia nervosa, as they had neither a morbid fear of fatness nor a pervasive need to be slim. Rather, they reported a desire to exert self-control through deliberate self-starvation’ (Bennett et al, 2004). Similarly, in changing our attitudes towards British–Caribbean people who have schizophrenia, if we appreciate that stigma is likely to be a consequence of delayed presentation and compulsory admission (Morgan et al, 2005), then we are able to both give an explanation and possibly gain from the experience of other countries in getting services provided early to a stigmatised group (Chatterjee et al, 2003). I therefore do not share Dr Timimi’s pessimism; by opening up the debate we have moved from ‘powerful psychiatrists interpreting the existing evidence’ in their favour, to powerful evidence from around the world influencing the responses of all psychiatrists, irrespective of their status. Long may this process continue.


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Phenomenology of psychosis

I read with interest the title of the editorial by Harland et al (2004), which promised a fascinating synthesis of phenomenology, anthropology and the psychology of the self to formulate a new model for the aetiology of psychosis. Sadly, this was not achieved by the authors and I was left wondering how this had been lost on the Editor.