British Journal of Psychiatry (1986), **149**, 520–525

Correspondence

Dominance Hierarchies in Psychotherapy Groups

Sir: The article by Kennedy and McKenzie (*Journal*, June 1986, **148**, 625–631) is fundamentally flawed. The underlying assumption of the authors is that social behaviour has biological determinants, and that the social behaviour of the highest organism phylogenetically will include the social behaviour of the lower primates, such as chimpanzees. In particular, the authors say there is a "natural" tendency to form hierarchies and furthermore, these hierarchies have a regulatory function, resolving the tension between the development of cohesion and conflict. The central error is to ignore the importance of culture and variation in human social organisation. It is not true that humans are "naturally" hierarchial. There is much research by social anthropologists describing in detail how many societies of people who live by hunting and gathering are, remarkably, non-hierarchial (e.g., Lee & DeVore, 1968). Amongst some hunters and gatherers there is a leader whose position is attributable as much to personality factors as his skill in hunting; however there are no ways to impose his authority, and his position is very tenuous. When conflicts arise the hunting band is likely to divide.

Many anthropologists (e.g., Sahlins, 1977) consider direct extrapolation from ethological studies to human behaviour to be an abuse of the method. One reason why this occurs is that aspects of social organisation, the culture, of the writers are seen in the animal society organisation.

This is made relevant in considering the subject of hierarchies in psychotherapy groups: these groups share the culture of the society of which they are a part. When the authors see hierarchy in psychotherapy groups they will consider it to be "natural". They are, in fact, seeing the way the group reproduces the outside social structure.

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References

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SAHLINS, M. (1977). *The Use and Abuse of Biology: An Anthropological Critique of Sociobiology*. London: Tavistock.

ECT as a Contributor to the Production of Delusional Misidentification

Sir: I read with interest the conclusion of Dr Hay's paper (*Journal*, June 1986, **148**, 667–669).

I have seen a 58 year old woman who presented with a three week history of delusional misrepresentation which began after she had an anaesthetic. She had become constipated with the onset of a depressive illness two months previously, and believed that she had cancer. She sought a surgical opinion. A sigmoidoscopy was performed under anaesthetic which excluded bowel pathology, but confirmed constipation. She had suffered no previous psychiatric illness. Both the patient and her husband agreed that the delusional misidentification began after the sigmoidoscopy. This suggests that an anaesthetic agent rather than electrical stimulation may be the cause of such symptoms.

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Lithium Augmentation of Tricyclics

Sir: Pai *et al* (*Journal*, June 1986, **148**, 736–738) describe a further series of patients where it is claimed that lithium augments the effects of another antidepressant. Nearly all the other studies making this claim, including those cited in the report, seem to be describing the same phenomenon. Namely, that some severely depressed patients who have completely failed to respond to a first-line antidepressant dramatically respond within anything from a few days to a couple of weeks to the addition of lithium. The simplest and most economical explanation of nearly all of the cases reported is that lithium has had a major acute antidepressant effect. Although most of the authors consider this possibility, it is usually dismissed and some complicated explanation for either summation or potentiation is invoked to explain the observation.

All of the controlled studies of the acute antidepressant effects of lithium, subsequent to the negative result of Stokes *et al* (1971) have shown lithium to have a major acute antidepressant effect, substantially better than placebo and at least, if not better, than an antidepressant such as imipramine.