Correspondence
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Understanding violence
There are potentially significant absences in Professor Fonagy’s otherwise illuminating editorial on the developmental aspects of violence, and he neglects to consider other related theories (Fonagy, 2003).

The word ‘father’ does not appear in his review and this would seem a major absence in the context of research showing consistent absences of stable paternal figures in those exhibiting antisocial behaviour, which is itself associated with violence (Pfiffner et al, 2001). It is particularly puzzling, as Professor Fonagy has himself explored the possible role of the absent father in the development of violent propensities (Fonagy & Target, 1995).

It is also perhaps premature to dismiss (or pathologise) the use of the term ‘psychopathy’. The literature, which includes distinguished psychoanalytic contributions (Reid Meloy, 2001), as well as explorations of possible biological factors (Dolan, 1994), suggests that the term has considerable utility in research, treatment and risk management, as well as potential dangers (Edens, 2001).

Other social aspects of violence are also not explored, including group dynamic aspects, which are possibly best illustrated by the breakdown of normal social mores in conflict and war. A relatively recent example is the Rwandan genocide, where individuals capable of perpetrating atrocities were then able to return to everyday existences.

Fonagy’s review was also clearly concerned with violence at a population level and in relation to normal development. He does not consider, however, the important question of how violence in people with mental disorders might potentially differ from that in the general population, and how this issue needs continuing exploration by mental health professionals.


D. Beales Mersey Care NHS Trust, Ashworth Hospital, Parkbourn, Maghull, Merseyside L31 1BD, and Bolton, Salford and Trafford Mental Health NHS Trust, UK

Author’s reply: Dr Beales makes several important points and I disagree with none of them, but discussion of each would have taken the length of my editorial beyond its permitted limits. The absence of a male figure in the developmental history of the child may contribute to the emergence of violence because the dominant role models are more likely to be violent peers rather than mature adults, or, as I have suggested (Fonagy, 2003), because of the deficit in social perspective-taking that being deprived of the opportunity to identify with a person observing one’s relationship with another can generate.

I agree that psychopathy is a helpful clinical concept and that even among children we find those whose aggressive behaviour is not associated with the behaviour of attachment figures (Wootton et al., 1997). However, an overemphasis on constitutional predisposition is risky, insofar as it can lead to an underestimation of both the importance of psychosocial factors in the causation of violence and the opportunities for change.

I particularly regretted that I did not have space to explore the effect of group factors on violence. The anonymisation of the individual by the large group is a risk factor, specifically because it removes the inhibition that the developmental process of enculturation imposes on a natural human propensity for violence. Examples such as Rwanda or the current proliferation of terrorist attacks palpably demonstrate how a group process can obliterate personal awareness of the other as an intentional being, reducing others to the status of stereotypes invested with powerful negative valences. The ability of the suicide bomber to bring a violent end to his or her own life at the same time as destroying those of others suggests just how easily undermined the developmental process that brings our capacity for violence under control might be.

To isolate the violent individual as somehow inherently and radically different from the rest of us, which a clinical perspective can sometimes do (Hering, 1997), may also serve to reassure us that we are at no risk of perpetrating mindless violence. Tragically, history tells us that this is simply not so. Violence is impossible for us to contemplate precisely because it is ultimately an act of humanity (Abrahamsen, 1973).


P. Fonagy Psychoanalysis Unit, University College London, 1–19 Torrington Place, London WC1E 6BT, and the Anna Freud Centre, London, UK

Suicide and sexual orientation
King et al. (2003) have published a valuable contribution to the literature regarding the mental health of lesbians and gay men. However, they erred in asserting that, ‘No study has examined whether gay and lesbian people have elevated rates of completed suicide. . . .’. (p.557). This is important because studies of sexual orientation and attempted suicide have yielded different results. Nearly all studies of sexual orientation and attempted suicide have found that gay men and lesbians have