

Correspondence

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Classification of fire-setters

SIR: Puri *et al* (*BJP*, March 1995, 166, 393–396) raise the importance of attempting to classify fire-setters (arsonists). In so doing, they kindly refer to a study conducted by myself with Tennent & Trick (Prins *et al*, 1985) and make some comparisons with their own survey. However, it is important to point out that our study consisted of a group of *imprisoned* arsonists eligible for consideration for parole (i.e. they were not a 'psychiatrically' derived sample).

Of more relevance to the study by Puri *et al* is the survey by Rix (1994) of 153 adult arsonists referred to him for psychiatric reports. He broadens the categories of motives described in our original paper to fifteen – adding to our list re-housing, carelessness, anti-depressant activity, and arson by proxy. (Incidentally I have tried to improve upon our original attempt at classification in Prins, 1994 (Chapter 5)). It is of interest that Puri *et al* do not refer to Rix's paper although it appears in the same issue of *Medicine, Science and the Law* as my Editorial and the paper by Barnett & Spitzer which they quote. However, I would agree with their strictures on our failure to provide an adequate classificatory system. This is because, as Wooden & Berkey (1984) point out, we all too often fail to distinguish between *behavioural characteristics* of fire-setters, various *types* of fire-setters and their *motives*.

PRINS, H. (1994) *Fire-Raising: Its Motivation and Management*. London: Routledge.

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RIX, K. J. B. (1994) A psychiatric study of adult arsonists. *Medicine, Science and the Law*, 34, 21–34.

WOODEN, W. S. & BERKEY, M.L. (1984) *Children and Arson: America's Middle Class Nightmare*. London, Plenum Press.

H. PRINS

1 Home Close Road
Houghton-on-the-Hill
Leicester
LE7 9GT

Thought disorder or communication disorder

SIR: Thomas (*BJP*, March 1995, 166, 287–290) argues that we should be wary of the 'tautological' term 'thought disorder', and suggests that thought and speech should be considered separately.

He asserts that "speech errors arise from errors in the application of linguistic rules, without reference to thinking processes." A role for linguistic descriptions in categorising psychopathological phenomena, and the term 'communication disorder' are proposed.

The philosophical debate about the links between thought and speech has a long pedigree, and is concisely encapsulated in Wittgenstein's question "what is an explanation of the meaning of a word?" (Wittgenstein, 1958). Thomas' contentions that speech is often unrelated to thought since it frequently serves a social function, rather than communicating ideas, does little to further our understanding, and evades, rather than answers, Wittgenstein's central question.

Thomas cites Chaika in stating that language "is self-contained and has an independent structure of its own with no reference to thought or the outside world." This definition might more appropriately be applied to the self-referent system of rules in linguistic science.

'Morphological' language disturbances are discussed. Unfortunately, the examples quoted from Andreasen tend to disprove Thomas' point. "I got so angry I picked up a dish and threw it at the *gshinker*", and "So I sort of *bawked* the thing up". These violate linguistic rules only if we ignore Dr Johnson's (1775) complaint that "not knowing the original import of words, we will use them with

colloquial licentiousness". The latter example will be familiar to Scottish and Irish doctors, to whom 'boke' or 'bauk' means to be sick, or (the 'dry boke') to retch. I suspect that the angry dish-throwing subject would have been of German or Jewish extraction, since their 'geshinker' neologism is a contraction of two words – the German 'Geschirr', meaning dishes, and the English 'sink'. To use Freud's formulation (1916), this represents "a condensation accompanied by the formation of a substitute". Although it wouldn't please Johnson, such condensations are familiar to us all, and are usually readily understandable within their own cultural context. Far from demonstrating an objectively assessed and phenomenologically pure 'language error', these examples emphasise the rigidity of linguistic approaches, and undermine the idea that speech could exist 'independent of thought' in a cultural, developmental or emotional vacuum.

So how are we to pursue a study of 'communication disorder'? Harre & Gillett (1994) emphasise the close link between the "use of language and the concepts in which thoughts are articulated". It is specious to separate speech and thought; we should rather pursue the 'meaning of the meaning' coded in words. Vygotsky (1962) showed that children's cognitive development takes place in a conversational context, but that the formation of language goes beyond simply learning to speak: "the sign is the word which first plays the role of means in forming a concept, and later becomes its symbol" – "the system of signs [or words] restructures the whole psychological process". Purely linguistic approaches to discursive phenomena such as 'manner and relevance' are inadequate to the task; 'speech acts' (Harre & Gillett, 1994) might be a better way of interpreting how we "direct our mental operations, control their cause and channel them towards the solution of the problem confronting us" (Vygotsky, 1962).

There is more to speech and thought than simply communication: 'thought disorder' remains a useful and appropriate psychiatric concept.

FREUD, F. (1916) *Jokes and their Relation to the Subconscious*. (1976; ed A. Richards) Pelican.

HARRE, R. & GILLETT, G. (1994) *The Discursive Mind*. Sage.

JOHNSON, S (1775) Preface to the *Dictionary*.

VYGOTSKY, L. S. (1962) *Language and Thinking*, p. 280 (1972; ed P. Adams). Penguin.

WITTGENSTEIN, L. (1958) *Blue and Brown Books*, p. 1. Oxford: Blackwell.

M. SMITH

*Parkhead Hospital
81 Salamanca Street
Glasgow G31 5BA*

SIR: We write to express our reservations about one of the examples of neologism in Thomas's paper on thought disorder (*BJP*, March 1995, 166, 287–290), "So I sort of *bawked* the thing up."

In the Scottish National Dictionary one can find the word 'bowk', meaning 'to retch'. Variants of it can be found in the Oxford English Dictionary and Wright's English Dialect Dictionary, with spellings including 'bolck', 'boke' and 'bawk', meaning "to vomit, to retch or make efforts as in vomiting". In Wright's it is described as being found in Scots, Irish and Northumbrian dialects, while the OED attributes its origins to Middle English.

In the context of the fragment of speech quoted, 'bawked' would appear to represent an error in transcription of a word which would make perfect sense to someone who spoke one of these dialects. As it is a word whose derivation can be understood, it is not a neologism, but an example of the richness of regional dialect. It would be most likely to be understood by a Scot, although Scots dialect frequently becomes incorporated into the English language and gains wider usage.

This example highlights the difficulties that can arise in interviewing people who speak regional dialects or other languages. Just because a word is not familiar does not mean that it is necessarily a neologism. It also serves as a timely reminder, with regional assemblies being a matter of debate at the moment, that the principles of trans-cultural psychiatry apply within the UK.

I. C. MACMILLAN

*Royal Victoria Infirmary
Newcastle upon Tyne NE1 4LP*

R. M. WALES

*David Rice Hospital
Drayton Road
Norwich NR6 5BE*

Chlorpromazine-induced retinopathy

SIR: It has been known for some time that phenothiazines may cause a diffuse pigmentary retinopathy. This is particularly so for phenothiazines with a piperidine side chain, such as thioridazine. Piperidines with aliphatic side chains such as chlorpromazine are much less likely to cause ocular complications although a number have been described previously (Reynolds, 1993). The previous reports of chlorpromazine-induced retinopathy have been related to doses above 800 mg, for greater than 20 months (Spiteri & James, 1983).