

Correspondence

'Cannabis psychosis'

DEAR SIRs

The recent report on 'cannabis psychosis' (Littlewood, *Psychiatric Bulletin*, 12, 486–488) and psychiatrists' conceptualisations of this challenged its validity and specificity as a diagnosis. The concern expressed by black community groups was that "whatever the psychiatric consequences of cannabis might be, cannabis psychosis was a particularly broad term which was being employed in situations where psychiatrists had not taken enough time to understand the social antecedents of personal crises". It is acknowledged that some in the Caribbean community share the belief that 'cannabis use can precipitate psychiatric illness'.

We would like to present a case which adds a further dimension to the debate – the notion that the 'cannabis psychosis' label may be less stigmatising and painful to patients than recognition that they may have a serious chronic mental illness.

The patient, Mr J., is a 25 year-old single black male. He is unemployed and lives with his parents. His father is a building labourer and very strict with the whole family. His mother has a long history of schizophrenia with bizarre speech, behaviour and self-neglect. She is cared for by the father and has refused medication consistently. He has four siblings of whom the eldest sister has a history of a single psychotic episode.

The patient has one daughter aged 3, cared for by his girlfriend. His first presentation was in 1982 with mutism, bizarre behaviour, second and third person auditory hallucinations. Cannabis screen was negative. Since then he has had bizarre behaviour including undressing in public, eating lighted cigarettes and smearing himself with faeces. He exhibits thought disordered speech and auditory hallucinations with bizarre delusions.

Cannabis screens performed following admissions have been consistently negative. Some between admissions have been positive. During an admission this year the patient and family claimed he had smoked cannabis, which had precipitated the severe relapse. On this occasion the cannabis screen taken under supervision was negative. When told the result, both patient and family adhered to the belief that cannabis was the main precipitant. It became clear that they were avoiding admitting the severity of the illness and the need for long-term prophylaxis. Indeed follow-up and treatment of this patient continues to be extremely difficult.

The contribution of cannabis to psychotic reactions remains controversial. Psychiatrists should bear this in mind as they may unfortunately collude with aetiological explanations that impede long-term follow-up and treatment.

L. PILOWSKY
P. MOODLEY

*The Maudsley Hospital
London SE5*

DEAR SIRs

Dr Littlewood makes an interesting and persuasive argument for "community initiated research" (*Psychiatric Bulletin*, November 1988, 12, 486–488). The results of his study support this approach to research by virtue of their significant contribution to the continuing debate on "cannabis psychosis". However, there appear to be inconsistencies between the ideological stance taken and the final presentation of this study.

Dr Littlewood talks of "collaboration" with black and ethnic minorities in research into "transcultural" psychiatry. He refers to his own project as being "initiated by black community groups". Why then, does only his name, and not also that of one of his "collaborators" or "initiators", appear at the head of the article.

The unacceptability of transferring to the community responsibility for "old type", "prejudicial", studies is well made but are the new studies to be subject to a new colonialism whereby the (black) community initiates and collaborates while the (white) researcher takes the credit? Or, are the initiators of such research perhaps unwilling to defend it publicly? Surely, credit and blame alike should be shared by all participants.

I would like to know why "responsibility remains with the researcher", when the very nature of this research indicates that he cannot possibly, in reality, be the only one responsible for it.

C. C. H. COOK

*University College and
Middlesex School of Medicine
London W1*

DEAR SIRs

Dr Cook raises an important question which I dealt with perhaps too briefly in my paper.

There are always questions of "responsibility" and "authority" for any publication: rare indeed is the case in which a single individual has conceived of, carried out and published research unassisted in some way. My project was unusual in that its title referred specifically to its genesis in the suggestions of the community groups I cited. Its theme – the way