

Working in such units is emotionally demanding and needs sophisticated training. It is difficult to assess the value of units like these because of the inherent problems in research in family therapy (Frude, 1980), but perhaps we have to lower our expectations methodologically to evaluate the effectiveness of family therapy (Lask, 1988), in particular with family work done in residential units where the variables are even more complex.

The trend is rightly towards working in the community. However, certain families' needs are beyond what can be offered in an out-patient or community setting. In-patient units can provide hope and help for such families. Although these units are residential, their work is for the community and uses community networks.

A. K. DARWISH

King Faisal Military Hospital
PO Box 101, Khamis Mushayt,
Saudi Arabia

References

- BOWLBY, J. (1969) *Attachment and Loss, 1: Attachment*. London: Hogarth Press.
- (1973) *Attachment and Loss, 3: Separation, Anxiety and Anger*. London: Hogarth Press.
- BRENDLER, J. (1987) A perspective on brief hospitalisation of whole families. *Journal of Family Therapy*, 9, 113–130.
- FRUDE, N. (1980) Methodological problems in the evaluation of family therapy. *Journal of Family Therapy*, 2, 29–44.
- HALDAN, J. D., McCLUSKEY, U. & PEACEY, M. (1980) Development of a residential facility for families in Scotland: Prospect and retrospect. *International Journal of Family Psychiatry*, 1, 357–371.
- LASK, B. (1988) Family therapy research. A challenge and a proposal; *Psychiatric Bulletin*, 12, 489–490.
- LYNCH, M., STEINBERG, D. & OUNSTEAD, C. (1975) Family Units in a children's psychiatric hospital. *British Medical Journal*, 2, 127–129.

Schizophrenia in ethnic minorities

DEAR SIRS

It was heartening to read that Dr Glyn Harrison accepts the need for caution and sensitivity in researching psychiatric disorders and ethnic groups (*Psychiatric Bulletin*, May 1989). Unfortunately he appears to have read into my letter (*Psychiatric Bulletin*, May 1989) ideas that were not there and missed most of the points that I did make. I did *not* object to research aimed at discovering the reasons for the relatively excessive diagnosis of schizophrenia that is given to black people; nor did I call for a 'censorship' of research into this matter. I drew attention to certain important aspects of the concept of schizophrenia, the disadvantages to American Blacks that resulted from the publication of the

paper on IQ by Jensen (1969) and the potential dangers inherent in the paper by Harrison *et al.* (1988). In this context, I called for sensitive systems for evaluating papers concerned with racial and cultural issues so that their overall worth might be assessed.

The main objections to the paper by Harrison *et al.* (1988) may be summarised as follows: The research method ignored the pitfalls of cross-cultural diagnosis in a racist society and failed to confront, or even recognise, the facts concerning racism in psychiatry described elsewhere (Fernando, 1988); consequently, a lopsided picture of the overdiagnosis of schizophrenia among black people was presented in the paper and discussed in terms of the 'incidence' of a biologically determined illness. This left the paper wide open for the general public and the media to use for the purpose of reinforcing racist stereotypes and myths. And this is exactly what has happened so far – *vide* the press report in *The Guardian* on 31 October 1988 (page 6) headlined 'Young blacks vulnerable to schizophrenia' and the BBC Horizon Programme called 'Black Schizophrenia' broadcast on 13 March 1989.

Dr Harrison gives his personal opinion that genetic factors are relatively unimportant in relation to the higher rates of (the diagnosis of) psychoses in Afro-Caribbeans, although he does not say to whose genetics he is referring. But the discussion in the Nottingham paper gives a different impression; genetic and/or constitutional vulnerability is quoted no less than four times – and it is the genetics of black people that apparently arouse the interest of the authors. In contrast to this, the discussion in their paper does not raise cultural and racial issues at all; for example, there is no reference to the fact that the concept of schizophrenia used by the researchers is one derived and refined in white European populations; no attempt is made to describe what knowledge, if any, the researchers have of black life experiences, religions and lifestyles; and no recognition is given to the problems arising from conducting interviews in a racist society.

Dr Harrison is correct in implying that psychiatry has a tradition of racism; what he may fail to appreciate is that racism is institutionalised in ways of working in psychiatry including its research methodology, in addition to being a major part of the life experiences of black people. Reports of psychiatric research into the diagnosis of schizophrenia in black people that ignores the reality of racism cannot possibly claim to be worthy of publication and certainly cannot be considered useful. And it is *not* 'scientific' to ignore reality.

My view is that when papers concerned with racial and cultural matters are presented for publication, the assessment of their scientific worth and usefulness must be broad-based. Using the yardstick of

caution and sensitivity, I suggest that the following criteria (in addition to the usual ones) should be used:

- (a) Research into black people must address the realities of life for *them* in this country and not make assumptions based on the experiences of white people only.
- (b) Research that uses white Eurocentric concepts, such as our present concept of schizophrenia, must allow for the fact that their validity as useful cross-cultural concepts is usually unproven – as is the case with schizophrenia.
- (c) The presentation of research must be sensitive to the consequences of racism in society, such as inequalities in (psychiatric) service provision and the relatively excessive numbers of black people being compulsorily detained, and must deal with the likelihood of research findings being used for reinforcing them.
- (d) The involvement of psychiatry in social control systems in a context where black people are over-represented in prisons (Home Office Statistical Bulletin, 1986), secure (psychiatric) facilities (McGovern & Cope, 1987) and remand homes (Kettle, 1982) must be addressed, both in research methodology and in the presentation of findings, as an important factor that affects psychiatry's perceptions of black people and *vice versa*.

The adoption of these or similar criteria by (say) the *British Journal of Psychiatry* would, I feel, set a standard for other journals to follow.

SUMAN FERNANDO

*Chase Farm Hospital
Enfield, Middlesex*

References

- FERNANDO, S. (1988) *Race and Culture in Psychiatry*. London: Croom Helm.
- HARRISON, G. *et al* (1988) A prospective study of severe mental disorder in Afro-Caribbean patients. *Psychological Medicine*, **18**, 643–657.
- HOME OFFICE STATISTICAL BULLETIN (1986) The ethnic origin of prisoners: The prison population on 30 June 1985 and persons received July 1984 to March 1985, *Statistical Bulletin* No. 17/86, Government Statistical Service, Surbiton, Surrey.
- JENSEN, A. R. (1969) How much can we boost IQ and scholastic achievement? *Harvard Educational Review*, **39**, 1–123.
- KETTLE, M. (1982) The racial numbers game in our prisons. *New Society*, 30 September, 535–537.
- MCGOVERN, D. & COPE, R. (1987) The compulsory detention of males of different ethnic groups, with special reference to offender patients. *British Journal of Psychiatry*, **150**, 505–512.

DEAR SIRS

Dr Fernando's comments so misrepresent the balance of the discussion in our paper that it is difficult to know how to proceed with a sensible debate on these important issues.

Perhaps people should be allowed to make up their own minds. Following the additional 'criteria' laid down for editors in this letter, I hope that in future there will be sufficient published data to assist them in doing so.

G. L. HARRISON

*University of Nottingham Medical School
Nottingham NG7 2UH*

Transcultural psychiatry

DEAR SIRS

Dr Cook has made an interesting observation on Dr Littlewood's style of 'transcultural' research. (*Psychiatric Bulletin*, March 1989, **13**, 148). Commenting on his paper on 'cannabis psychosis' (*Psychiatric Bulletin*, November 1988, **12**, 486–488), Dr Cook pertinently questions Dr Littlewood's meaning of 'community initiated research' among ethnic minorities, collaboration, credit and responsibility. It is noteworthy that another paper, 'An indigenous conceptualisation of depression in Trinidad' (1985), later presented to a College meeting as 'An indigenous conceptualisation of depression in the West Indies!' (*Abstracts of the Proceedings of Meetings of the Royal College of Psychiatrists 1988*), has aroused similar feelings among psychiatrists and other mental health workers in Trinidad and the West Indies. In addition, Dr Littlewood's study in Trinidad between 1979–1981 raises the issue of ethics in transcultural research. He mentions no collaborators in his paper, neither is credit or discredit given to anyone. His paper is historically and socio-culturally inaccurate. He has misinterpreted his findings, stating misconceptions as facts. He has extrapolated an unsubstantiated finding from an isolated fishing village on the north coast of Trinidad to the entire country, and then to the West Indies with projections to immigrant groups abroad. With whom does responsibility lie? Is it to natives of the region who are furious about his irresponsible misinterpretations of facts? Is it to local psychiatrists who do not seem to have the same valency as those in Britain, despite being British trained? Or should it be the collaborators in this study that we have located? It is now common knowledge in Trinidad that Dr Littlewood spent 14 of his 16 months here with a cult group on the north coast of Trinidad whose leader, now dead, and many members of the group suffered from schizophrenia.

It is unfair, to our society and to psychiatry that such studies find themselves in the archives, with the authors becoming 'experts'. Studies in transcultural