

From the Editor's desk

By Peter Tyrer

Different perspectives

We sometimes forget that retinas reverse optical images and our view of the world is upside down. There is now quite a fashion in upside-down world maps in which Spain and France are 'down under' and New Zealand tops the living world. These maps do not just constitute an exercise in raising the confidence level of the Antipodean psyche, which to many is already far too confident, but invites more critical thinking. The value of looking at psychiatric problems from a different perspective is illustrated by several of the papers in this issue. Cannabis is the accepted bad boy on the pathway to schizophrenia^{1,2} but it is equally well recognised that many people can use, and misuse, cannabis without getting a whiff of psychosis. There could be several reasons for this, the most prominently flagged being genetic differences in those who are susceptible (but this is now receiving less support),³ as well as differences in brain anatomy.⁴ Morgan & Curran (pp. 306–307) now offer an exciting, but hairy, explanation: some cannabis contains more of the cannabinoid called cannabidiol, a substance that is not only harmless but has some antipsychotic properties, whereas other forms, particularly the more concentrated form called 'skunk', contain more Δ 9-tetrahydrocannabinol (Δ 9-THC), that leads the consumer down the bumpy road to schizophrenia.

The popular perspective of skinny fashion models illustrating the exact meaning of the behavioural term 'modelling' in generating eating disorders in a susceptible public, perhaps best shown in an elegant study published some years ago in the *Journal*,⁵ also has another side: the influence of the need to be thin on the models themselves (Treasure *et al*, pp. 243–244). This seems likely to include not only frank eating disorders but many additional morbidities (Patton *et al*, pp. 294–299). There is also another behavioural concept, habituation, that has a different perspective shown by Kessing (pp. 290–293). Repeated exposure to many noxious influences leads to a reduction in response as we adapt; this does not seem to be true of depression, which remains highly prevalent in the elderly⁶ and, once linked to adversity, tends to persist,⁷ so appears to be more related to kindling than habituation.

But the best example of the influence of perspective comes from the study by Freeman *et al* (pp. 258–263) in their novel use of virtual reality in testing the generation of paranoid symptoms. My immediate reaction was disbelief at their description of 'a virtual reality train ride populated by neutral characters'. How on earth can all those strange people sitting opposite me in an average journey on the London underground be described as 'neutral' in character? But of course they are. The computer 'avatars' (a word which I note describes the incarnation of a Hindu deity in human or animal form) are created to be quite aggressively neutral; is it me, being male with my 'worry style

and cognitive inflexibility', that makes them into threatening individuals? I must try to change my mental set when travelling.

Why not write a letter?

Writing letters in this age of instant communication seems to have gone out of fashion, or at least it appears so in the *British Journal of Psychiatry*. I cannot accept that either our knockabout debate section (Luty/Carnwath, pp. 245–247) or 'From the Editor's desk', despite its lofty erudition, satisfies all the questions that you undoubtedly have burning to be answered after you read the *Journal*. I also hope that the pathological influence of the impact factor, which does not credit letter writers, is not inhibiting your correspondence, or, as Ernest Hemingway put it, 'it's such a swell way to keep from working and yet feel you've done something'. To stimulate those who have temporarily lost their corresponding facility we are now allowing letters to be sent directly (not just as eLetters) for consideration for publication in the print *Journal* to bjpleters@rcpsych.ac.uk, and have amended our authors' instructions accordingly.

We are also keen on expanding contributions to our 'Extras' section in the *Journal*. Please remember, we rely on you for material for 'Psychiatry in pictures' and the other items that show to our readers what diverse and interesting people we are. It is these pieces that give us a more human face to the world and, in the politician's language, 'put us in touch with our constituents'. As an avid consumer of all confectionery I have always felt a special affinity with Jane Austen, not specifically for her novels, which of course are absolutely magnificent, but through her letters, especially the apparently mundane but highly resonant 'you know how interesting the purchase of a sponge-cake is to me'. So let us have a few more sweetmeats for the *Journal* table and increase our splendid fare.

- 1 Arseneault L, Cannon M, Witton J, Murray RM. Causal association between cannabis and psychosis: examination of the evidence. *Br J Psychiatry* 2004; **184**: 110–17.
- 2 Hides L, Dawe S, Kavanagh DJ, Young RM. Psychotic symptom and cannabis relapse in recent-onset psychosis: prospective study. *Br J Psychiatry* 2006; **189**: 137–43.
- 3 Zammit S, Spurlock G, Williams H, Norton N, Williams N, O'Donovan MC, Owen MJ. Genotype effects of *CHRNA7*, *CNR1* and *COMT* in schizophrenia: interactions with tobacco and cannabis use. *Br J Psychiatry* 2007; **191**: 402–7.
- 4 Szeszko PR, Robinson DG, Sevy S, Kumra S, Rupp CI, Betensky JD, Lencz T, Ashtari M, Kane JM, Malhotra AK, Gunduz-Bruce H, Napolitano B, Bilder RM. Anterior cingulate grey-matter deficits and cannabis use in first-episode schizophrenia. *Br J Psychiatry* 2007; **190**: 230–6.
- 5 Becker AE, Burwell RA, Herzog DB, Hamburg P, Gilman SE. Eating behaviours and attitudes following prolonged exposure to television among ethnic Fijian adolescent girls. *Br J Psychiatry* 2002; **180**: 509–14.
- 6 Castro-Costa E, Dewey M, Stewart R, Banerjee S, Huppert F, Mendonca-Lima C, Bula C, Reisches F, Wancata J, Ritchie K, Tsolaki M, Mateos R, Prince M. Prevalence of depressive symptoms and syndromes in later life in ten European countries: the SHARE study. *Br J Psychiatry* 2007; **191**: 393–401.
- 7 Fergusson DM, Boden JM, Horwood LJ. Recurrence of major depression in adolescence and early adulthood, and later mental health, educational and economic outcomes. *Br J Psychiatry* 2007; **191**: 335–42.