

References

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Psychological sequelae of torture

SIR: I was grateful to read your annotation on psychological sequelae of torture by Turner & Gorst-Unsworth (*Journal*, October 1990, **157**, 475–480).

Torture has been a widespread experience in the 20th century. Most probably there has never been a time when institutionalised torture has been so widely inflicted on large masses of people in all continents. After the military coup of 1980 in Turkey, I witnessed large numbers of victims of torture in Metris Military Prison, Istanbul, where I was imprisoned for one year (1982–1983). I would agree with the authors that torture has a wide variety of psychological effects on the victims, their families and friends. But psychological sequelae of torture cannot be limited to them, but should be extended to the large group of torturers who have been especially trained to torture.

The situation where individuals first have been forced, then slowly taught, to obey and then to enjoy human suffering, and to become professionally trained systematic torturers must be considered. Having had the opportunity to observe torturers, one cannot help feeling for those who have most probably in their turn been psychologically and physically abused. In Turkey, many torturers warrant diagnoses of psychiatric syndromes which have never been diagnosed or treated. Suicide rate, deliberate self-harm, alcohol dependency and possibly other drug misuse appears to be much higher in those individuals trained to be involved in torture. Different forms of psychotic episodes are commonplace and homicide rates among torturers are much higher than in the general population.

Torture has wide implications upon the whole society where its practice takes place. The society as a whole gets enmeshed into the idea of its existence, and fear and degradation is extended to all aspects of life. Now in Turkey torture has become a major theme in short stories, poetry, films, pictures and songs. In the last ten years there have been hundreds of poetry books, short stories, paintings and films on

the tortured, the torturers and their circumstances. It has become part of the language and culture and almost a way of communicating. Its existence transcends all boundaries and makes itself felt in all aspects of life.

In my out-patient clinic at the Charing Cross Hospital, Turkish immigrants who have never experienced torture come with stories of ill-treatment as their psychological complaints. Both neuroses and psychoses in these people are flavoured with stories of torture, sufferings and horror. The idea of torture, even if they know little about it, has become an expression of their persecutions, anxieties, racist and sexist experiences. It is a component of their guilt, self-pity and hopelessness. The individual and the whole society has been marred by the psychological effects of torture.

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British and Australian depression revisited

SIR: Two recent long-term outcome studies of depression, from Sydney (Kiloh *et al*, 1988; Andrews *et al*, 1990) and London (Lee & Murray, 1988; Duggan *et al*, 1990), have shown similar results. The initial diagnosis often heralded a very poor long-term outcome, and personality disturbance was one part of the explanation for this. However, there are important differences between the Sydney and London findings which we wish to highlight.

The first of these concerns the neuroticism (N) subscale of the Eysenck Personality Inventory (EPI). The EPI N now has an excellent pedigree as a predictor of outcome in depression, but Professor Andrews *et al* found its predictive power to be confined to their subgroup of 'neurotic' depressives. This may encourage readers to re-identify raised N with a diagnosis of 'neurotic' depression, which would be unwise. In both series, N scores do not differ between 'neurotic' and 'endogenous' subtypes, so that whatever separates the 'neurotic' from the 'endogenous' depressive, it is not the degree of neuroticism. In London, unlike Sydney, we found that EPI N predicted chronicity particularly in the 'endogenous' (melancholic) subgroup. We therefore propose that the relationship between high N scores, diagnostic subgroup, and outcome should remain open to further investigation.

A second difference concerns the influence of depressed mood on the assessment of personality. Andrews *et al* apologise that their patients were assessed when they still had symptoms, and argue that 'recovered' personality has the more significant