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Correspondence

Letters for publication in the Correspondence columns should not ordinarily be more than 500 words and should be addressed to:
The Editor, British Journal of Psychiatry, 17 Belgrave Square, London SW1X 8PG

TRANSCULTURAL PSYCHIATRY

DEAR SIR,

Dr Rodney Morice (*Journal*, January 1978, **132**, 87–95) is to be commended for his excellent study of Pintupi Aboriginal Psychiatry in Central Australia. He gathered his data with the use of the only Pintupi-English dictionary available, and though much information bearing on the qualitative and culturally unique aspects of such two-person interactions might well have been lost in the process, it is a step in the right direction. It is not generally realized that, although both occidental and indigenous psychiatrists have worked fruitfully among traditional peoples, few indeed have moved out of the larger towns in the course of their work. When one considers the populations of non-Western countries it becomes apparent that most members of the human species have never been examined by a psychiatrist (Burton-Bradley, 1977). Dr Morice's work could become a model for all future MD thesis aspirants if the study of psychiatry would only move away from its present narrow confines into the larger world of *Homo sapiens* as a whole.

For these reasons it is a pity that his final paragraph entitled emic categorizations, guileless and misleading as it is, in reality reflects only a list of values. It advances an anti-cultural thesis. It should have been deleted. We are told that with the aid of lexical categories, *generally accepted nosologies* will come into their own. On this theory the Pintupi patient must express his symptoms in terms of a remote European construct in order to be understood.

Yap's study of culture-bound syndromes grew out of Asian psychiatrists' dissatisfaction with Western psychiatry. I doubt it was his intention to infer that similar entities might not occur in other geographical areas. These conditions are more in the nature of culture-related and culture-concentrated diseases, and to ignore their cultural content is to throw out the baby with the bath water. But they are required on Dr Morice's account to line up with concepts developed in Vienna, Munich and Zurich. He sees such a trend as beneficial in treatment and one liable to promote communication between psychiatrists. The likelihood is quite the opposite. Diagnoses that exclude the cultural factor are disastrous, and the type of communication with colleagues suggested is likely to confirm some in their already existing Eurocentric biases. The continued use of the pejorative term *preliterate* is unfortunate for it implies inferiority and that cultural development necessarily follows a particular sequence. Such an assumption concerning the evolutionary development of societies is no longer accepted. *Nonliterate* is more appropriate.

The psychiatrist stationed among so-called third world peoples soon comes to recognize cultural factors as inextricably interwoven with all aspects of the medical enterprise, and to disregard their pertinence in diagnostic procedures is to restrict our knowledge of human behaviour. Yamamoto (1977) points to the need in the future of a culturally pluralistic psychiatrist alert to the blind spots in our European traditions, and I hope that the younger generation at least will steer clear of these obstacles in the interest of a proper understanding.

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BRITISH PSYCHIATRY'S LOVE AFFAIR

DEAR SIR,

I found Professor Kathleen Jones' 51st Maudsley Lecture—'Society Looks at the Psychiatrist' (*Journal*, April 1978, **132**, 321–32), a balanced but thoroughly depressing critique of current British psychiatric practice. Following four years as a registrar in Scotland, I obtained leave of absence to spend one year in Toronto working as a senior resident in a university teaching hospital. This experience has clearly highlighted some of the major points made by Professor Jones.

From the earliest point in their training, psychiatric residents in Toronto are given systematic instruction

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