

DEAR SIRs

I cannot empathise with the disappointment expressed by Drs F. & J. Oyeboode. I agree with most of their critique of the model I put forward in 1977 and 1981. For that reason I *have* changed my view. At the time I proposed that the verbal expression of emotional distress was more differentiated and "advanced" than its non-verbal equivalents. I now consider that both forms of experience are equally differentiated and sophisticated. The fact remains, however, that conversion hysteria, catatonia, and other bodily manifestations of psychiatric disturbances present much more commonly to medical services in non-western than in western countries. In my previous letter I could do no more than sketch out in a few sentences my current view of the explanation for this intriguing phenomenon. Perhaps Drs F. & J. Oyeboode would care to read the extended argument for this view, which occupies several chapters in the second edition of my book. If they disagree with any aspects of it, I would appreciate receiving their comments couched in as reasoned terms as the criticisms they have martialled against the position I took up ten years ago.

JULIAN LEFF

MRC Social and Community Psychiatry Unit  
Institute of Psychiatry  
De Crespigny Park  
London SE5 8AF

### *Treatment of the mentally ill on Leros*

DEAR SIRs

The present conditions in the mental institution on the Greek island of Leros have been highlighted once again in recent weeks (Ramsay, 1990a & b; Tyrie, 1990). Certainly it is a matter for great concern and so far neither the actions of the Greek government nor the actions of the EEC have produced more than minor changes, in spite of continuing worldwide publicity and condemnation.

The case of Leros cannot be seen outside the context of psychiatric services for the country concerned. Experience in this country suggests that a programme to reform mental health care services is highly sensitive to political, social and organisational forces. The current political and economic circumstances in Greece allow little optimism on local priorities for psychiatric reforms.

Whatever the political complexities, a sensible starting point for any programme might well be to get a clear picture of the needs and disabilities of the residents of Leros asylum. We have been involved in a detailed assessment whose results will soon be made available (Clifford, *et al*).

The international community, and in particular the EEC, has an obligation to insist on a co-ordinated

and realistic programme of immediate action with a clear vision on the future of the asylum and long-term strategies for its realisation.

N. BOURAS

*Guy's Hospital*  
London SE1 9RT

P. CLIFFORD  
Y. WEBB

*Research & Development for Psychiatry Unit*  
*Lewisham Hospital*  
London SE13

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### *Psychiatric symptomatology in song lyrics*

DEAR SIRs

I read with interest the article by Matthew Jelley regarding 'The Blues' and Psychiatry (*Psychiatric Bulletin*, April 1990, 14, 227-229). I have also come across psychiatric symptomatology in song lyrics. In Elton John's song 'Too Low for Zero' he describes initial insomnia associated with depression and with difficulty in overcoming this: "I have got myself in a bad patch lately, I can't seem to get much sleep. I wind up counting sheep. Cutting out cups of coffee, switching off the late night news, putting the cat out two hours early, it isn't any use." I am sure that these words will strike many chords in people who hear this song and that they are part of the universality of symptoms which most people will experience. Perhaps these songs also serve a reassuring function in that people will realise that their experiences are not unique to themselves and therefore will be recognised by others as significant and meaningful.

It seems that the public are educating themselves already on such topics as depression and that perhaps excellent leaflets like the one on depression received with the *Journal* last month should be augmented with a list or indeed copy of songs which have such symptomatological lyrics! This would help to remove some of the mystique and stigma of mental illness which is still widespread, which can only be a good thing.

JOSS BRAY

*Cherry Knowle Hospital*  
*Ryhope, Sunderland SR2 0NB*