SIR: There are conceptual and methodological problems with Littlewood's 'new cross-cultural psychiatry' (*Journal*, March 1990, **156**, 308–327), just as there are with the more traditional cross-cultural psychiatry (Haldipur, 1979). I shall adumbrate an epistomological approach to the new cross-cultural psychiatry similar to that taken by Dr Littlewood to psychiatry.

(a) Culture is difficult to define without tautology, as Dr Littlewood himself acknowledges (Appendix, point 3). Not only are there trans-Atlantic differences in the approach, but there may be over a hundred definitions of culture. It is often a blanket term used to designate a variety of environmental factors.

(b) Although cultural and societal norms and values exist, conformity or non-conformity to these by individuals usually calls for psychological explanations (Homans, 1967).

(c) There is a 'category error' in stating that culture *influences* or *causes* us to consider certain types of behaviour as normal or abnormal: among other ideas, those about what is normal behaviour *is*, by most definitions, culture. It is difficult then, to separate ideas about behaviour from culture of which it is a part.

(d) We are told that if the new cross-cultural psychiatrists had their way, research in various communities would be done by anthropologists and not psychiatrists in order to obviate any influence of Western psychiatric education in perceptions of abnormality. However, anthropologists cited by Dr Littlewood appear to focus their interest on larger groups such as ethnic communities, tribes or even nations. Surely, individuals live in families. And might it not be safe to assume that the norms and values inculcated by families may be equally important? On occasions, these norms and values may run counter to those of the larger group, such as in the case of ethnic minorities. An anthropologist truly interested in carrying out Leff's mandate (*Journal*, March 1990, **156**, 305–307), while studying the larger community, may have to acknowledge that individuals belong to various concentric groups or organisations, and that it is difficult to separate and weigh the relative importance of these.

(e) A perusal of references cited by the two authors shows that a number of them are studies in non-Western countries or of ethnic minorities living in the West. It makes one wonder if for new cross-cultural psychiatrists, 'culture' stopped somewhere this side of Suez. What is even more troubling is the predilection for the non-literate sections of those societies. This could have been a relatively harmless preoccupation, except that sweeping generalisations are often based on observations of a small section of the community. It is as if one were to write about healing practices in north-eastern United States by observing Christian Scientists in Boston, without any reference to practices of the majority. The description of Mahanubhav healing centres of western India reveal interesting practices and rituals; but they exist side by side with Ayurvedic (Obeyeskere, 1977) and allopathic medical practices. The former, indigenous to the region, has a sophisticated classificatory system, not too dissimilar from our own (Haldipur, 1989). Thus, to characterise the more scientific modern system of biomedicine as entirely Western, and its adoption by the Third World as 'psychiatric imperialism', is probably unjustified.

Finally, it may be worth recalling the words of the well known anthropologist Claude Levi-Strauss in *Tristes Tropiques*: "I had looked for a society reduced to its simplest expression. That of Nambikwara was so far reduced that I found only men there".

C. V. HALDIPUR

Psychiatry Service
800 Irving Avenue
Syracuse, New York 13210

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SIR: Dr Haldipur conflates my paper (*Journal*, March 1990, **156**, 308–327) with that of Leff (*Journal*, March 1990, **156**, 305–307) who is, on the substantive points, saying the opposite of myself.

In as much as I can grasp the comments made on my own paper, I agree about the problem of defining culture: indeed, I refrain from attempting such a task, merely citing Geertz' not unuseful statement. To Cisatlantic anthropologists, 'culture' and 'society' are synonymous. The new psychiatry would deny, however, that conformity to social norms is best approached through the procedures of individual psychology, for the norm and its inversion both have their social meaning, as legitimate from the scientific perspective as any other, as simply elements in a complex web of interactions in a society. I

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certainly agree that if we say that culture influences behaviours (or actions as anthropologists would rather say), then we are indulging in a category error. 'Culture', however we define it, represents a society with all its conflicts and contradictions and its relationship with other societies; the boundaries are arbitrary. I am increasingly wondering if *political* is not quite simply a better term than *cultural*.

I am not altogether sure what families are, nor am I convinced that they are things which people generally live in and which ultimately determine their lives: socialising institutions doubtless, but not socially determining institutions.

ROLAND LITTLEWOOD

Department of Anthropology
University College London
Gower Street
London WC1E 6BT

Impact of participating in research

SIR: Ben-Arie *et al*'s study (*Journal*, January 1990, **156**, 37–39) prompted us to conduct a similar one, examining the effect of research on psychiatric admissions and other psychiatric contacts, using a more specific group (depressed in-patients) and over a more immediate follow-up period.

We have re-analysed the data for 57 depressed in-patients who participated in one of the Nottingham electroconvulsive therapy (ECT) studies (Gregory *et al*, 1985). Using the Nottingham case register, we have compared their outcome at six months with that of 38 other patients who satisfied the entry criteria for the ECT study but did not enter, mainly due to lack of consent, and who were thus not followed up by the research team. In this example, as in that of Drs Ben-Arie *et al*, the clinical and research teams were separate.

We found no statistically significant differences between the two groups as regards the number and lengths of hospital or day-care admissions. The number of out-patient and other contacts were also similar for both groups.

These results suggest that participating in research did not have a significant effect on short-term outcome for these depressed in-patients. Although the two groups were not randomly allocated, demographic variables and mean index admission scores on the MADRS and HAM rating scales for the two groups were not significantly different. In contrast to the study of Drs Ben-Arie *et al*, the mean number of previous admissions and the mean length of the index admission were also similar for both groups.

It may be that the effect of research on admissions only becomes evident after six months. However, another more intriguing possibility is that the effect of research may be inversely proportional to the number of projects undertaken in any given clinical setting. The demographic profile of Nottingham lends itself to clinical research, and the frequency of such work here may have acted to desensitise patients and clinicians to its disturbing effects on presentation and clinical practice.

DENIS O'LEARY
ALAN LEE

University Hospital
Queen's Medical Centre
Clifton Boulevard
Nottingham

DAVID GILL

Mapperley Hospital
Nottingham NG3 6AA

Reference

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Genital self-mutilation

SIR: Walter & Streimer (*Journal*, January 1990, **156**, 125–127), in a case report of genital self-mutilation in a non-psychotic adult male, indicated that "The patient's father ... was remembered as punitive and distant. The patient's mother was more available but was perceived as devaluing and affectionless", and stated that "The nature and dramatic culmination of the patient's dysmorphophobic symptoms may be understood in terms of a childhood during which he was demoralised, emasculated, and deprived of recognition". Finally, they emphasised that non-psychotic genital self-mutilation, while uncommon, may not be as rare as is generally stated.

However, the authors did not mention the cases of genital self-mutilation which occurred during the ancient mediterranean rites. In 1922, Frazer reported that the Great Mother Cybele's worship required from followers a ceremonial genital self-mutilation in recollection of the Attis' mythological experience.

Men who intentionally mutilate their own genitals are likely to be psychotic, and their behaviour may be considered as an acute psychotic breakdown in the context of a schizophrenic regression. Indeed, it should be conceived as an attempt to return to the mother's womb (Roccatagliata, 1982).

Roth & Ball (1963) found that, in a high proportion (94%) of male cases of transsexuality, there had been extreme dependence on and a strong preference for the mother of the family, and the father of

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