

caution and sensitivity, I suggest that the following criteria (in addition to the usual ones) should be used:

- (a) Research into black people must address the realities of life for *them* in this country and not make assumptions based on the experiences of white people only.
- (b) Research that uses white Eurocentric concepts, such as our present concept of schizophrenia, must allow for the fact that their validity as useful cross-cultural concepts is usually unproven – as is the case with schizophrenia.
- (c) The presentation of research must be sensitive to the consequences of racism in society, such as inequalities in (psychiatric) service provision and the relatively excessive numbers of black people being compulsorily detained, and must deal with the likelihood of research findings being used for reinforcing them.
- (d) The involvement of psychiatry in social control systems in a context where black people are over-represented in prisons (Home Office Statistical Bulletin, 1986), secure (psychiatric) facilities (McGovern & Cope, 1987) and remand homes (Kettle, 1982) must be addressed, both in research methodology and in the presentation of findings, as an important factor that affects psychiatry's perceptions of black people and *vice versa*.

The adoption of these or similar criteria by (say) the *British Journal of Psychiatry* would, I feel, set a standard for other journals to follow.

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DEAR SIRS

Dr Fernando's comments so misrepresent the balance of the discussion in our paper that it is difficult to know how to proceed with a sensible debate on these important issues.

Perhaps people should be allowed to make up their own minds. Following the additional 'criteria' laid down for editors in this letter, I hope that in future there will be sufficient published data to assist them in doing so.

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Transcultural psychiatry

DEAR SIRS

Dr Cook has made an interesting observation on Dr Littlewood's style of 'transcultural' research. (*Psychiatric Bulletin*, March 1989, **13**, 148). Commenting on his paper on 'cannabis psychosis' (*Psychiatric Bulletin*, November 1988, **12**, 486–488), Dr Cook pertinently questions Dr Littlewood's meaning of 'community initiated research' among ethnic minorities, collaboration, credit and responsibility. It is noteworthy that another paper, 'An indigenous conceptualisation of depression in Trinidad' (1985), later presented to a College meeting as 'An indigenous conceptualisation of depression in the West Indies!' (*Abstracts of the Proceedings of Meetings of the Royal College of Psychiatrists 1988*), has aroused similar feelings among psychiatrists and other mental health workers in Trinidad and the West Indies. In addition, Dr Littlewood's study in Trinidad between 1979–1981 raises the issue of ethics in transcultural research. He mentions no collaborators in his paper, neither is credit or discredit given to anyone. His paper is historically and socio-culturally inaccurate. He has misinterpreted his findings, stating misconceptions as facts. He has extrapolated an unsubstantiated finding from an isolated fishing village on the north coast of Trinidad to the entire country, and then to the West Indies with projections to immigrant groups abroad. With whom does responsibility lie? Is it to natives of the region who are furious about his irresponsible misinterpretations of facts? Is it to local psychiatrists who do not seem to have the same valency as those in Britain, despite being British trained? Or should it be the collaborators in this study that we have located? It is now common knowledge in Trinidad that Dr Littlewood spent 14 of his 16 months here with a cult group on the north coast of Trinidad whose leader, now dead, and many members of the group suffered from schizophrenia.

It is unfair, to our society and to psychiatry that such studies find themselves in the archives, with the authors becoming 'experts'. Studies in transcultural