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Correspondence

Editor: Ian Pullen

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Misuse of psychiatric terms

SIR: Psychiatrists frequently find that terms which apply to mental illness are used inappropriately by the media. Not uncommonly, newspaper articles include comments such as, "Mr X is adopting a schizophrenic approach to this issue".

In Northern Ireland we have the added problem that pseudo-psychiatric terminology is employed by politicians, clergy, and others when speaking about terrorist violence. Members of the IRA, UVF, and UDA are variously described as "madmen", "mad dogs", "lunatics", "deluded", "mindless", "possessed", "mentally ill", "crazed", and "psychopathic". In commenting on a recent killing by the IRA, Neil Kinnock said, "The killing was not the work of a deluded activist but of a psychopath; someone who cannot possibly convince himself he is serving a political cause, but is undertaking an attack with such cruelty that he simply fulfils a bloodlust".

The reality, however, is that most Irish terrorists are neither mentally ill nor sociopathic. Lyons & Harbinson (1986) compared terrorist murderers in Northern Ireland with other murderers. They concluded that the former exhibited significantly less psychopathology than the latter. Paramilitary killers had a much lower incidence of personality disorder in the family, were much less likely to have consumed alcohol prior to the murder, and had a lower incidence of mental illness (16%) than non-terrorist murderers (58%).

Members of the (nationalist) IRA and the (unionist) UVF and UDA are in general normal from the psychiatric point of view. They believe that they are fighting a just war. The recent television programme concerning the former and now repentant IRA letter bomber Shane Paul Doherty portrayed a young man who was and is inherently normal, but who responded intuitively to the sectarian subculture in which he was reared.

Politicians and clergy in Northern Ireland often try to avoid looking at the reasons why we have a sectarian society in which violence is endemic. Hence the recruitment of pseudo-psychiatric gobbledegook in an attempt to pretend (or wish) that violence occurs because of the mental instability or moral depravity of individuals. It is very similar to the Victorian attempt to sidestep embarrassing issues such as homosexuality by decreeing them to be a form of mental illness.

What can psychiatrists do about the misuse of psychiatric terms or concepts? Probably the most effective strategy is to write (politely) to the individual concerned and appraise him of the implications of such careless misuse. I shall therefore be sending a copy of this letter to Mr Kinnock.

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Reference

LYONS, H. A. & HARBINSON, H. J. (1985) A comparison of political and non-political murderers in Northern Ireland, 1974–1984. *Medicine, Science and Law*, **26**, 193–198.

Confounds in CT studies of schizophrenia

SIR: Kaiya *et al* (*Journal*, October 1989, **155**, 444–450) correctly assert that determining biologically distinctive subgroups of schizophrenic individuals is an important goal for modern psychiatry. In particular, the demonstration and successful discrimination of familial and non-familial forms of the illness would focus the search for disparate aetiologies in these subgroups, as well as inform the construction of pedigrees for molecular genetic analyses. To this end, Dr Kaiya *et al* report differences in ventricular: brain ratio (VBR) and sylvian fissure widening among controls and familial and non-familial schizophrenic individuals.