Hemispheric imbalance in schizophrenia

SIR: Cutting (*Journal*, May 1992, **160,** 583–589) has provided a concise summary of the role of right hemisphere dysfunction in psychiatric disorders and of hemispheric imbalance in schizophrenia. Evidence from recent neuroradiological studies employing magnetic resonance imaging (MRI) is of relevance to this topic. Suddath *et al* (1989) reported the left temporal lobe to be smaller than the right in MRI scans of schizophrenics' brains. Johnstone *et al* (1989) measured temporal lobe structure using MRI in patients suffering from both schizophrenia and bipolar affective disorder. They too reported that the temporal lobe area was less on the left than the right in schizophrenia but not in bipolar affective disorder or in controls.

In our own study (Young *et al*, 1991) we too found that the temporal lobe was smaller on the left in the schizophrenic group, but also found this asymmetry in the control group. The amygdala was found to be smaller on the left than right in controls only and the parahippocampal gyrus was smaller on the left in schizophrenics only. DeLisi *et al* (1991) also reported smaller left temporal lobes in chronic schizophrenic patients but did not find any difference in the parahippocampal gyrus or hippocampus/amygdala.

Some research findings appear to be relatively consistent through these studies (e.g. smaller left temporal lobes in schizophrenic patients) while others remain uncertain (e.g. the relative size of temporal lobes in controls and the relative size of limbic structures). However, it is clear that MRI is a useful tool for investigating brain structure in general, and anatomical hemispheric differences in psychiatric disorders in particular. Although the above are all anatomical studies, magnetic resonance technology in the form of magnetic resonance spectroscopy can be used to study measures of brain function (Keshavan *et al*, 1991), and it is likely that this approach will be used increasingly in future. Clearly, when evaluating the role of hemispheric imbalance in schizophrenia these studies should be considered.

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Applicability of psychotherapy for non-Western people

SIR: There has recently been some interesting but non-conclusive debate concerning the applicability of 'Western psychotherapy' for non-Western populations including Hong Kong Chinese (El-Sherbini & Chaleby, *Journal*, March 1992, **160,** 425; Cheng, *Journal*, June 1992, **160,** 864–865; Abed, *Journal*, June 1992, **160,** 865–866). I would like to highlight a few issues which tend to be ignored.

Firstly, since about 80% of the world is non-Western (Mezzich *et al*, 1992), the so-called non-Western people represent an extremely heterogeneous plethora of populations which in themselves are composed of a pluralistic mixture of cultural subgroups. Clinically, one will always find individual subjects who benefit from psychotherapy, but this does not allow one to conclude that psychotherapy *generally* works for non-Western populations as it seems to do for their Western counterparts. Furthermore, even after a defined population is chosen for a cross-cultural investigation, it should be described in sufficient detail to contextualise whatever findings are obtained.

Secondly, as 'psychotherapy' encompasses a wide array of elements and practicalities, it is arguable whether it can be labelled as being all 'Western' in origin. Both 'specific' and 'non-specific' therapeutic factors in Western psychotherapy have in fact been found in ancient accounts of healing such as traditional Chinese medicine (Wang, 1986), which of course did not conceptualise them ethnocentrically as 'psychotherapy'. I have seen patients who defaulted treatment at our psychiatric clinic, but saw a herbalist for 30-minute sessions several times per week. Their 'somatotherapeutic' encounters apparently contained some essential ingredients of 'Western' psychotherapy, except that the patients compliantly took herbs at the same time, and were not told at the outset that after a particular number of sessions their close connections (*quanxi*) with the therapist would be terminated.

Thirdly, many 'cross-cultural' psychotherapists base their views on personal experience with a certain number of clients who 'successfully' complete a

designated course of psychotherapy of a particular kind. However, from the moment of referral, to selection, engagement, working through, and finally termination of treatment, these clients represent a progressively filtered and highly selected subgroup. While they may, in a rather self-fulfilling way, fit the Western template of suitable candidates for psychotherapy, they would not allow one to determine whether more or fewer non-Western people, compared with Western subjects, generally respond to 'Western' psychotherapy. From a 'new' cross-cultural point of view, it may paradoxically be of great interest to study the characteristics of the reject or dropout cases, and find out in what other ways they can be engaged in a mutually agreed form of healing, or to whom they go for alternative forms of help and why. Unfortunately, these subjects seem to be ignored in 'cross-cultural' research on psychotherapy.

The thesis that 'Western' psychotherapy is (not) applicable for non-Western people therefore involves two intrinsically complex factors, non-Western people and 'Western' psychotherapy, and is difficult to test empirically. Psychotherapy has been said to lie in the realms of rhetoric and hermeneutics. Its credibility is enhanced by invoking the prestige of Western science but, paradoxically, is not scientifically ascertainable (Frank, 1988). If psychotherapists seriously want to study the question of cross-cultural application, they would have to move beyond value-laden personal experience and single case reports to examine, preferably with inter-disciplinary efforts and culturally relevant models, specific dimensions of psychotherapy in relation to specific subgroups of non-Western people. However, the justification for such an endeavour may deplorably be questioned by many therapists themselves and the required cross-cultural methods and instruments are far from being developed at this stage. Until then, discussion on the question of cross-cultural applicability of psychotherapy seems to be mainly an emotional one.

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Psychological outcome of abortion

SIR: In an era when the expression of strident and polemical viewpoints concerning all aspects of abortion has become the norm, cool-headed attempts at evaluating the psychological outcome for the women concerned are greatly needed. As such, the paper by Zolese & Blacker (*Journal*, June 1992, **160**, 742–749) is to be welcomed.

We feel, however, that the authors could have done more to highlight the difficulties in conducting research in this area, particularly regarding the choice of control subjects.

When the goal is simply to identify a population at risk of psychological dysfunction it is sufficient to compare recipients of abortion with non-pregnant women of similar age. To isolate the effects, both mental and physical, of therapeutic abortion is rather more difficult, as there is no comparison group where confounding factors are small.

A relevant question here is "what are the psychological consequences of *denying* an abortion?". Thus one comparison group might be women whose request for a termination is refused. Although in a country where termination of pregnancy is widely available this group might be more or less psychologically disturbed, the comparison seems a worthwhile one since this group would represent the only possible alternative outcome of an unwanted pregnancy. The interested reader is referred to an earlier review (Handy, 1982) for a fuller discussion of these issues.

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'Socrates' symptom'

SIR: Förstl (*Journal*, June 1992, **160**, 868–869) reminds us of Socrates' experiences and behaviour and suggests the term 'Socrates' symptom' for the combination of auditory hallucination and cataplexia-like symptoms occurring in stressful situations. Although being a soldier in a time of war is certainly stressful, Socrates seems the least likely person to become disturbed by this, as he was renowned as a man indifferent to physical pain and hardship (Xenophon, *Symposium*) and indeed accepted his own death 'philosophically'.