severe trauma only within a window of vulnerability ending in early adolescence.

If anyone in Britain, South Africa, or any other country outside North America would like to conduct such a study, I can be contacted at the address below. Once such studies had been conducted, we could then begin a scientific discussion.

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Life events and management in schizophrenia

SIR: We have previously reported (Tarrier *et al*, *Journal*, October 1988, **153**, 532–542) on the success of a behavioural intervention with families to reduce relapse rates in schizophrenic patients living with high expressed emotion (EE) families compared with a short educational intervention and routine treatment. We also found that in families receiving the family intervention there were significantly greater changes in the relatives' ratings of EE from high EE to low EE over the nine month follow-up. Hence there appears to be an association between relapse rates and change in the relatives' EE ratings. It could be hypothesised that reduction in the relatives' EE resulted in reduced relapses, although these data do not provide unequivocal support for this hypothesis. We were interested in examining alternative hypotheses for the different relapse rates. It could be possible that the family intervention resulted in the patient having greater contact with the psychiatric services in general, or receiving higher doses of medication or showing greater medication compliance. However, we could find no evidence to support these alternative hypotheses.

A further possibility that we did not examine at the time, although the data were collected, is that patients in the high-EE education and routine treatment groups experienced more independent life events than patients in the family intervention groups, the occurrence of major life events being associated with relapse. Data on life events over the nine month follow-up period was collected on 77 patients. Of these, 50 (65%) did not experience a life event. Three patients (16%) from the low-EE groups, six (20%) from the high-EE education and routine treatment groups, and 17 (61%) from the behavioural intervention group experienced at least one life event. A Kruskel-Wallis one-way ANOVA demonstrated that this difference was highly significant ($\chi^2 = 19.02$, $P < 0.001$) due to the very high frequency of life events in the behavioural intervention group. The hypothesis that a higher frequency of life events would be associated with the higher relapse rates in the high-EE education and routine treatment group was not confirmed. In fact, patients in the behavioural intervention group experienced more frequent life events and showed a decreased frequency of relapses. Similar results have been reported by Falloon and his colleagues in their intervention study (Hardestry *et al*, 1985).

These results suggest that family interventions designed to improve the family members' ability to cope with stress are successful in reducing the negative effects of major life events. This is evidenced by one patient in the family intervention group who had a 25-year history of schizophrenia involving 13 hospital admissions. She experienced seven independent life events over the 9 month post-discharge period, but remained symptom free over this period and was still well at two-year follow-up.

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Pimozide in pathological jealousy

SIR: It was with considerable dismay that I read Cohen's scathing attack (*Journal*, November 1988, **155**, 714) upon our brief report (*Journal*, August 1988, **155**, 249–251). Our suggestion that pimozide