

outcome, a feature characteristic of koro, is not clear. In any case, such a koro pattern of depersonalization experience (better described as a body image disturbance) as the common basic phenomenon may be universal in its distribution, with different interpretations in different cultures (Edwards, 1970; Yap, 1967). In a recent study of 40 patients with neurotic disorders related to semen loss, we found that 20 (50 per cent) had such an experience attributed to fear of loss of vitality (Machado *et al*, 1981). In Thailand, noxious food seems to get blamed. Interestingly, an epidemic of koro reactions has been reported from Singapore following ingestion of the flesh of recently vaccinated pigs (Mun, 1965).

Clearly, subjective experiences of bodily change are a concomitant of anxiety among suggestible individuals with self-scrutiny and overconcern about their genitalia. Their irrational beliefs, being shared by the others in their culture, are not delusions and the label psychoses is unlikely to be appropriate.

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#### STRESS AND STRAIN

DEAR SIR,

The concepts of 'stress' and 'strain' are used so widely in the psychiatric literature that it may be worth while looking at their technical meanings. In statics, 'stress' is defined as a deforming force and 'strain' is the amount of deformation so produced. Elasticity is the property of returning to the original state after deformation, and Young's modulus of elasticity is approximately equal to stress divided by strain. There follow from this the secondary concepts of perfect and imperfect elasticity, and also of perfect plasticity.

These constructs could perhaps be transferred almost literally to the field of mental health. The human organism is subjected to various stresses from time to time which tend to distort the personality; such stresses may be traumatic circumstances, adverse

biochemical changes, etc. If the personality recovers completely and returns to its former state, we may describe it as being 'perfectly elastic', the equivalent of full recovery. In the 'imperfectly elastic' condition some degree of chronic distortion is left; or one might say incomplete resolution of symptoms. In much worse state is the 'perfectly plastic' type of personality, one which retains completely the whole of the deforming change so that all the initial symptoms become chronic.

It would be speculative to try to apply these ideas to clinical states, although parallels are readily apparent; but given adequate scaling for life events and for symptom formation, a modulus of personality elasticity may not be too far distant.

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#### WHAT IS IT LIKE FOR THE PATIENTS?

DEAR SIR,

Having now been a reader of the *Journal* since 1955, it is perhaps not out of place to express surprise at how little attention we appear to pay to the experience of patients undergoing psychiatric treatment of all kinds. The spate of articles academically accurate, statistically sound, and some coldly objective, is indeed a tribute to the involvement of professional workers. Yet in listening to patients, in reading the press and reading between the lines, we get hints of a different world. I find that I now regret not taking more seriously the accounts patients gave me of various abuses, bullying and irregularities which affected them. But accounts in the press and on TV are now such that many of us working in the field are increasingly disturbed by it.

Perhaps a series of contributions commissioned by the Editor of the *Journal* of accounts by patients of what actually happens to them while in our care, would be enlightening, and might help to bridge the gap which seems to exist between ourselves as the givers of psychiatric care, and ordinary people who are the recipients.

Maybe our reluctance to explore properly this aspect of our work amounts to a resistance to look, which does us little credit.

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#### PUBLICITY AND BULIMIA NERVOSA

DEAR SIR,

We would like to comment on an apparent increase