

Correspondence

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Contents

- The classification of psychosis
- An unjust review
- Theories on the evolutionary persistence of psychosis
- Don Quixote and Sancho Panza: *folie à deux*?
- The benefits of an active control arm

The classification of psychosis

Lawrie *et al*'s editorial on the 'continuum of psychosis' is timely and welcome.¹ I see this debate two ways: as a doctor needing order to help ease suffering, I agree that it is better, for the time being, to keep existing diagnostic categories of psychiatric disorder, however imperfect they may be. As a patient, I of course want care, but I also want to be understood. Many psychiatrists now consider that too much of life is branded 'disorder': in this, none of us diminishes the reality of suffering, but we do look for better ways of explaining it. Certain scientists may hate this – but people's lives do have narrative. I think we underestimate humankind if we say that we cannot accept symptom-based descriptions of suffering. I hope I am not wrong to suggest that most of the treatments used today to improve mental health are not disease specific, but rather act on either mood, thought or both.

Nevertheless, I agree that the cry for a spectrum approach to psychosis is premature and it does not fit with my experience of so many troubled lives encountered. Peter Tyrer is correct to raise the potential problems, both clinical and pragmatic, of premature abandonment of current diagnostic classifications.² However, there remains a need to reconsider the neo-Kraepelinian model, if only to bring greater alignment with the technology that Lawrie *et al* hope will be to our greater mental good. It is my belief that, under the present classification system, neurobiological research cannot fully address complexity. My own view is that we have given too much attention to what Steven Rose³ has termed 'neurogenetic determinism' rather than applying biological research to life (we should not risk losing the baby with the bath water, however dirty).

I would contest the presentation of the neurobiology literature as presented by Lawrie *et al* in the opening paragraph of their editorial. I would also contest the claim, attributed to a paper by Tandon *et al*,⁴ that 'advances in our understanding of aetiology and pathogenesis [of psychosis are] based on highly replicable neurobiological differences'. I have read that paper several times, but found, for all the studies and indeed all the words, neither one simple biomarker of any utility nor indeed anything even approaching specificity. Perhaps we should ask why this may be? Could it be that categories, clinically practicable, and needed for now, do not match the complex epigenesis of psychosis?

In concluding, I would suggest that we do not forget history. James Clerk Maxwell was bold enough to stop looking for matter and to consider the energy fields that now govern our lives and, indeed, technology that has been to our collective good. Do we need another Maxwell moment, scientifically brilliant, religion free, willing to see matters as simple as possible, but not simpler?

I have no such moment to offer. But brilliant folk like Lawrie and his colleagues have that tradition and they perhaps raise the chances that such scientific inspiration can help us once again.

- 1 Lawrie SM, Hall J, McIntosh AM, Owens DGC, Johnstone EC. The 'continuum of psychosis': scientifically unproven and clinically impractical. *Br J Psychiatry* 2010; **197**: 423–5.
- 2 Tyrer P. From the Editor's desk. *Br J Psychiatry* 2010; **197**: 508.
- 3 Rose SPR. The biology of the future and the future of biology. *Perspect Biol Med* **44**: 473–84.
- 4 Tandon R, Keshavan MS, Nasrallah HA. Schizophrenia, 'Just the facts': what we know in 2008. Part 1: Overview. *Schizophr Res* 2008; **100**: 4–19.

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Lawrie and colleagues urge us not to reject the current categorical classification system prematurely.¹ I wish to add to the argument that a categorical system is more likely to be internationally useful. More than 80% of mental illness occurs in middle- and low-income countries.² Much of the world's mental illness is seen in overstretched clinics, by practitioners who treat up to 100 patients a day and often have had no training in psychiatry since medical or nursing school. Administering the rating scales necessary for a dimensional system may be possible in high-income countries, but is difficult or impossible elsewhere. The categorical classification system can be used quickly by someone with relatively little training. There is also the problem of translating and validating the rating scales into hundreds of languages. Most published research currently uses the same categorical system, which means that it is useful to doctors all over the world. If the research were to refer only to a dimensional system, then it would not be useful in settings where it is impossible to administer the rating scales. The categorical system gives more people access to evidence-based treatment than any dimensional system would. A classification system that is going to be used all over the world needs to be simple and robust across healthcare systems, languages and cultures, and this is just as important as how closely it resembles the truth.

- 1 Lawrie SM, Hall J, McIntosh AM, Owens DGC, Johnstone EC. The 'continuum of psychosis': scientifically unproven and clinically impractical. *Br J Psychiatry* 2010; **197**: 423–5.
- 2 World Health Organization. Disease and injury regional estimates for 2004. WHO (http://www.who.int/healthinfo/global_burden_disease/estimates_regional/en/index.html).

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As psychologists who have long researched and argued for a dimensional view of psychosis, we would like to comment on Lawrie *et al*'s editorial.¹ We are surprised that the authors pay no attention – with one exception – to the psychological literature. If they had done so they would know that considerable evidence supporting the continuum view has accrued over many decades. The one psychologist they do cite – the late Paul Meehl – is an unfortunate choice. Quite apart from the fact that it is unclear to us how Meehl's taxonomic (categorical) approach actually helps their case, the authors ought to be aware that the theory is now on the wane. A more viable alternative is what we have termed a 'fully dimensional' theory that is capable of encompassing more of the