

The need to research this field is paramount in view of increasing reports of 'perceived' or 'real' unmet needs of the mental health of Asians in the UK.

We at Leicester would be keen to set up a joint (bi-centre) pilot study with the author to investigate the 'pathways to psychiatric care for Asian patients'. Of the population of the city of Leicester, 25% is Asian; moreover, a comparison of the first and second generation Asian immigrants would be a useful study to understand the process of acculturation, for which Leicester is such a fertile experimental ground.

TRIVEDI & SETTU (1980) Healing practices in psychosomatic patients. *Indian Journal of Psychiatry*, 22, 111.

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#### Eating disorders among Asian girls in Britain

SIR: Arya (*Journal*, January 1992, 160, 131–132) attempts to refute the hypothesis that intergenerational conflict contributes to the development of eating disorders among British-born Asian girls in Britain. It is surprising that he does not discuss the evidence presented in our epidemiological study in Bradford (Mumford *et al*, 1991). At the outset, we had assumed (like Arya) that the most 'Westernised' Asian girls would be at highest risk of developing an eating disorder: the adoption of western cultural values might make them more vulnerable.

However, in our study we found that, on the contrary, it was the Asian girls from most *traditional* families (as determined by Asian language and dress) who had the highest scores on the Eating Attitudes Test and Body Shape Questionnaire, and who were subsequently diagnosed at interview as having a DSM-III-R eating disorder. The degree of Westernisation (as measured by the use of the English language at home and eating western food) was not related to questionnaire scores nor to the likelihood of receiving an eating-disorder diagnosis.

These findings require an explanation. We have argued that all Asian girls growing up in Britain and attending school here are heavily influenced by prevailing majority cultural values. The girls who experience the most *conflict* are those who come from the most traditional families, not those from families which have already adopted Western values and outlook.

The specific cultural indicators of intergenerational conflict are likely to vary with different populations. We have repeated our Bradford study in English-

medium schools in Lahore, Pakistan (Mumford *et al*, 1992). Here it was girls who were most 'Westernised' (as measured by the use of the English language at home and a Western diet) who had the highest scores on the Eating Attitudes Test and Body Shape Questionnaire, and who were subsequently diagnosed at interview as having a DSM-III-R eating disorder. Unsurprisingly, responses to items measuring traditional orientation (Asian language and dress) were not related to questionnaire scores nor to the likelihood of receiving an eating-disorder diagnosis, since these are prevailing cultural norms in Lahore.

The hypothesis of intergenerational conflict finds support in studies of adolescents in Kuwait, a conservative Muslim society which was experiencing rapid social change by exposure to Western values, even before the Gulf War. El-Islam *et al* (1986) found that adolescents' scores on the General Health Questionnaire were associated with greater *difference* in cultural attitudes between parents and children; there was no relationship between symptoms and 'liberal' attitudes as such.

Intergenerational conflict is widely accepted as a causative factor in many anorexics in Western culture. I regard the tensions which arise from cultural discrepancies between Asian parents and children as merely one specific instance of such conflict. It is highly likely that intergenerational conflict plays a major role in the development of eating disorders among Asian girls in Britain.

EL-ISLAM, M. F., ABU-DAGGA, S. I., MALASI, T. H., *et al* (1986) Intergenerational conflict and psychiatric symptoms. *British Journal of Psychiatry*, 149, 300–306.

MUMFORD, D. B., WHITEHOUSE, A. M. & PLATTS, M. (1991) Socio-cultural correlates of eating disorders among Asian schoolgirls in Bradford. *British Journal of Psychiatry*, 158, 222–228.

—, — & CHOUDRY, I. V. (1992) A survey of eating disorders in English-medium schools in Lahore (Pakistan). *International Journal of Eating Disorders* (in press).

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#### Seasonal risk factors

SIR: Pulver *et al*, in their re-examination of the evidence for a seasonal risk factor (*Journal*, January 1992, 160, 65–71, 71–75) in the development of schizophrenia, have neglected to mention several other possible explanations for the trend towards winter/early spring birth dates. Many other conditions whose aetiology is at present unknown have also been recognised as having a similar seasonal