

**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