

noticeably, and the availability heuristic comes to influence the process of making a diagnosis. I would propose that far from producing more investigations striving to make predictions come true, this heuristic produces fewer investigations which might refute the prediction. Survey any group of juniors and they will tell you all too readily of how frustrated they become when faced with the operation of the anchoring and adjustment heuristic which prevents their consultant relinquishing a diagnosis based on the availability heuristic, despite the refutatory evidence produced (perhaps from further investigations).

Even for the best clinician, who makes judgements free of heuristics and bias, the nature of a consultant's work is so different from that of a junior that one might expect differences in practice. A consultant can usually work with the assumption that simple, routine, or screening investigations have been done by the juniors (if not, why not?). It is in the nature of a consultant's work to be concerned with the few incisive investigations while leaving the commonplace in the hands of their juniors. I would have been interested to have seen a breakdown of Dr White's results by type of investigation.

Although I do not doubt the therapeutic effect of investigations for the investigator, this does not automatically negate their diagnostic value, or mean that their use is a problem. In order to make economic savings one would have to reduce considerably the numbers of a particular investigation ordered. Almost certainly that would result in an increase in the cost per investigation. Many investigations are carried out in bulk, and are a necessary and appropriate part of the care of patients in other specialities. The cost per item is thus quite low, and is unlikely to be affected by a small reduction in work for psychiatry. What price should we put on the detection of those cases of "Wilson's disease or parasagittal meningioma that the textbooks and lectures would have us believe languishes on every back ward"?

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Dr White replies

DEAR SIR

The hard results in my paper demonstrate some outcome research. The process which led to this outcome was the decision-making behaviour of clinician psychiatrists. This process cannot be demonstrated by any method presently available to us and will always be open to conjecture. I am delighted to engender discussion, either through the *Psychiatric Bulletin* or in person, about the nature of the process.

The phenomena that Dr Adams and I have both addressed are in the realm of judgement and decision-making (JDM) theory, the understanding of the processes of judgement and choice. Approaches to

understanding decision behaviour originated two centuries ago with Bernoulli's (1713) ideas in economics and Bayes' (1763) theorem for games theory. Further contribution came from utilitarian philosophy. The early part of the 20th century saw attempts to produce normative models of JDM theory. Numerous disciplines, statistics, economics, management, philosophy, social policies and law, as well as psychology, have found value in these models of JDM theory for understanding and improving the accuracy of their work. Medicine has been strangely absent from that list.

The evidence, from innumerable other sources as well as myself, has shown that man is clearly not the rational being he would like to believe (Polya, 1941; Kahnemann, Slovic & Tversky, 1982). As a result, recent years have seen a change in emphasis from normative theories of perfect JDM towards descriptive theories that attempt to understand the anomalies and aberrations found in decision behaviour wherever it takes place (Kahnemann, Slovic & Tversky, 1982; Kahnemann & Tversky, 1979; Slovic, Fischhoff & Lichtenstein, 1977). Heuristics have proved one of the most prominent and successful contributions. The challenge facing this intriguing field is to bridge the gap between the theoretical core of JDM and the various practical applications.

The way that Dr Adams and I can attribute such simple differences in outcome to such wide differences in process suggests that the time is ripe for application of decision theory in medicine.

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A full list of references is available on request from the author.

The strip-searching of women prisoners

DEAR SIRS

The strip-searching of prisoners, both on remand and convicted in British prisons, started some years ago. It was introduced for "security reasons". Concern has been expressed about the use of strip-searching, particularly when used on women

prisoners and minority groups, and some have claimed it is used to intimidate and insult. There has been very little general publicity about it, which is a little difficult to understand.

Last year I examined four women who had been exposed to strip-searching. All the women I saw had had very similar experiences, which are typified by one of them:

P.M. Age 24. Married. On remand for 6/8 weeks before being imprisoned in 1985. Released in 1988.

P.M. was strip-searched on eight occasions whilst on remand and five times after conviction. The strip-searches on remand occurred before and after appearing in court, while after conviction she was strip-searched on four occasions when she visited her dying father and later went to his funeral. She was strip-searched on the last occasion on release.

She said that the searches were carried out in a situation in which there were windows through which passing prison officers could see the person standing in the nude. All the searches were similar in execution. She was told to enter a cubicle and take off her clothes. Four prison officers were present. One stood outside the cubicle door, which was a half-door and she had to pass her clothes out of it. The other prison officers stood around outside.

It took ten minutes to search her clothing while she stood in the nude. She was then told to step outside the cubicle and had to stand in front of the four prison officers. First her front was inspected, then she was told to turn so that her back could be inspected. She then had to turn facing the prison officers while one of them examined the soles of her feet, touching the soles of her feet and again touching the palms of her hand.

While on remand she became very anxious and could not sleep the night before a strip-search. This continued for a number of nights afterwards. By then another strip-search was due and so the process perpetuated itself during the whole period of being on remand.

After conviction she said that she avoided any situation in which a strip-search would occur but had to leave the prison to see her dying father and later attend his funeral. She found that strip-searches under these circumstances were more unpleasant than ever for her since she knew that her family would know she was being strip-searched and this would add to their unhappiness, misery and grief.

She related being strip-searched to being sexually assaulted. She said that she had been sexually assaulted, but not to the extent of rape, at the age of 18. She described a number of anxiety symptoms, a disturbance of her periods and a feeling of bitterness and anger which, she said, she would never forget.

P.M. had no previous history of psychiatric illness and did not reveal any evidence of a psychiatric illness on examination. However, she was clearly and obviously upset when she recounted her experiences of being strip-searched; at times she was near to tears. She also exhibited a significant degree of anger and bitterness.

Being arrested, charged, remanded in prison and then sentenced to a prison sentence, followed by the serving of that sentence, are all obviously traumatic things to happen to anyone. The effects on individuals vary and clearly all the feelings and complaints of the women examined could be related to any of these events or a combination of all of them. However, there was a consistency in the four women's statements and reactions that showed how being strip-searched had affected them directly.

Most women do not like appearing nude before strangers and when this is forced upon them the effects are obviously disturbing. P.M. related it to rape and the other three women made similar inferences. Rape is a violent act and strip-searching in the cases described had an element of pre-violence surrounding it.

All four women described strip-searching as being carried out in a manner that at least ignored any attempt at making it humane and acceptable and, at worst, suggested that it was being used as a method of degradation, domination, insult and even a sick joke.

Strip-searching is said to be carried out for security reasons, yet it has been officially acknowledged that nothing of significance has ever been found in all the strip-searches carried out.

The consistent description of strip-searching appeared to show that the procedure was carried out in such a way that the prisoner experienced the maximum amount of insult. This, in combination with the very fact of being strip-searched, created a great deal of disgust, anger and violation. Clearly it is not possible on the evidence of one interview so relatively soon after the experience of strip-searching to make any comments on longer lasting effects upon the individual. However, there was evidence to suggest that the experience would remain with them for the rest of their lives. The experience was clearly a potent generator of anger, distaste and bitterness. My personal feelings were that these women's experiences were ones that should never be inflicted by humans upon each other.

I would be most interested to know if any colleagues have seen individuals who have experienced strip-searching and how they viewed the procedure and its possible effects upon those who experienced it.

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