
CONSPIRACY THEORIES: A RE-EMERGING PHENOMENON IN THE COVID-19 ERA

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Conspiracy theories have been prominent on online and social media forums during the Covid-19 pandemic. They are of interest to mental health professionals because of the conviction with which they are held and the vehemence with which they are defended, features shared by true delusional beliefs. This article will briefly discuss why they appear to be emerging to such a degree at this time, how we can understand the psychology of these phenomena, and whether they hold any psychiatric significance.

INTRODUCTION

'The first principle is that you must not fool yourself and you are the easiest person to fool.' Richard P. Feynman, Nobel Prize winning physicist.

A South African journalist, writing on conspiracy theories a few months ago, noted that the word conspiracy derives from the Latin word 'conspiraire', meaning 'to breathe together'.¹ This is of course an ironic observation in the Covid-19 era, given that profound respiratory distress is experienced by those severely afflicted with the illness, but the important element suggested by the derivation is that conspiracy theories are held jointly, by more than just one individual.

A further, core feature of conspiracy theories is that secret, sinister and powerful groups, often existing at a governmental or political level, cause important events. This may indeed often be plausible, although unlikely, and proof of the existence of such groups and motives is usually lacking. However, like delusions, conspiracy theories often veer off into frankly bizarre and completely implausible directions, embedded in a bewildering, internet-driven 'post-truth' mire of 'fake news', 'deepfake', pseudoscience and 'alternative facts'. Conspiracy theories can be local or global in their concerns, and they usually revolve around a particular issue, such as the Covid-19 pandemic.

Well-known conspiracy theories include the moon landing was a hoax, global warming is also a hoax, and that 9/11 and the assassination of President JF Kennedy were both caused by the US government. It was only after the latter event that the term 'conspiracy theory' assumed a derisory, negative connotation, and the term itself has been used since the mid-nineteenth century, becoming more frequent in use since the 1950s.²

CONSPIRACY THEORIES, ALTHOUGH RANGING WIDELY IN SCOPE AND PLAUSIBILITY, OFTEN REFLECT ELEMENTS OF TRUTH (REAL CONSPIRACIES EXIST!), AND THIS ACCOUNTS IN PART FOR THEIR APPEAL, AND WHY THEY ARE SO WIDELY HELD.

One need only think of our own country's recent political history, with its entangled web of deception and corruption around the 'state capture' narrative, to realise this. It is in fact likely that everyone believes in at least one conspiracy driven idea, although true conspiracy theories lack proof, and continue to be held despite evidence to the contrary.

INDEED, CONTRADICTORY CONSPIRACY BELIEFS ARE SOMETIMES HELD BY THE SAME INDIVIDUAL.

CORONA AND RELATED CONSPIRACIES

There are two main categories of Covid-19 related conspiracy theories: that the pandemic is an elaborate hoax, and therefore does not exist; and that the SARS-CoV-2 virus has been deliberately engineered as a bioweapon.³ Both categories have been strongly promulgated from within the USA, including by President Donald Trump.

Trump claimed, early on in the pandemic, that Covid-19 was the Democrats' 'new hoax'. This view was more recently endorsed by his son Eric, who stated, at a time when the US had 1.5 million cases and 90 000 deaths, that the virus would "magically" disappear after the November elections.⁴

Within the second category lies the central belief that the virus was artificially created in China and was deliberately unleashed upon the world; an extension of this theme, promoted on social media, proposes that the virus has been specifically reverse-engineered in such a way that it responds to the anti-viral agent remdesivir - so that Bill Gates, who owns shares in the Chinese company which manufactures it, can benefit from its sales.

Bill Gates does not come off lightly in corona-related conspiracies. He often plays a central role in them, and has been portrayed as a genocidal eugenicist, working in cahoots with the WHO or George Soros to somehow control the world with a Covid-19 vaccine - this vaccine, furthermore, will be tested in Africa and render all African males sterile.

An additional conspiracy theory which has emerged with recent prominence is that the virus is somehow linked to 5G technology. The specific idea that the virus is disseminated by 5G mast towers led to the destruction of some of these towers in the UK in April of this year.⁵ A related theory, which again involves Bill Gates, is that a vaccine developed by him will contain a microchip which will control people injected with it, using 5G technology.

Perhaps the most disturbing conspiracy theories to intensify during the pandemic involve 'QAnon'.^{3,6} This is a supposed organisation which exists to expose a 'deep state' which controls the US, and whose members include Barack Obama, Hillary Clinton and the actor Tom Hanks. Satanic paedophiles by nature, 'deep state' operatives (which include public health officials), sexually abuse and murder children, and then drink their blood so that they can become intoxicated by the chemical 'adenochrome', produced by the body in states of fear and terror. President Trump's role in this drama is to allegedly save the US from the 'deep state'. 'Fall cabal' is a similarly themed idea which purports to document and prove this narrative on video-channels which are easily found on the internet.

MANY OF THE ABOVE THEORIES ARE LINKED TO OTHER POPULAR THEORIES INVOLVING 'BIG PHARMA', THE 'ANTI-VAXXER' MOVEMENT, AND THE WHO, AND ARE ALARMINGLY PREVALENT IN THE US.

A representative sample of over two thousand North Americans polled in March of this year revealed that almost a third believed that Covid-19 was deliberately created and spread, and a similar proportion believed that it was deliberately exaggerated in a bid to undermine Trump before the November elections.³ Roughly a quarter believed that the dangers of vaccines and 5G technology had been concealed, and just over forty percent believed in an extrajudicial 'deep state'. Of the twenty-two conspiracy theories that were included in the poll, responses to the purely political ones included a belief in just over a third of the respondents that Trump colluded with Russia to win the 2016 election, while twenty percent still believed that Barack Obama faked his US citizenship.

The interesting intersection that exists between US political and corona conspiracies is surely in part because Trump himself appears to be a conspiracy theorist, and his support for corona-related conspiracy theories is to his political advantage, as they further his anti-China agenda and appeal to his large right-wing political support base. In addition to being a climate-change denialist, Trump has steadfastly maintained the 'birtherism' idea, which is that his predecessor was not born in the US, and therefore lacked legitimacy as President, and has consistently promoted the idea that the pandemic has been deliberately created in China. He has also claimed that mortality figures from Covid-19 in the US have been exaggerated, as part of an attempt to

discredit him. Trump has also been at odds with his medical advisory pandemic team, notably Anthony Fauci, and is also a proponent of pseudoscience, continuing to support the use of chloroquine in the face of scanty evidence for its efficacy, and suggesting that light and injectable disinfectants are useful treatments for Covid-19.

THE ROLE OF THE INTERNET AND SOCIAL MEDIA

The internet, whilst enabling the 'democratisation of knowledge', has also, in the context of the pandemic, allowed information to flourish which is all seen as falsely equivalent, often with little regard for discernment by users, and it has encouraged the devolution of expertise. Immediate, frequent, and global access to online information, and the easy segregation of ideas and opinions on social media pages, groups, forums, and video-channels, leads to their widespread dissemination, which can then be 'liked' and shared.

IN FACILITATING THE SEEKING AND SHARING OF INFORMATION THAT IS CONGRUENT WITH ONE'S BELIEF SYSTEMS, WHILE IGNORING OPPOSING INFORMATION ('ECHO CHAMBERS'), AND THE ACTION BY ALGORITHMS TO SELECT INFORMATION BASED ON PERSONAL PREFERENCES ('FILTER BUBBLES'), USE OF THE INTERNET READILY LEADS TO CONFIRMATION BIAS.⁷

An example which alarmingly demonstrates the power of the internet to sway public opinion is the growing anti-vaccination movement. A recent study investigated 1 300 pages, followed by about 85 million individuals, and showed that anti-vaccination pages, whilst having fewer followers, outnumber pro-vaccination ones, and are linked to a far greater degree to undecided groups, such as parent associations at schools.⁸ Computer models of these trends suggests that the views of 'anti-vaxxers' could significantly predominate and influence public opinion on vaccination within the next decade.

Somewhat counter-intuitively, there is little evidence that social media is responsible for the increasing emergence of corona-related conspiracy theories.³ It is true rather that social media platforms such as Facebook, Twitter, WhatsApp, and YouTube, facilitate the spread of ideas that would anyway have arisen from major events, such as the emergence of Covid-19.

This is true for conspiracy theories about Covid-19, as well as for misinformation about other aspects relating to it, such as claims of spurious treatments. In the words of misinformation researcher Gordon Pennycook, "Social media doesn't incentivise truth ... it incentivises engagement".⁹ In work done earlier this year, his experiments with participants revealed that ten percent more of them would share a mixture

of true and fake Covid-19 news on social media, than if they had paused to assess the veracity of the information before sharing, in which case they would preferentially share accurate news. This suggests that a proposed intervention of 'nudging' people to reflect on accuracy is a simple but effective way of improving the choices people make when sharing.

COUNTERING THIS IS THE FACT THAT SOCIAL MEDIA ENABLES THE FREQUENT REPETITION OF MISINFORMATION, WHICH CAN THEN BE INTERNALISED AS BEING TRUE.

This is enhanced by the deliberate use of pictures (perhaps as simple as the inclusion of a schematic of the virus), the inclusion of the names of medical authorities and associations, and related facts and figures, and the use of pseudoscientific language.⁹ Other tactics include the use of a convincing, readable style, engaging personal accounts, and appeals to emotion, such as fear, blaming, social grouping and solidarity, rather than to rational thought.

Cognitive reflection tests (CRTs), which provide a means to assess an individual's ability to inhibit an immediate and intuitive response to a problem, are central to research in this area.⁹ The following example, which is the one of the first such tests to be devised, is the following: if it takes 5 machines 5 minutes to produce 5 gadgets, how long will it take 100 machines to produce 100 gadgets? A likely immediate response would be 100 minutes, whereas the correct answer is 5 minutes. This 'cognitive miserliness', or the tendency to rely on habitual cognitive strategies, or apparently obvious solutions, has been shown in studies to make people more susceptible to Covid-19 hoax theories.⁹

Interestingly, social media companies have recently taken the unprecedented step of deleting social media accounts of popular and influential people who spread misinformation and conspiracy theories about Covid-19. These include David Icke, a strong proponent of the idea that 5G causes Covid-19, and who believes that reptilian aliens control the world, and Judy Mikovits, a former research biochemist who expressed her Covid-19 conspiracy theories in 'Plandemic', a documentary video that has now been removed from the internet. Whilst such measures constitute an ethically questionable curtailment of free speech, they do indicate an appropriately deep level of concern about the internet's ability to spread misinformation about the pandemic.

EXPLANATORY MODELS FOR CONSPIRACY THEORIES

The internet, as the above suggests, plays a large role in the ease with which conspiracy theories can be spread. What, however, are the underlying factors that lead to their initial genesis? The current pandemic has led to governmental restrictions on civil liberties,

mass job losses and crippled economies, and the adoption of alienating, paranoia-inducing public health measures such as self-isolation, physical distancing, and the wearing of masks. When coupled with widespread fear, uncertainty, and anxiety across the world, the resulting situation is ripe for the development of conspiracy theories. Simple denial may be an initial response (a stance adopted by our own government at the start of the AIDS epidemic in South Africa); the subsequent development and adoption of explanatory narratives is empowering and comforting, both for individuals, and the groups which later arise and integrate from them.

DOES POOR PUBLIC LITERACY ABOUT THE SCIENTIFIC METHOD, AND DIFFICULTY IN NAVIGATING THE COMPLICATED TERRAIN OF THE FIELDS OF VIROLOGY, EPIDEMIOLOGY, PUBLIC HEALTH, AND OTHER MEDICAL DISCIPLINES CONTRIBUTE TO THE DEVELOPMENT OF CORONA-RELATED CONSPIRACY THEORIES?

Compounding this has been the conflicting opinions often expressed by experts in these fields as the pandemic has evolved - although this is often due to new and rapidly changing information rather than professional uncertainty, it has been seized upon by conspiracy theorists as evidence of subterfuge and manipulation.

RATHER THAN READ AND EVALUATE INFORMATION FROM REPUTABLE ONLINE SOURCES, CONSPIRACY THEORISTS FREQUENTLY FAVOUR ONLINE VIDEO DISCOURSES, PROMPTING THE CREATION OF THE INTERNET MEME, "CONSPIRACY THEORIES ARE PUBLISHED ON YOUTUBE, SCIENCE IN PEER-REVIEWED JOURNALS". FACTS POSTED IN SUPPORT OF SCIENTIFIC DISCUSSIONS ABOUT THE PANDEMIC ARE SIMPLY DISCREDITED, TOGETHER WITH FACT-CHECKING SITES SUCH AS SNOPE.COM AND FACTCHECK.ORG.

Therefore, rather than resulting in a renewed global respect for science, which would have been a welcome consequence of the pandemic during an era characterised by poor scientific literacy, a surge in pseudoscientific thinking, and increasing public wariness of medical orthodoxy, the pandemic has unfortunately to a large degree had the opposite effect. This cannot be simply accounted for by scientific illiteracy, and a person who famously demonstrated this was the late Kary Mullis, who won a Nobel Prize for his discovery of the polymerase chain reaction (PCR) technique, but who was an AIDS and climate change denialist. Medical professionals, whom one would expect to know better, have also been voices of scientific dissent

during the pandemic. A mental-health professional who demonstrates this is Kelly Brogan, a US board-certified, self-styled 'holistic psychiatrist' who does not believe in "germ-based contagion", and who has stated that "it is not possible to prove that any given pathogen has induced death".¹⁰

A large-scale example of pseudo-scientific medical practice occurred in April, in the state of Kerala in India. Although homeopathy has been discredited, the state distributed vials of homeopathic medicine to 4.5 million of its citizens as a response to Covid-19.¹¹ Its health officials claimed that the medication was an immune booster, and that it had been used with success in the past during outbreaks of previous epidemics in the state, including dengue, typhoid and chicken pox.

In conclusion, it is unlikely that poor scientific literacy per se is a significant contributing factor to the thought processes underlying conspiracy theories. Failures of logic, a reluctance to test hypotheses, and adhering to ideas which conform to underlying schemas and worldviews are likely to be more robust factors. For example, Occam's razor, or the most parsimonious solution to a problem, suggests that the pandemic is simply a zoonotic infection which originated in bats and now has been transmitted to humans, a view for which there is considerable evidence. Despite this, very many people hold on to theories that it is a synthetic virus which has been purposefully unleashed onto the world.

Magical thinking, cognitive distortions, and cognitive biases can reasonably be expected to play a role in conspiratorial thinking. Cognitive miserliness and confirmation bias have already been mentioned, and others of significance include the Dunning-Kruger effect (in which confidence and belief in one's knowledge and abilities is in excess of actual possession of these attributes), 'jumping to conclusions' bias, belief inflexibility, and attributional, anchoring and self-serving biases.⁷ Cognitive biases are, of course, equally at play in people not prone to believe in conspiracy theories. The presence of personality factors and traits should also be considered, and significant ones might include schizotypal and paranoid traits.

ONE PSYCHOLOGICAL MODEL OF CONSPIRACY THEORIES SUGGESTS THREE EXPLANATORY MOTIVES FOR THEIR ORIGIN: EPISTEMIC (WHICH RELATES TO THE UNDERSTANDING OF ONE'S ENVIRONMENT), EXISTENTIAL (THE DESIRE TO FEEL SAFE AND IN CONTROL OF ONE'S ENVIRONMENT) AND SOCIAL (THE MAINTENANCE OF POSITIVE SELF AND SOCIAL GROUP IDENTITY).¹²

Epistemic motives provide meaning and reduce anxiety when random environmental events occur, for which insufficient or conflicting explanatory information is available, and maintain internal

belief consistency when such information is lacking. Existential motives seek to increase autonomy and reduce anxiety by, for example, choosing alternative over official accounts, thereby promising safety in the knowledge that role-players portrayed as dangerous are recognised and thus are no longer a threat. Social motives enable positive identity through assuming a higher moral ground in the face of malevolent others, to whom blame for failure can be attributed. Despite these motives driving people to believe in conspiracy theories, there is little available evidence that they actually fulfil them; they more likely end in conferring less empowerment and agency, and may be a "self-defeating form of social cognition".¹²

FINALLY, PERHAPS MORE PROSAIC FACTORS ARE ALSO AT WORK IN THE EVOLUTION OF CONSPIRACY THEORIES. HUMANS LOVE BEING ENTERTAINED, AND LOVE TELLING STORIES, AND HAVE DONE SO FOR COUNTLESS MILLENNIA. FILMS AND SERIES, WATCHED BY BILLIONS OF PEOPLE ACROSS THE PLANET, THRIVE ON THEMES OF INTRIGUE, DECEPTION, DOUBLE-CROSSING AND ESPIONAGE. IT IS PERHAPS SIMPLY IN OUR NATURE TO CREATE CONVENIENT FICTIONS AND MYTHS IN THE FACE OF CALAMITOUS DISASTER.

PSYCHIATRIC IMPLICATIONS - ARE CONSPIRACY THEORISTS 'MAD'?

Confronted by the more bizarre pandemic-related conspiracy theories currently in circulation, and their apparent pervasiveness, it is tempting to ask whether their followers are not delusional, and one despairingly wonders whether a collective madness has not gripped the world?

With the defining and phenomenological features of true delusional beliefs in mind, it is evident that conspiracy theories, although falsifiable, can be fixed and unshakeable. When they are held with conviction which wavers, they can perhaps be considered as overvalued ideas ('strongly held ideas' is an alternative term used in DSM-5). They can also be bizarre, complex, and systematised – as a 'QAnon' supporter stated, "Go deep enough down the rabbit hole and everything does seem to interconnect."¹³ Kendler et al's five dimensions of delusional intensity¹⁴ can therefore be successfully and integrally applied to conspiratorial belief systems: conviction, extension (the degree to which the belief involves areas of the individual's life), bizarreness, disorganisation (the degree to which the beliefs are internally consistent, logical and systematised), and pressure (the degree to which the individual is preoccupied and concerned with the beliefs).

A DELUSIONAL BELIEF HOWEVER, WHEN IT REQUIRES CLINICAL ATTENTION, IS INVARIABLY SELF-REFERENTIAL (WHICH RELATES TO THE QUALITY OF 'EXTENSION'), TO A DEGREE THAT THE INDIVIDUAL ACTS ON THE BELIEF OR EXPERIENCES SIGNIFICANT DISTRESS FROM IT, AND THIS FEATURE IS PROBABLY ATTENUATED IN MOST CONSPIRACY THEORISTS.

Clinical experience also suggests that psychiatrically significant delusions are unique to the individual and are held alone by that individual, and in this way they differ crucially from conspiracy theories, which typically are held by groups of people, often numbering in the millions.

AS CONSPIRACY THEORIES ARE WIDELY HELD, THEY CAN ALSO BE CONSIDERED AS BEING CULTURALLY SANCTIONED, THUS DIFFERING FROM TRUE DELUSIONAL BELIEFS, WHICH OFTEN LIE OUTSIDE OF CULTURAL AND RELIGIOUS NORMS.

Special mention should be made here of the intriguing case of shared delusional disorder (or 'folie à deux', which was removed from DSM-5, but appears in earlier editions): in this condition a delusion, held by a primary individual, is shared by one or more secondary persons, who live in close proximity to or who are in a close relationship with the affected individual; clinical examples furthermore suggest that the affected groups often live in relative isolation from the world. Cults, and the bizarre belief systems often seen in them, are perhaps a related and extended form of this, but these, and shared delusional systems, appear to manifest very differently from conspiracy theories.

A VAST RANGE OF BEHAVIOURS MAY RESULT FROM BELIEF IN CONSPIRACY THEORIES, SUCH AS REFUSING TO ADHERE TO CORONA-RELATED PUBLIC HEALTH MEASURES, A REFUSAL TO HAVE ONE'S CHILDREN INOCULATED AGAINST CHILDHOOD DISEASES, AND NOT SUPPORTING SOCIETAL EFFORTS TO REDUCE GLOBAL WARMING (OVER THIRTY PERCENT OF AMERICANS BELIEVE THAT CLIMATE CHANGE IS A HOAX¹²).

Such behaviours are not necessarily unusual, and would not constitute functional impairment in the psychiatric sense of the word (although this is not required if the belief is held to such a degree that a diagnosis of delusional disorder is considered); they could however be seen as constituting collective damaging behaviours, with far-reaching and long-term health and socio-political consequences.

These are complex issues, perhaps better addressed by social scientists. The role of mental health professionals may simply be to provide explanatory psychological models for the mechanisms of thinking and behaviour which underlie conspiracy theories, to approach their adherents with understanding and empathy, rather than confrontation, and to explore whether their belief-systems play any role in distress or abnormal behaviour, should they present to mental health services.

CONCLUSION

CONSPIRACY THEORIES WILL BE WITH US FOR A LONG TIME TO COME, AND NEW ONES WILL ARISE, AS THE WORLD BECOMES INCREASINGLY CHAOTIC, FRAGMENTED AND UNEQUAL. THEIR ORIGIN IS COMPLEX, MULTIFACTORIAL AND POORLY UNDERSTOOD.

They will continue to always intrigue, sometimes amuse, and often frustrate us. Perhaps the best approach currently is to consider them as *quasi*-delusional belief systems. Their existence is clearly of interest and relevance to mental health professionals, and they are worthy of our attention, scrutiny and research.

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