the refreshing eclecticism to which "registrars" in Great Britain and "residents" in the United States have to adjust.

L. S. Kubie (1) refers to the "subtle intrapsychic variables" to "be isolated from or at least studied apart from external variables, before we can begin to understand the interaction between intrapsychic conflicts and the variables among external stresses. . . . We are in danger of losing sight of this scientific perspective." A. Querido (2) points to the advantage of seeing the patient in his "own surroundings, in which the picture is unfolded, which can never be obtained in any other way". He supports the "shifting the responsibility from mental hospital to the community" and encourages one to conceive "the patient as part of a dynamic pattern . . ." of a "mental *or* (italics added) psycho-social homeostasis". "Without saying anything about the causes of mental illness as such", he notes that " . . . the patient is not able to restore the equilibrium himself. *This is what makes him a patient* (italics added)." Kubie, who warns against relying too much on drugs rather than on working with patients, notes how painful the latter can be, since it may "stir in . . . young psychiatrists distorted reflections of their own family relationships and . . . their own personal problems . . .". One reads (2) that it is "unavoidable" . . . to . . . "go beyond the individual . . ." this development being, "as new as it is old", respectively (1), "as old as the hills . . . and doing it again does not make it any better", and that "the ultimate therapeutic task" is "to facilitate changes in the man behind the illness". This is what "*psychotherapy is really about*" (italics added).

Some of us who have had their share of disappointments and of gratifications in both fields of endeavour will gratefully acknowledge some statements from both camps, while suspending judgment on others. But remembering the centuries-old antinomy between the corpuscular and the undulatory theories of light, for instance, or the more recent debates on Humoralpathologie *v.* Zellularpathologie, one takes courage and looks forward to a time when both the man behind the illness and the society around the psycho-socially deranged may become more amenable to reason.

This problem may turn out to be more complex than many of us realize. We may have to explore, not merely the individual and the circle of his life but also the cycle of generations, to which both the growth of individuals and of social communities owe their existence.

In a posthumous paper (3) H. J. Muller points to our responsibility to promote "the collection, documentation and storage of exemplary germinal material" . . . of . . . "enhanced co-operativeness . . . heartfelt, broader brotherly love and of more creative and generalized intelligence . . .". He feels that there are "clearly, certain things that must be done at this point so that man can gain the highest freedom possible: the finding of endless worlds both outside and inside himself and the privilege of engaging in endless creation".

A truly comprehensive study of man, of his social and, last not least, his economic ambiance and its effect on individuals, communities and its genetic consequences, may be feasible at present. Psychiatrists may do worse, in times of individual, social, international upheaval and conflict, than to stress the need for an all-out, co-ordinated research effort toward establishing a natural order in which mankind could flourish again.

JANOS A. SCHOSSBERGER,
Visiting Professor of Psychiatry.
Western Psychiatric Institute and Clinic,
3811 O'Hara Street,
Pittsburgh, Pennsylvania 15213.

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OBSESSIVE COMPULSIVE STATES

DEAR SIR,

I am writing to suggest that Obsessive Compulsive States should be classified under the psychoses. The reasons I have for this are:

1. That this disorder is primarily a thought disorder, that is, a disorder of thought control.

2. (*a*) That environment plays little or no part in the precipitation of individual attacks.
   (*b*) That the course of the illness is largely determined by endogenous factors (1).
   (*c*) Recurrent endogenous obsessional states in which such symptoms appear out of the blue are known, and any depression in these states is secondary (1).
   (*d*) A cyclic obsessional condition, which is a rare type of illness, and is probably different from the above, is also known.
   (*e*) That persons of obsessional disposition are liable not only to frank obsessional states but also (among other things) to involutional depressive states and to clinically similar states which occur in earlier years,

3. Certain features of the condition, for example depersonalization, *déjà vu* and *jamais vu*, would suggest disturbance of awareness of wakefulness.

4. Abnormal EEG has been found in obsessive compulsive neurosis.

5. That psychotherapy has little value in treatment and psychoanalysis, according to Fenichel (2), is difficult and dangerous, as it is impossible to make rapport with the patient. "Empathy into the feelings of the obsessional is more difficult than into those of psychotic patients."

6. That obsessional compulsive patients have no emotional insight, although they may have intellectual insight. "He takes refuge behind concepts and words."

7. That prognosis is not good.

M. E. Elsarrag.

Stratheden Hospital,
Cupar, Fife.

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A JUVENILE VARIANT OF INSTITUTIONAL NEUROSIS

Dear Sir,

A few years ago some of the new Local Councils of rural Ghana attempted to run "day nurseries" for children below school age.

Some of these nurseries provided swings, see-saws and slides with which the children played normally.

Others provided nothing but a bare-fenced yard in which the children were confined. A woman "supervisor" busied herself with cooking and ignored the children.

These latter children made no attempt to run about and play. They stood close together in a clump, completely inert and completely mute, with hanging heads like horses asleep on their feet. They seemed entirely withdrawn from their surroundings.

The writer chanced upon two examples of this rather horrible phenomenon which seemed to be an exaggerated form of institutional neurosis.

The Local Council day nurseries have now all been ordered to close. It was not stated why.

M. J. Field,
Senior Research Fellow,
Ghana Academy of Sciences.

Chillybridge,
Dulverton,
Somerset.

PSYCHODYNAMIC CHANGES IN UNTREATED NEUROTIC PATIENTS

Dear Sir,

In your May, 1968, issue (p. 525–551), Drs. Malan, Bacal, Heath and Balfour report on their examination of 45 untreated Tavistock Clinic patients on a 2–8-year follow-up. They conclude "symptomatic improvement is the rule rather than the exception in untreated neurotic patients", but find that one-third to one-half of these improvements were "psychodynamically suspect". While it is likely that spontaneous improvement is often not lasting or far-going enough (the same applies to many patients who undergo therapy!), there is a more fundamental issue to be clarified.

Are the "psychodynamic changes" which psychoanalysis tries to achieve desirable? There is not enough conclusive evidence as to the symptomatic results achieved by analysis, but it is more important to evaluate whether, with or without symptomatic improvement, the personality changes occurring in analysis are harmful or not.

I myself have been connected with psychoanalysis for the greater part of my life. I have been a practising analyst for many years, and was a member of the British Psycho-Analytic Society and International Psycho-Analytic Association until I resigned. I have even for some time been a Training Analyst. I have published profusely in psychoanalytic journals. I have personally known a large number of persons undergoing analysis, and I have treated many failures of psychoanalysis. I have gradually dissociated myself from psychoanalysis because I have come to the conclusion that it is harmful both for the patient and the analyst.

The psychoanalytic situation is an abnormal one, and necessarily abnormalizes. Indeed, analysts expect a "transference neurosis" (the occurrence of formerly not-existing neurotic reactions and symptoms), and aim at breaking down the personality, hoping it will afterwards build itself up again in a more satisfactory manner. But does it? The constant dwelling on painful pathological and irrational aspects, the minimizing of and undermining of rational thinking and objective achievement, the attacks on social values, and the isolating of the patient from ordinary people can only be harmful and warp the personality.

Leading analysts Bibring and Bartemeier regard the disturbance of his reality sense as the occupational disease of the psycho-analyst. This is hardly a comforting thought.

Melitta Schmideberg.

199 Gloucester Place,
London, N.W.1.