

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.

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#### REFERENCES

1. MAYER-GROSS, SLATER and ROTH. (1960). *Clinical Psychiatry*. Second Edition, 151-154.
2. FENICHEL, O. (1931). *Hysteria and Obsessional Neurosis*, Vienna, 158.

#### 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 They seemed entirely withdrawn from their surroundings.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.

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#### 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.

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