such a policy to work a clear "fail safe" method of preventing communication breakdown between the three parties must be developed, especially if medication were to be prescribed over a Bank Holiday weekend for example.

CARLOS FORNI

Northover Mental Health Resource Centre
102 Northover Lodge
Downham, Bromley
BR1 5JX

A disturbed unit

DEAR SIRS

The management of aggressive, violent psychiatric patients is a current phenomenon evoking considerable interest. My views on this issue derive from my recent role as the responsible clinical psychologist in such a unit for mentally handicapped patients at Aycliffe Hospital, County Durham.

Over a one-year period there were 27 new admissions, one third from the community (16 female and 11 male patients), with presenting violent behaviour. There was no dichotomy with regard to age (mean 34 years), but the men were more intelligent (upper-mildly-retarded) than the women of moderate retardation. Diagnostically, they included schizophrenia, organic involvement, behaviour disorders and psychopathy. The women have tended to be more psychotic (3:1), and there were 4:1 male: female psychopaths. The population then was comparable to that referred nationally to such units (HMSO paper, 1990).

The discharge rate, back to the hospital or to the community, was 47% during this year. Diagnosis was irrelevant to this. Of the 12 violent incidents during the year committed by seven patients, IQ, age or diagnosis was not related, nor was medication. The male patients spent twice as long in the unit following their violent outburst as the females.

The impression gained from these observations is that, in such a disturbed unit, violence in the mentally handicapped reflects social factors rather than a mental illness.

RONALD ANDREW SKENE
Consulting Psychologist

Consulting Room
332 The Hardgate
Aberdeen, Scotland
AB1 6AS

Poles – unsuitable for psychotherapy?

DEAR SIRS

For nine years I have provided psychiatric consultations to Polish-speaking patients at "The Polish Clinic" in Harley Street. Being predominantly a psychogeriatrician, I appreciated the opportunity to use other skills such as psychotherapy. However, my enthusiasm has been clouded by my total failure to prevent drop-outs. Polish patients to whom I have offered psychotherapy (brief analytical, behavioural, cognitive) have rarely completed more than three to four sessions before they disappear without saying whether they felt better or worse. The total number was approximately 30, aged between 16–65, articulate, often living in this country for several years, with reasonably well-defined problems and not suffering from mental illness. For comparison I recall a group of similar patients whom I treated as a senior registrar at Guy's Hospital with psychotherapy and when there were few drop-outs. Why?

Polish history abounds in tragic and unexpected events beyond the nation's anticipation or control. Friends and relations (good objects) often disappeared without warning or farewell (wars and foreign occupations often responsible). They vanished irretrievably or, if they came back, were changed or perceived as changed. For many Poles the Piagetian concept of "object permanence" has been repeatedly subject to assault. Z. Mrozek, a contemporary Polish playwright, put forward in his play *On Foot* that only loose and illogical, emotional/cognitive systems can withstand repeated assaults. By their initial enthusiasm for psychotherapy Polish patients may have hoped to receive much needed care but, when the relationship required real commitment, the fear of being exposed as vulnerable and then abandoned pushed them into flight. Some have been emotionally frozen due to failure to mourn as in *The Iceman Cometh* by Eugene O'Neill. "Unfreezing", a necessary and unavoidable state in psychotherapy, could evoke a fear of total "melting". A desire to be close may become coupled with a defensive wish to remain unreachable. Only a solid inner core impregnated with good and reliable internalised objects can defy archetypal fear of annihilation in intimate relationships (Jung, 1939).

I am sure this difficulty in developing and maintaining intimate relationships in psychotherapy affects not only Poles, but other nationalities, for whom fight for survival overrides the capacity for care and commitment, a final acknowledgement of separateness and individuation in relationships.

E. CYBULSKA

Stoneford Hospital
Dartford, Kent
DA2 6AU

Reference

JUNG C. G. (1939) *Conscious, Unconscious, and Individuation*, pars 489–524, C.W.9.