stopped abruptly due to the development of acute blood dyscrasia (red alert). We would recommend that the clinician should be aware of the phenomenon and generally wean Clozaril off patients not responding to long-term therapy.

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Cognitive therapy and Winnie-the-Pooh

DEAR SIRS

Hosty (*Psychiatric Bulletin*, **16**, 758) again illustrates that literary figures lead psychiatrists in observing and recording psychological phenomena. Winnie the Pooh provides not only a paradigm for cognitive and psycho-analytic models but a powerful therapeutic tool in himself.

N was an 11-year-old girl whose hysterical blindness led to her being admitted after which she deteriorated into a state of "pervasive refusal" (Lask *et al*, 1991) characterised by ceasing to walk, eat or drink, so that she had to be fed by nasogastric tube as she lay inert on her bed. Her Eeyorian propensity to predict the worst, and make the staff believe it, ensured maximum anxiety, and there was no Christopher Robin to make things better. Amid intense care, individual psychotherapy continued. Reflecting on her silence led to the therapist being deafened by the overwhelming power of her communication and he turned in desperation to childhood comfort and read *Winnie the Pooh* and *The House at Pooh Corner* to her.

Any notion of a therapeutic plan would be a retrospective falsification. The adventures of Pooh continued commensurate with the adventures of the team as they cared for N by organising visiting, getting into tight places, hunting for aetiological Heffalumps, chasing after meaning and getting lost in psychodynamic forests, with the resultant emotions of anxiety, feeling lost, despondency and dependency. The search for the North Pole became the psychotherapeutic route to recovery which came in anti-climatic fashion.

"Pooh's found the North Pole," said Christopher Robin
"Isn't that lovely?"
"Is that it?" said Eeyore.
"Yes" said Christopher Robin.
"Is that what we were looking for?"
"Yes" said Pooh.
"Oh!" said Eeyore. "Well anyhow – it didn't rain."

N slowly regained her interest in living as if Pooh's explorations had given her a secure base on which to continue to develop, and forcing us to reconsider whether Eeyore had a macabre sense of humour in his sense of self.

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"Death of a hospital"

DEAR SIRS

With regard to Drs Piezchniak and Murphy's report on the "death of a hospital" and the subsequent mourning ritual, attempting to compare this to the death of an individual (*Psychiatric Bulletin*, 1992, **16**, 482–483), this analogy is not appropriate and simply obscures the concerns many people have about the future for psychiatric patients. Too often when we read about such closures, people's reactions are attributed to an underlying "emotional" problem, rather than to their realistic fears for the future. We read about "the sense of loss" the "emotional attachment", "bereavement", and more critically, "anxiety about change". Thus, anyone who dares to suggest that such new "developments" are anything but good is deemed to have problems coping with change, and emotional difficulties which prevent them appreciating the value of such changes. The view that mentally disturbed people might find a therapeutic environment as soothing as a two-weekly injection from a visiting nurse is dismissed as sentimental and irrelevant.

Piezchniak and Murphy note that "it was evident that ... there was concern about the future". This should hardly be surprising, in view of the scale and speed of change, the lack of provision for the mentally ill, and the underlying trend for successive governments to disown responsiblity for mental illness, with which we as a profession are passively colluding.

Psychiatry has long-standing problems with image and creditibility, and things are not improving. Although there are treatments which are certainly more effective than those of 50 years ago, the same