

claim for the success rate for children aged under six, judged by their improving so that they can compete with healthy peers, is 85%. However, the institute does not accept patients with any psychiatric disorder.

For the College's Programmes and Meetings Committee the highly successful organiser-in-chief was Dr Cornelius Katona and all in our party of 37 were very deeply grateful to him and to the flexible and sensitive leadership of Professor Hugh Freeman.

Our Hungarian hosts, some of them on the organising committee, were at the utmost pinnacle of kind-

ness, generosity, thoughtfulness and cheerfulness; for innumerable acts of escort and guidance we are particularly indebted to Dr Zoltán Rihmer, his junior Dr Katalin Vég, Dr Zsuzsanna Hada and her dentist husband Zsolt Fenyves. In Szeged, big bearded Dr Zoltán Janka was the soul of genial and patient direction. One evening in Budapest the Hungarians took us to dinner, mostly in their homes, in groups as small as two, and on this and other occasions we ate, drank and exchanged ideas magnificently at tables often decked with the Hungarian flag and the Union Jack.

Trauma and its Aftermath

A report on the First Residential Conference of the Psychotherapy Section of the Royal College of Psychiatrists, held at Queens' College, Cambridge, 6–8 April 1989

MARCUS JOHNS, Consultant Psychiatrist, Tavistock Clinic, London NW3 5BA

This conference presented a wide ranging programme. Between them the speakers covered the disruptions and distortions in development in individuals, groups, institutions, and social structures as they covered the range of child abuse, survivors of disasters, health service crisis, the impact of AIDS, social disruption and psychotic processes.

The conference was programmed as "An exploration of the impact of trauma on the individual, family and society, from psycho-analytic, group-analytic and sociological perspectives". This exploration was achieved, not only by the presentations of the speakers, but by skilful use of the small and large groups for discussions after the presentations. The stimulating effect of these groups was that conference members were required to engage in the difficult work of incorporating their understanding of the presentation into their own personal histories. This experiential work allowed the integration of other people's experiences with one's own, both in terms of conscious personal memories as well as some unconscious elements. Although this structure of the conference gave rise to some anxiety at first, the tasks generally seemed to be tackled well by the conference members and were certainly facilitated by small group conductors from the Institute of Group Analysis. The large group demonstrated yet again how difficult it is to remain task-centred and Colin James, as convenor of the group, had a difficult task.

The choice of Cambridge for the first residential conference was excellent and allowed many members to remind themselves and each other of previous life episodes, for good and bad, and to give others a tiny sample of an academic life that had been part of many fantasies. The only disappointment for members and for some speakers was that, because of the innovative use of the small groups, there was not the usual dialogue between speakers and audience that is valued by both sides. Nevertheless Jon Sklar and Andrew Powell must be congratulated for creating an involving and thought-provoking weekend which John Hook's administration ran efficiently, with the hard work of Jean Wales and Sue Prevost.

After the opening remarks of the organisers, Earl Hopper took us into the links between social structures, systems, group analysis and psycho-analysis with his paper on 'Social Trauma and Psychotic Anxieties'. He reminded us how social systems and groups are maintained by common attitudes and beliefs and that when these organisations are traumatised, the level of functioning regresses towards what in the individual would be seen as psychotic processes. He showed us how, in considering the unconscious life of groups, there could be a fourth basic assumption to set alongside Bion's pairing, fight-flight, and dependency. This fourth basic assumption is one of aggregation-massification. These are phenonema which occur when the

functioning of a group or social systems is characterised by the psychotic anxieties of fission, fragmentation and aphanisis. Most of his audience were unaccustomed to these new concepts and would have wished for a greater opportunity to clarify them with him, and his presentation was not helped by his allotted time being shortened so that the development of his ideas was curtailed.

The next morning Brendan MacCarthy gave his paper on 'Child Abuse: A Social, Family and Individual Trauma'. After reviewing the development of psycho-analytic thinking on psychological trauma, he presented the psycho-analytic treatment of an adult who had suffered severe abuse as a child. As a result of early experiences the patient had been left with symptoms that she could not explain; the patient had no memory of abuse. During the course of the treatment the family history came to light and provided some understanding of how the symptoms came about, although the symptoms remain to continue to be worked through within the analysis. His clear description of this treatment emphasised the difficulty in helping patients to reach the affect which has been repressed by the traumatic abuse which causes distortion of the personality and distressing symptom development.

Later John Alderdice presented his paper on 'The Psychopathology and Politics of AIDS' with the comfortable ease of a professional speaker. Although the horrifying prediction now seems to be being modified in the light of changing practices, he rightly reminded us that in 1986 in the USA there were 24,000 people with AIDS, and there were 13,000 deaths. The prediction for 1991 is that there will be perhaps 13 million with HIV infection, 270,000 with AIDS and 179,000 deaths. The staggering prediction for HIV infection world-wide was that there would be 50 million. He showed that this was clearly going to be not only catastrophic for individuals and groups but that whole societies and countries would be crippled and perhaps bankrupt by the impact of a massive sick population. He described the mechanisms of denial that are brought into action to deal with this terror that he compared to the Plague. The overwhelming panic of a deathly infection out of control calls for denials of illness, refusals to engage in practical measures of limitation and investigation by testing, blaming and persecution of specific groups and sufferers, super-trivialisation of serious major questions, and sensualisation of distress and alarm.

During the afternoon, Caroline Garland described some of her work with the survivors of the King's Cross fire in her paper, 'External Disaster and the Internal World - Consultation Work with Survivors'. This most moving paper described the link between the individual's personal childhood development and experiences to their experience and reaction to being involved in a major disaster. She

showed how the simple repetitive telling of events by survivors was not therapeutic in itself but needed an intervention by the listener at the appropriate moment to allow a shift in the survivor's mastery of the experience by affectively linking it to previous experiences and childhood perceptions. Her first clinical example poignantly described the immobilisation of a trapped victim which had re-activated the physical and emotional paralysis of earlier childhood traumata. In listening to this moving report the members of the audience had to use their own strengths and perhaps even mobilise some intellectual defences against the pain of empathy with the survivor. This meant that it was even more agonising to be faced with her second clinical example, where she described another survivor who had used intellectual defences to try and cope with the experience of the horror of the fire as well as childhood traumata.

Later Hanna Segal gave her paper 'Psychotic Processes in the Individual and Group'. She described how the irrational behaviour of groups can be derived out of the early psychotic process of the infant which has remained within the personality as unresolved problems in psychic development. She showed how the individuals within a group can come to share the omnipotent idealisation of hatred and the group then searches for an external enemy. The group, or a sub-group, may emphasise the persecutory anxiety so that the whole group fear and believe in the external enemy and that this process was most pertinent to the maintenance and proliferation of nuclear arms. She then went on to explain the development of the 'nuclear state of mind' in children, where they have a belief that there will be a nuclear war and that survival is impossible. The state of mind is one in which the omnipotent infantile fantasies are maintained and fostered by the secrecy, denials, and lies which act against thought, the preservation of life, and reparative drive.

Brian Martindale had the last slot of the conference and in his paper 'The recent NHS Crisis: Trauma for a District Psychotherapy Service', described how an institution, like an individual, has a private and personal history that is not always clearly stated but can have a powerful effect on the development of that institution. This history may involve psychotic processes and even psychotic behaviour in such a way as to undermine the effectiveness of the task of the institution. He showed how important it is to pay proper attention to this history if the task of providing a service is to be maintained without damaging restrictions.

This involving conference was drawn to a close in the plenary session which was able to maintain the creative tension which had been so much a feature of the weekend. This meant that most members were fully engaged with the conference and looking forward to the next one with lively eagerness.