

the unconscious mind may be achieved. Whether dreaming is viewed as a psychic discharge of forbidden wishes or a problem-solving process, the emphasis of psychiatry has been mainly on its therapeutic possibilities.

Dr Murray Jackson suggested that dreams may also be seen as breaking up the boundaries of thought, allowing the emergence of new ideas and thus serving an essentially creative function. It is probable that unfamiliarity with the metaphoric and symbolic language of the dream prevents us from taking advantage of this innate imaginative capacity. We also underestimate the true potential of our minds tending to regard the dream as an event that happens to us rather than something we create.

Professor of Literature, Brendan Kenneally sees the dream as a creative opportunity and representing a context to 'go mad safely'; that this opportunity is rarely taken he attributes not only to fear of madness but also to excessive interpretation. For Kenneally the compulsion to interpret and explain is antithetical to the creative process and he urges instead immersion in and surrender to the dream.

Authors and artists who draw on their dream life for inspiration are faced with the challenge of reconciling their idiosyncratic and illogical dreams with what Kenneally calls our 'daylight language'. One

writer who has achieved this feat is Christopher Nolan. Severely disabled from birth, medical advances, coupled with his own determination have allowed him expression of his inner world. A former student of Kenneally, he likened the unconscious mind to a monster, but saw it as an 'animal of our own making' which should be confronted. For Nolan, dreams offer us an opportunity to face our terror with creative insight as the reward.

It is apparent that most people remain largely indifferent to dreaming despite the potential for greater self-understanding. Dr Jackson cites a bias towards rationality perhaps concealing a strong resistance to considering unconscious desires. This indifference may also derive from the pathological connotation to dreaming so firmly attached by Freud when he described dreams as analogous to neurotic symptoms.

Both psychoanalytic and literary approaches to dreaming emphasise the opportunities offered by this universal human activity. To look on this opportunity as either exclusively therapeutic or creative may underestimate the consistency that exists between the two approaches. Dream interpretation may not be all that different from creative reflection and perhaps art and psychotherapy can be seen as different sides of the same coin.

The 3rd World Congress of Cognitive Therapy†

HILARY M. C. WARWICK, MRC Research Fellow, University Department of Psychiatry, Warneford Hospital, Oxford OX3 7JX (Member of Congress Organising Committee); and STIRLING MOOREY, Lecturer in Psychological Medicine, Cancer Research Campaign, Psychological Medicine Group, Royal Marsden Hospital, Fulham Road, London SW3 6JJ

Seven hundred delegates attended the 3rd World Congress of Cognitive Therapy (CT), held in Oxford under the auspices of the University Department of Psychiatry. Of 294 UK delegates, 58 were psychiatrists; 29 other nations were represented. Twenty-four symposia were held, 152 papers presented and 94 posters displayed. Eleven pre-congress workshops included CT in depression, anxiety, panic, personality disorder, eating disorders, cancer patients and child psychiatry. Half-day workshops during the congress included marital problems, rational emotive therapy, sex therapy and hypochondriasis.

The efficacy of CT in treatment of depressed out-patients has been established in controlled studies, and the congress heard how research in depression has developed. Recent research suggests that CT may be more effective than anti-depressant drugs in pre-

vention of relapse and outcome data from up to five year follow-up were presented. CT is being applied in new settings (e.g. general practice and in-patient units) and in difficult populations (e.g. depression related to alcohol problems, adolescents and treatment resistant chronic depression). Further areas of study are the identification of vulnerability factors, such as sociotrophy-autonomy dimensions, and prediction of relapse. Controlled outcome studies were presented which suggest that CT is an effective treatment for panic and generalised anxiety disorder, and other controlled studies attempted to identify the effective components of cognitive interventions. In bulimia nervosa outcome studies compared CT, behaviour therapy and other types of psychotherapy.

In other disorders, e.g. physical illness, somatoform disorders, schizophrenia and sexual problems, the role of CT is speculative. Presentations included

*Conference held at St Brendan's Hospital, Dublin, 19 May 1989.

†Congress held in Oxford, 28 June–2 July 1989.

cognitive conceptualisations of the processes which may be involved in these disorders and preliminary approaches to treatment. A welcome development is the application of CT to difficult, chronic cases with personality or characterological difficulties. Professor Beck's group described cognitive conceptualisations and treatment of DSM-III (American Psychiatric Association, 1980) personality disorders. The modifications of standard CT necessary to work with such cases were described. Controlled outcome studies are needed as treatment is likely to be prolonged and intensive.

Parallel to the clinical developments in CT, researchers are applying methods from cognitive psychology to investigate abnormalities of cognitive processing found in psychiatric disorders. The cognitive science symposium considered the theory of information processing and its applications in therapy. Other symposia examined intrusive cognitions and the relationship between emotion and cognition. Training courses were described and it was suggested that therapist competence can

be reliably measured and is related to successful outcome in therapy.

The congress was privileged to hear keynote addresses from Professors Beck, Ellis and Seligman, and particularly noted their views for the future of CT.

While more than one speaker suggested that in the future cognitive techniques may have a role in primary prevention, perhaps for now it will be sufficient to consolidate the role of CT as a standard treatment of depression and some anxiety-related disorders. The tradition of rigorous empirical evaluation of the efficacy of CT must be continued in the other disorders considered at this congress. The next World Congress has been preliminarily scheduled for Toronto in 1992; it is crucial for British psychiatrists to maintain their interest and skills in this expanding area.

Reference

AMERICAN PSYCHIATRIC ASSOCIATION (1980) *Diagnostic and Statistical Manual of Mental Disorders, 3rd ed.* Washington, DC: APA.

Advanced Summer School in Addictions*

MICHAEL FARRELL, Honorary Senior Registrar, Addiction Research Unit, Institute of Psychiatry, London SE5

At its launch in April 1989 the new charity Action on Addiction declared its intention to support a National Summer School in Addictions. Following in the tradition of the Alcohol Summer Schools, this first conference took place in September 1989. At the opening, Professor Kendell, University of Edinburgh, described it as a somewhat autumnal summer school. Despite this it managed to attract 150 delegates from a wide range of disciplines. The conference aimed to provide an overview of the state of the art in treatment and research to people already working in the field of addictions. Considerable time was devoted to the issues of HIV and drug misuse. Don des Jarlais, New York, described the situation with HIV infected drug takers in New York and expressed optimism at drug takers' capacity to change their risk-taking behaviour. However, Dr Giel Van Brussell, Amsterdam, reviewed the Dutch response and was more pessimistic about future changes in behaviour. On aspects of the voluntary sector response Stuart Menzies, Frontliners support group, spoke about the difficulties encountered in trying to run voluntary support groups for HIV positive drug takers.

A session on the services patients have a right to expect was opened by Harriet Harman MP, shadow spokesperson on health, who described the difficulties her constituents experienced in getting help

for drinking and drug problems. She expressed particular concern for the impact of the White Paper on drug and alcohol services. Tim Cook, City Parochial Foundation, argued that the voluntary sector in the drug and alcohol field had an important role in providing innovative and flexible services and he felt that they were unwise in competing to provide mainstream services.

An afternoon was devoted to the detection of alcohol and drug problems in prisons, on the streets, in general practice and in general hospitals. This was followed by a session where the environmental influences were assessed. These ranged from family influences on drinking patterns with Jim Orford to Geoff Pearson on the influence of local policing on the availability of illicit drugs. The afternoon session looked at the influence of individual genetic, biochemical and personality factors on the predisposition to drug and alcohol use.

There were small group discussions on the concept of dependency and its usefulness, management issues in HIV positive drug users, the role of prescribing, drug users in prisons, the management of the pregnant drug user and cognitive behaviour treatment.

Dr Mark Gold, New Jersey, described the evolution of the cocaine problem in the US in the '80s, summarising prevention and treatment

*Held at the Institute of Psychiatry, London, 18–22 September 1989.