observed that laughter often conceals tension; the underlying anxiety was thus identified and the group could address the new task.

A hazard to be wary of is reinforcing silence by directing attention to a silent member of the group until he/she speaks and then transferring it to another non-speaking member. Any contribution, be it totally inappropriate or deluded, was acknowledged as adding to the life of the group, though some translation was sometimes necessary, and the leaders contrived their responses to encourage appropriate and sensible comments. It was hoped that patients recognised the different nature of the group, making it permissible to talk about things which confused them and about which staff too seemed ambivalent.

Successful rehabilitation of the mentally ill depends upon a comprehensive approach to their emotional and practical handicaps. The psychotic patient is vulnerable in many ways in the community and perhaps especially so with regard to sexual relationships. The impetus for this group arose because we felt that sexuality as an issue was not covered by our rehabilitation programme. The enthusiastic response of the majority of the group confirmed this belief. Indeed their openness at times surprised and encouraged us.

We now hope to incorporate similar groups into the rehabilitation programme on a regular basis. Some aspects we felt were of critical importance in the design. Firstly, adequate preparation of staff, patients and relatives, when appropriate, to identify and forestall resistance and opposition. Secondly, openness and frankness in the leaders to create an accepting and comfortable group atmosphere. This was facilitated in our group as two of the leaders had previous psychosexual counselling experience, but this is not absolutely necessary. Thirdly, a highly structured and directive approach is essential to keep the group going.

Finally, we hope our experiences will be of interest and would encourage others to consider tackling this difficult area.

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Conference Reports

The Tavistock Clinic Symposium on 'The Anxiety of Beginnings'

4–6 August 1987

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The trouble with conferences is that you spend four-fifths of the time finding out whom you would like to know better and then, all too soon, these fascinating, sympathetic or otherwise interesting people have flown away, perhaps to be corresponded with or, in the manner or David Lodge's novel *Small World*, met once more on the conference circuit. The organisers of the first Tavistock Clinic Symposium, an invited gathering of 90 experts from Europe, North and South America and Australia, are to be congratulated on providing a structure that both stimulated and permitted a sufficient satisfying of professional curiosity. Careful attention to time-boundaries in the presentations (one would expect nothing less in this analytic Mecca!), good food and an hour and a half for lunch provided a felicitous background for serious consideration of the conference's theme: *The Anxiety of Beginnings*.

Four plenary presentations by our hosts introduced the principal topics which were further explored in parallel sessions where 34 papers were read; a conference publication is planned. This account reflects my track through the three days. Isca Wittenberg delineated the concerns of the novice therapist, the supervisor and the institution; she pointed to the importance of being open to new experience and of perceiving with a fresh eye when the inherent uncertainty of the therapy hour and the consequent threat to self-esteem through being in a state of ignorance push all three parties in the opposite direction of, in my words, hackneyed formulation and false certitude. She valued having a sense of wonder, developing confidence in one's own intuition and the institution being like a good parent who supports but does not stifle initiative.

To engage in therapy is to open oneself to disturbing

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empathetically-mediated experiences and to risk the emergence of aspects of one's own self that one would rather not be there. For Goran Aklin from Stockholm, there is nothing quite like patients for bringing out maladaptive aspects of the therapist, second only to spouses and trainers! In training, the therapist's illusions about himself are shredded and the need for a personal therapeutic space to help with this process of self-discovery is great. Emphasis was laid by Sally Box on the feeling response of therapists, in her example co-therapists working with a family, being a mirror of hidden tensions in the inner world of the patient; the underlying mechanism is projective identification. In the transference, being the subject of these confusing identifications has a powerful impact. The interactive element in the therapy relationship was underlined in my presentation on understanding and anticipating potentially damaging combinations of therapist and patient from a Sullivanian interpersonal perspective. In Brazil read 'dangerous' for 'damaging' as in the cases of two homicidal cases presented by David Zimmerman. Derek Steinberg described the acrobatics that were necessary to maintain balance in an adolescent unit with an in-patient who was determined to get herself rejected and Joshua Levy from Toronto described a similar man whose tragic story began in the insecurity of his early relationships and ended with him breaking down the secure frame offered by his therapist.

The dominant emphasis in many of the papers was on identifying and working with the therapist's counter-transference; sometimes, I thought, to the point where there was a danger of the patient's concerns being lost to view. Allan Surkis from Montreal had this focus, but his interesting presentation on the use of psychodrama to explore the contemporary and historical parameters of the counter-transference was ambivalently received. With some justification, there was a feeling that the technique was too powerful and that the training programme offered insufficient opportunity to work through the issues raised.

In France, the supervisor is *le contrôle* and has a normative, superior role. Peter Hildebrand drew our attention to Rioch's elegant analysis of the struggle for mastery between supervisor and supervisee that the former must lose if the trainee is to have his potential facilitated; he advocated a democratic model of supervision which included the supervisor presenting his work to the group. The democratic approach, clearly, frees all the members of a supervisory seminar to express their views and is the antithesis of the French style, and yet the missing dimension in the conference was how to take up the necessary responsibility of evaluating competence. This could be a theme for the next Symposium.

Judith Trowell and A. Hyatt Williams described ways in which institutions may be affected by disaster. A creeping paralysis may result with the management carrying projected feelings of anger and resentment; democratic organisations that can help to work through what has happened survive best. The unstated message was plain; attend to the institution in the same way that you would an overwhelmed trainee. The final address by Anton Obholzer stressed the responsibility of the institution for creating a climate for learning. The structure has to respond to the painful feelings encountered by the trainee in the work and recognise how de-skilled and cut off the beginning therapist may feel on entering the training. The defensive idealising state of dependency must be countered if the goal of facilitating the development of thoughtful, autonomous therapists is to be secured.

Wessex Drugs Forum Symposium on the Role of Prescribing in the Treatment and Rehabilitation of Drug Misusers

PHILIP M. FLEMING, Consultant Psychiatrist and Director, Wessex Regional Drug Dependency Services

This one day symposium was held at the University of Bath on 14 September 1987. It was organised by members of the Wessex Drugs Forum, a multi-disciplinary group of people working in drug services, both statutory and non-statutory within the Wessex Region, and was chaired by the author. The purpose of the symposium was to help clarify some of the issues surrounding prescribing and to consider the need for regional guidelines. About 100 people attended from the Wessex and South West Regions, most of whom had some responsibility for providing services for drug users. Participants included psychiatrists, general practitioners, social workers, community nurses and psychologists.

There were four speakers in the morning session. Dr Virginia Berridge, a social historian, discussed the changes in the availability of opiates in the 19th and 20th centuries; the power struggle between medicine and the state over doctors' independence to prescribe opiates, and the competition between the Home Office and the Health Department over who has control in this area. The announcement during the course of the day that Dr Ann Dally had lost her appeal against a ban imposed by the General Medical Council on her prescribing controlled drugs made one uncomfortably aware that these issues are still relevant today. Dr John Marks of the Liverpool drug clinic

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