concept of liaison as a subspecialty. However, the need for research to include valid and reliable assessment procedures such as operationalised diagnosis and structured interviews acceptable to medical and surgical patients; to aid comparability between studies was stressed.

We finished our meetings with a discussion of 'How To Do a Psychiatric Consultation' (Garrick & Stotland, 1982) which was seen as an example of excellence rarely achieved in UK practice.

Our answers to the questions initially posed were:

(a) There is a need and demand for consultation and liaison psychiatry in the UK which is currently poorly met.

(b) Although there is interest in liaison, most members felt that as an initial step increased training, supervision and quality of consultation were required in the UK. Expertise is lacking due to poor supervision, poor data collection and lack of training in non-pharmacologic interventions.

(c) Some clinical syndromes are over-represented in liaison referrals but it is too soon to decide whether this fact merits the designation of speciality status.

The group wishes to express support for the objectives published by the Liaison Psychiatry Group regarding manpower, training and service organisation in this area of psychiatry. One step towards these might be the organisation of similar study groups in other centres.

Study Group Members:

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Training matters

Further to the article by Neil Holden on Training in Psychiatry in Less Developed Countries (*Psychiatric Bulletin*, October 1989, **13**, 558–560); it should be pointed out that a full report of the WHO workshop referred to is available from the Division of Mental Health, World Health Organization, 1211 Geneva 27, Switzerland.* It should be noted that views expressed in the article are those of Dr Holden and do not necessarily reflect the views of WHO nor of the other participants at the workshop.

*HOLDEN, N. & EDWARDS, E. (eds.) (1989) *Postgraduate Training in Psychiatry: Options for international collaboration.* Geneva: World Health Organization. Unpublished document WHO/MND/MEP/88.7.

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Conference reports

'Royal road to the unconscious'*

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A psychiatric conference on dreams poses a considerable challenge for its organisers due to the breadth of the topic. The approach taken at this one-day conference was to adopt an interdisciplinary format where viewpoints were included from the perspective of philosophy and literature.

A basic tenet of psychoanalytic theory is that through dream interpretation an understanding of

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†

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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 outpatients 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 prevention 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.