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Triumph over terror

After a disaster many people suffer recurrent nightmares. Proverbial wisdom holds that "what filleth the heart goeth out through the mouth" or Shakespeare's "Give sorrow words."

The traumatic complex after a disaster, Jung said, possesses the quality of psychic autonomy. It pounces "rather like an enemy or a wild beast."¹ Typically, "the affect" is "represented in a dream as an enemy or as a wild and dangerous animal." He saw the therapeutic task not as abreaction but as how to integrate the dissociation—how to restore wholeness; and he believed the intervention of the physician to be absolutely necessary.

Freud had already told how integration comes about. He wrote: "A memory of such a trauma, even if it has not been abreacted, enters the great complex of associations, it comes alongside other experiences, which may contradict it, and is subject to rectification by other ideas. After an accident, for instance, the memory of the danger and the (mitigated) repetition of the fright becomes associated with what happened afterwards—rescue and the consciousness of present safety."² But, he explained, painful experiences tended to be excluded from association and persisted "because they have been denied the normal wearing away processes by means of abreaction and reproduction in states of uninhibited association."

These theories have provided strategies for giving psychological help to those suffering from nightmares on the supposition that the dreams represent the reliving of a disaster in a disguised form, often with rehearsal of the steps that might have been taken to keep control over what was happening and thus overcome the sense of helplessness. Psychiatrists disagree about the relative importance to be given to abreaction (expression of the emotion pent up with the memory of the disaster) and the undoing of repression and recall in a state of uninhibited association. The emphasis given to abreaction lessened after experience in the first world war. In the second world war Sargant was a notable champion of "excitatory abreaction" in the treatment of war neuroses; he revived memories under light narcosis induced by either injection of amphetamine or inhalation of ether to the accompaniment of noises of battle scenes.³ The general experience was, however, that battle dreams became less

frequent and faded when the patient was able to talk about his experiences with a sympathetic listener. Failure to gain relief was usually taken to mean that no more than a cover story had been gleaned. Several sessions were necessary for a sufficient exploration of the painful memories.

Stevenson and his colleagues found in a systematic study that reports of improvement after interviews under narcosis did not correlate with the degree of expression of negative affects, such as anxiety or anger; the review of the past and integration of painful memories were favoured, however, when pleasant emotions were experienced.⁴ Of more importance than the drugs administered was the conduct of the interview. The patient tended to feel worse when the interviewer seemed judgmental or unsupportive. Drugs, though they may induce pleasant feelings, are no longer thought to be necessary as an aid in reviewing the past. Attention is paid to the ambience of the interview, creation of the relaxed conditions favouring recall, and development of the partnership between patient and therapist.

The debate on these issues has been revived, first by Marks⁵ and now by Bishay,⁶ who have each described how rehearsal of a repetitive nightmare leads to its disappearance when it has been given in imagination a triumphant ending in which the threat has been eliminated by mastering it. A girl suffering nightmares of snakes or other animals crawling into her bed gained relief when she had given the experience a triumphant ending by cutting off the snake's head with a knife. Another patient, plagued by a nightmare in which, among other things, dogs barked and attacked her, found relief when she rehearsed an ending in which she stared steadily at the dogs, who went away. "Exposure"—that is, recall in a state of uninhibited association—had not been enough in these cases. In other patients there was considerable improvement when the patient was encouraged to rehearse an ending that was happy or neutral.

This approach is a form of cognitive therapy, nightmares being treated, like other symptoms, by identifying maladaptive thoughts and discussing how threats can be eliminated by positive, rational, or threat eliminating statements.⁷ The mood change is said, in accordance with cognitive theory, to follow the altered cognition. Once a threat eliminating ending has been found desensitisation through repeated

rehearsal as homework is claimed to be effective. But whether imagining mastery is more than an interesting contrivance has yet to be shown by proper trials.

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Immunisation targets in Europe and Britain

As part of the policy for achieving health for all by the year 2000 the World Health Organisation European Regional Committee has adopted the goal of eliminating indigenous measles, poliomyelitis, neonatal tetanus, diphtheria, and congenital rubella. That policy set the background for the Second World Health Organisation Conference on Immunisation Policies in Europe, held in Karlovy Vary, Czechoslovakia, last year, which discussed the targets in detail.

Concern was expressed that the variation between countries both in vaccination schedules and in the collection of data on uptake and on the incidence of disease made comparisons almost impossible. One of the main recommendations adopted by the conference was that by 1985 all countries should report target diseases in a standardised format, using agreed definitions, and that the methods used in calculating immunisation uptake rates should be stated. The target was set of a 90% primary immunisation rate for all children under 2 years of age in the region by the year 1990 together with the establishment by 1986 of a system to monitor suspected adverse effects of immunisation.

Secondly, with morbidity and mortality from diphtheria, polio, and neonatal tetanus at an all time low the discussion on target diseases was dominated by measles and congenital rubella. To eliminate measles from Europe by 1995 will require all countries to attain an uptake of 95% in children before the age of 2 by 1990, and this level should be maintained subsequently. The conference recommended that all countries should have an effective measles surveillance and investigation system developed by 1988 so that by 1990 all suspected cases of measles could be investigated and outbreak control measures taken.

Congenital rubella presents more problems, for two approaches have been adopted within the European region: elimination of the disease by mass immunisation of all children or protecting girls of 10-14 years and women of childbearing age, as in Britain. For those countries adopting the former approach an uptake rate of 95% by 1995 was the target. The British approach requires virtually a 100% uptake rate in the target population to eliminate congenital rubella. As with measles, the conference urged all countries to develop effective systems for the surveillance and investigation of all suspected cases of congenital rubella.

Other diseases of public health importance that were discussed included pertussis and hepatitis B. The benefit of pertussis immunisation with currently available whole cell vaccines outweighs any possible risk of vaccine induced disease, and the conference recommended that all countries should use these vaccines. They should be withheld only after careful consideration of the consequences to the child and the community. Nevertheless, the development and clinical testing of new acellular vaccines should be encouraged. All countries were also urged to begin vaccination with hepatitis B vaccine for at risk groups (although these groups were not defined) and to establish a surveillance system for the different forms of viral hepatitis.

Without doubt the conference was valuable in reinforcing the commitment of member countries to the goals and activities of the Extended Programme on Immunisation, but some of the targets it set may prove unrealistic. In Britain, however, it should be possible by 1990 for 90% of all children to be immunised with the basic series of vaccines for all the target diseases (except possibly pertussis).

The use of standard definitions for reporting the target diseases may not be appropriate in England and Wales as a goal to be attained by 1985. Though our notification system (and other sources of data on commoner infectious diseases such as measles and whooping cough) is incomplete and lacks "standard definitions," it does provide reasonably accurate measures of trends to allow assessment of progress in their containment.¹ Any change at this time might make these trends difficult to interpret. Standard definitions will become important when the incidence of these diseases becomes so low that every case is investigated, as is done at present with poliomyelitis.²

The stated target for measles is to eliminate the disease by 1995 by reaching a 95% uptake of vaccine in children by 1990. Assuming that elimination of measles is a worthwhile goal (a truth not universally acknowledged³) this may also not be feasible. For example, the United States has not yet succeeded in eliminating measles despite achieving very high vaccine uptake rates in children and of enforcing immunisation at school entry of those considered susceptible. The Joint Committee on Vaccination and Immunisation has set a target of a level of uptake of measles immunisation in children in the second year of life of 90% by 1990—"from which level efforts to eliminate measles should be made."⁴ By 1990 the feasibility of eliminating measles should be more apparent, and a realistic final target could then be set. Notifications of measles would have to be extremely low by 1990 to make it cost effective to investigate all suspected cases of measles and to take measures to control infection spreading from each reported case.

Finally, the (perhaps somewhat academic) point should be made that it is not theoretically possible to eradicate congenital rubella by using a selective vaccination programme unless 100% coverage of the target group is achieved with a vaccine that is 100% effective.⁵ Nevertheless, congenital rubella should become extremely rare with this type of programme, and inability to eradicate it should not be a prime consideration in the choice of an appropriate rubella vaccine strategy. More important is the appropriateness of the chosen strategy for the country concerned.

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