

Psychosomatic medicine: practical aspects

Dr J. W. Paulley describes a residential seminar on 'The practical aspects of psychological management and psychotherapy of various psychosomatic disorders' which was held at Wivenhoe Conference Centre, University of Essex, 5-9 June 1983.

CONSULTANT physicians and general practitioners attended in equal numbers, and in addition there was one professor of psychosomatic medicine, one psychiatrist, a psychiatric nurse, a physiotherapist and not least important, an audio-visual aids adviser.

The three organizers' main reason for arranging the seminar towards the end of their professional lives was a shared concern that this important side of medicine has rarely been dealt with in the literature or taught in medical schools. Consequently, many clinicians are unnecessarily handicapped, or confused, in their work with patients suffering from disorders of both physical and emotional cause.

Emphasis throughout the meeting was therefore placed on practical management, and not on facts or theories of pathogenesis or psychopathogenesis of psychosomatic disorders which are already available elsewhere. Participants requesting this information were referred to key papers and to published follow-up studies which have shown psychological intervention has been effective in asthma, ulcerative colitis, Crohn's disease, migraine and irritable bowel syndrome.

Of these, inflammatory bowel disease, asthma and migraine were disease entities examined in detail by the seminar, while ischaemic heart disease, diabetes, auto-immune diseases and

water retention were also presented and discussed.

The first morning was devoted to general topics of particular relevance in the management of patients with psychosomatic disorders:

Super stability—poverty of emotional expression—specificity—typicality.

Sophisticated history-taking—non-verbal communication.

Psychological mechanisms and negative diagnosis.

At the beginning of the following three morning sessions further topics were explored:

Psychotherapy or psychological management? Assessment.

Syndrome shift and scattering of therapists.

Implications of transference.

'Finishing therapy'.

Illustrative videotape was used in most sessions, while two of the topics were presented by patients themselves. A migraine therapeutic group discussed their illness and gave a candid evaluation of the beneficial effects of group discussion coupled with relaxation exercises in helping relief of their disorder. At a later session seven patients with rheumatoid arthritis and related auto-immune disorders explained to the seminar the relevance of loss and

prolonged mourning to their illness. Both groups emphasized the difficulties they have experienced in finding doctors as interested in their emotional problems as in their somatic disease and who were prepared to offer them help in resolving both aspects of their illness.

Following each 'teaching' session the seminar divided into groups led by experienced leaders. Over the four days there were seven such group sessions of an hour and a half followed by a half hour plenary discussion at which reporters summarized the activity of each group.

Thus an attempt was made to combine experimental learning with the participants working through their difficulties in the group sessions so that by the end of the meeting most participants' minds were sufficiently open for many of them to say that they were going to change their approach to the management of many of the disorders discussed. This would not have been achieved without the groups and the amount of seminar time devoted to them. To quote from two who wrote afterwards:

'I can't recall another course so full of important new ideas since I met Michael Balint on a similar one in 1966.'

'It was also a joy to see you break the 'rules' of running small groups and get away with it so triumphantly.'

If anyone would be interested in attending a similar event in the future, would they please write to one of the organizers; Dr J. W. Paulley, 51 Anglesea Road, Ipswich, Suffolk, or Dr A. C. Macdonald, 9 Redlands Road, Glasgow, G12 0SJ or Dr H. E. Pelser, Velasquezstraat 13, Amsterdam Z, Netherlands.

CONTINUING EDUCATION

The Role of the College Tutor

The role of the College Tutor in continuing education for general practice can be a difficult one. S. J. Waldman has prepared this account of his task as College Tutor in Central Manchester. We would be interested to learn how his experiences compare with those of other College Tutors in different parts of the country.

MY activity as College Tutor is in organizing meetings for doctors and other members of the primary care team. At present there are two types of meeting—those in my health centre and those in the postgraduate department at the Manchester Royal In-

firmery. In the future, I hope to organize a third type—a Balint-style group of approximately eight general practitioners meeting monthly to discuss patients with a psychotherapist.

Monthly lunch-time meetings at the health centre are attended by 25 gen-

eral practitioners, one or two community physicians, nursing officers, general practitioner trainees and occasionally medical students, social workers or health visitors.

Meetings at the Health Centre

I have tried to diverge from the normal pattern of the consultant lecture which produces about 10 per cent recall after a week and which generates very little change in the behaviour of established doctors. I have done this by arranging the seating in a circle or semi-circle to