Whom are we counselling?

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FOR the past five years, I have been involved in organizing and running a five-day residential course entitled 'Counselling, listening and interpreting' in one of the most picturesque parts of North Yorkshire at the College of Ripon and York St John. The course is part of an annual educational event in the region called the Yorkshire Summer School. The following is a personal view of the achievements and the failures of such a course.

The course

The aims of the five-day residential course are to provide a learning experience in non-directional counselling of patients and to understand the essential skills of communication. The course, which is preceded by some preparatory work, consists of a series of short inputs by the tutors, augmented by daily group sessions. The principle of non-directional counselling[1] is introduced experientially through working in groups of three (trios[2]) on a real problem brought by a doctor. Some of these sessions are recorded on videotape for subsequent analysis and discussion. There are further sessions devoted to the study of communication skills and the review of video- or audio-tapes of consultations brought along by the participants.

The participants

Over the past five years some 200 doctors from all parts of Yorkshire have attended the course. Most of the doctors were trainees but, of course, some were established general practitioner principals. Their ages ranged from 25–60 years with almost equal distribution between the sexes. They came from different backgrounds and working environments and their reasons for coming on such a course varied. There were some who had chosen the course because of their increasing frustration with orthodox medicine which seemed inappropriate at times to the problems of general practice. There were other doctors who had come because of growing doubts about their choice of specialty and even career. Questions such as whether they were really suited to medicine or how they could continue in this state of helplessness and pretend they could help others seemed to arise frequently. Faced with such fundamental questions, it is easy to feel a certain degree of guilt about the inadequacies of our medical education in general and about career advice in particular. Inevitably, there were also those who arrived on the course with an attitude of open hostility to something which was not 'real' medicine. There were also a few to whom this was a challenge which had to be met even if only for curiosity's sake.

Appraisal

The five-day course is an intense emotional experience for the participants as well as the tutors but it is also rewarding. The concept of working together through a personal problem for four days and five nights generates a feeling of camaraderie and friendship which is felt most strongly between the members of the trios.

It is important to note that the course was never meant to provide a week of psychotherapy for doctors, but it is inevitable that the lengthy exploration of a patient's problem can often lead to an uncovering of some of the hitherto suppressed problems and attitudes of the doctor. Although this process of self-discovery is comforting to many, it can prove emotionally painful to a few. As a result, comments such as 'It should be remembered we came to learn about listening, interpreting and counselling and not solve our own problems', or 'I think we lost sight of the objectives and were disappointed not to have resolved our own difficulties', began to appear in the evaluation forms.

It was then that many of the tutors began to feel the agony of their own inability to offer proper personal counselling to some of these colleagues. We sometimes felt like the clinician who, having painstakingly discovered the nature of an illness in a friend, has to let him suffer for the lack of a cure. It seems that at present there is a serious lack of properly organized counselling services for doctors. The few existing sources of help tend to be so impersonal and bureacratic that they are rarely used willingly and, if they are, it is usually too late. The high rate of suicide, drug abuse and marital disharmony in the medical profession is a tragic testimony to our failure in this respect,[3] yet the problem of scarce resources has been compounded by the reluctance of those doctors who need help to seek help. This is partly due to the attitude of society, including the medical profession, which does not seem to have time for the plight of the 'sick doctor'.

It is questionable whether those who have been acting as 'God' all day in offices and hospitals and are expected to be omnipotent, self-sufficient and self-controlled[4] can actually bring themselves to admit to their own fallibility and humanness. It may be that even if we did have the readily available and widely publicized services that we so desperately need, the burden of having to keep up the professional image and avoid the stigma of 'sick doctor', would prevent their proper utilization.

Therefore, perhaps the only realistic option open to us, is to have ready access nationwide to many more courses like ours, which have the overt aim of teaching a skill (a relevant and laudable aim in itself) but a covert aim, for some of the participants at least, of personal counselling. This is not enough, but, until attitudes change and the tradition of 'almighty doctoring' dies, it is at least a beginning.

References

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