GENERAL PRACTICE AND THE TAVISTOCK CLINIC SEMINARS FOR FAMILY DOCTORS

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Is the general practitioner of today able to deal with the emotionally-ill patient? This is only possible when the general practitioner turns from what is called scientific medicine to humane medicine. This question has been posed in the western world and in the English speaking countries, but it was in this country that the first serious attempt was made to teach the understanding of the psychological needs of the patient.

In 1952 the first general-practitioner discussion seminars were started at the Tavistock Clinic in London, under the guidance of Dr Michael Balint and his group. Twelve years later on Sunday, 26 May 1963, under the chairmanship of DR JOHN HORDER (one of the original members of the first group) a symposium was held in London, to consider and evaluate the Tavistock Clinic seminars; and to examine this approach to emotional problems in general practice. About 40 general practitioners attended including a few consultant teachers from the clinic. The Britsh Postgraduate Medical Federation was represented by MR DONALD BOWIE, F.R.C.S., one of their regional advisers on postgraduate education for family doctors.

The chairman opened the proceedings and described the worry and anxiety of general practitioners exposed to the exacting demands of patients with severe emotional disorders. He suggested that those present should address themselves to two questions and that discussion should be devoted in eliciting satisfactory answers. Do the Tavistock Clinic general-practitioner seminars help the family doctor to deal better with certain patients than doctors who do not have this form of training? Does the Tavistock Clinic method of training make the general practitioner more confident in undertaking the treatment of patients with severe emotional disorders and understanding what he was trying to do with his patients?

DR MAX CLYNE, a general practitioner of the original group, gave an account of his own development as a doctor and the help he received from the Tavistock Clinic method of training. He emphasized the point that the training did not teach him how to give psychotherapy in the conventional sense, nor did the training try to turn him into a psychiatrist or psycho-analyst. Books on normal or abnormal psychology did not

help a doctor to deal with this kind of emotional illness met with in general practice, nor were didactic lectures of real value. He illustrated his discussion with an example of a child patient of his who refused to attend school.

DR MAUD WATERMEYER discussed the practical application of Tavistock training in her work as a family doctor. She spoke with a quiet authority and composure. She declared that as a result of her experience and training in the general-practitioners seminars her work was more meaningful. It was easier now for her to accept the misery and distress of her patients. She did not attempt to reason out the symptoms with these patients, or "talk it out" of them. This only made the patient more angry and made the doctor feel more frustrated. She made her patients "feel" that she accepted them as they were and she shared their misery.

DR J. S. NORELL discussed the recognition of factors in the family unit "power structure", and used a four-tier family, grandparents, parents, and children to illustrate the problem. He showed the difficulties of the family doctor and the need for his continued existence. He demonstrated most ably, that illness itself, has a meaning which laboratory investigation and outpatient clinic attendance cannot demonstrate. The Tavistock Clinic training helped him to understand the various emotional forces at work within this family and his position as a doctor to them, although the mechanisms of illness remained unaltered—rheumatoid arthritis in the grandfather, duodenal ulcer and partial gastrectomy in the son. The aggressive attitude of the women members of this family were compared with that of the men. The matriarchial grandmother was a serious factor to be considered in the health of this family. He could understand their illness in relation to their personalities.

Dr R. Gosling, a senior tutor and seminar leader gave a brief history of the Tavistock Training scheme for general practitioners. He described the present method of selection of general practitioners who were considered suitable for this training. He emphasized the need for careful selection. A seminar consists of 8 or 10 doctors with a member of the teaching consultants. This group remain together for two years and meet once a week for two years for about two hours. At the end of two years the doctors and the seminar leaders are regrouped with other groups. The new group with a different seminar leader continue for another two years.

There is in addition an "on-going" seminar for those of earlier years who feel they would like to meet once a week to discuss some special problem in general practice. A member of the staff is usually present. There is also a research group of senior members of earlier seminars who meet regularly with a member of the staff to discuss suitable subjects for research. There have been several publications, monographs, and papers.* Discussion seminars are also held for medical officers of health, dental surgeons, probation officers, paediatricians, teachers and psychiatric

**Night Calls*, M. B. Clyne (1961); *Family Ill Health*, R. Kellner (1963); *Virgin Wives*, L. J. Friedman (1960).

social workers. To date about 198 general practitioners have attended these seminars.

After lunch the symposium resumed with a paper by DR P. TURQUET, a seminar leader and senior consultant at the Tavistock Clinic. He described a typical seminar meeting and discussion and showed how the technique of training is evolved. In the beginning it was a presentation of the general practitioner through the medium of his patient's history; it was a diagnosis of the doctor-patient relationship. It results in the understanding that there is a need for the doctor to change in his attitude to the patient in order to achieve a satisfactory approach to proper treatment and a recognition of the patient's psychological needs.

DR M. J. F. COURTENAY discussed the question so often asked, namely, what are the criteria and method of selection of patients considered suitable for psychotherapeutic treatment in general practice? In his practice he observed the patient's reaction to simple interpretation of symptoms. If the patient indicated that this was acceptable and understood what he was trying to say, he arranged further meetings for longer periods of discussion. If the patient rejected psychological explanation, he would give a suitable prescription and advice and explain what he was trying to do. He would see this patient again after a short interval of time. The patients who did best were those who showed a capacity for understanding and requested more help.

The last paper of the afternoon was given by DR MARGARET BLAIR who showed how she used the training for research into special subjects and problems in her family practice. She referred specially to pscychosexual problems in unsatifactory marital relationships of young couples. There were also special problems with patients who made repeated night calls.

The discussion that followed all the papers was of a high standard. There was agreement on the need for more and better undergraduate training. Reference was made to the recently instituted training at University College Hospital and the methods of undergraduate training at Middlesex Hospital and Sheffield. There is a need to have better descriptions or definitions of emotional illness so that better methods of measuring the extent of the illness could be used in research in the study of these disorders. Some pertinent comments were made on the need for careful selection of doctors suitable for training in general practice.

In conclusion, the chairman said that the papers and discussion showed without doubt that family doctors had derived great benefit from the method of training as given by the Tavistock Clinic. Proof cannot be given in numbers or by statistics but there is sufficient evidence that many more patients were helped to live and tolerate much of their distress.