

REFLECTING ON REALITY

PSYCHOTHERAPISTS AT WORK IN PRIMARY CARE



Edited by
JOHN LAUNER,
SUE BLAKE AND DILYS DAWS

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John Launer, Sue Blake, & Dilys Daws

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SERIES EDITOR'S PREFACE

Since it was founded in 1920, the Tavistock Clinic has developed a wide range of developmental approaches to mental health which have been strongly influenced by the ideas of psychoanalysis. It has also adopted systemic family therapy as a theoretical model and a clinical approach to family problems. The Clinic is now the largest training institution in Britain for mental health, providing postgraduate and qualifying courses in social work, psychology, psychiatry, and child, adolescent, and adult psychotherapy, as well as in nursing and primary care. It trains about 1,400 students each year in over 45 courses.

The Clinic's philosophy aims at promoting therapeutic methods in mental health. Its work is based on the clinical expertise that is also the basis of its consultancy and research activities. The aim of this Series is to make available to the reading public the clinical, theoretical, and research work that is most influential at the Tavistock Clinic. The Series sets out new approaches in the understanding and treatment of psychological disturbance in children, adolescents, and adults, both as individuals and in families.

The publication of *Reflecting on Reality* is timely in several respects. In exploring and describing the interface between psycho-

therapeutic work and primary care, it not only makes available an area of commitment in the Tavistock of many years' standing, but it does so in the swiftly changing context of the National Health Service, as it is reconfigured and restructured in relation to the National Service Framework for Mental Health and the new Primary Care Organizations (PCOs).

The book reflects a distinctiveness and also an immense diversity of attitude and approach arising out of the thinking and experience gathered in each department of the Clinic over the years. The respective authors, each psychotherapeutically trained and each engaged, in different ways, with primary care, focus on a range of community settings in which the complex needs of patients and practitioners challenge known or standardized ways of going about things.

The emphasis is, thus, often on innovative practice and adaptation to new situations, whether in relation to working directly with general practitioners, with health visitors and practice nurses, with immigrants and refugees, or with a wide variety of services for infants, children, adolescents, and their families. In so doing, new working methodologies are evolved and vividly described with a freshness so needed in areas where painful mental states and scarce professional resources can often feel so burdensome. These pages make evident the mutual learning that can occur between psychotherapists and primary care professionals as well as health service managers, and just how much can be gained from multidisciplinary work of this kind.

Margot Waddell
August 2005

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Introduction

John Launer

Some time ago, a GP we know was carrying out a routine morning surgery. He had a young clinical psychologist sitting in with him. She was training as a psychotherapist and wanted to learn about primary care. After the first patient of the morning had come and gone, she commented that the GP might well consider referring that person for psychotherapy. Then the second patient came and went, and the young psychotherapy trainee commented on the coincidence that the GP had now seen two successive patients who might well benefit from psychotherapy. After the next three patients, she became rather puzzled, as they also seemed to her to be eligible for psychotherapy. For the rest of the surgery she fell very quiet. The GP—an experienced practitioner—thought she had become rather depressed in the course of the morning, perhaps on account of a certain kind of cognitive dissonance. As for himself, he did not feel that she had observed a procession of candidates for psychotherapy. He felt she had simply been watching ordinary primary care and observing the human condition.

Primary care and psychotherapy are, in some very obvious ways, worlds apart. People in primary care see all comers, with a vast range of conditions and predicaments, at all times of day and night. They work at tremendous speed, seeing prodigious numbers of patients, often for only a few minutes at a time. Encounters with any individual or family can occur at unpredictable and highly variable intervals. There is often a casual and uncommitted style to consultations, which can resemble anything from a purely bureaucratic exchange to a chat between friends. The work seems uninformed by any consistent methodology for consulting, or any coherent underlying theoretical framework. The quality of emotional engagement between practitioner and patient can often be—or certainly seem—very superficial and unreflective.

By contrast, psychotherapists generally see only a very small number of patients, with a fairly narrow range of predicaments. They may see them for long, frequent, and regular sessions, perhaps over considerable periods of time. Their consulting technique is often rigorous, and it is informed by a substantial body of theoretical learning. The emotional quality of the work is usually intense, and the therapist is committed to offering focused reflection, rooted in a sustained scrutiny of both subject and self. The difference between the two worlds has been aptly summarized as “the souk and the citadel” (Wiener, 1996).

Yet in other ways primary care and psychotherapy share a great deal. The surgery and the therapist’s consulting-room alike are places where people try to assign meaning to what is happening to them and seek to articulate narratives about who they are, who they might become, and who they want to be. Both are places where clinicians help people to examine the human fundamentals: birth, childhood, procreation, and death; hope and disappointment; identity and uncertainty. In both fields, practitioners strive to help patients to manage their infirmities and their mortality. In many ways, they are worlds that can learn a great deal from each other.

In this book, we present a range of work that is being done by therapists from the Tavistock Clinic who are all engaged in different ways with primary care. Our purpose is to examine what happens in the encounter between primary care and psychotherapy, both in clinical and in organizational terms. We hope to