Psychological aspects of disorders of the eye

A pilot research project

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This paper gives an overview of the first year of a project in which a psychoanalytic psychotherapist worked with the staff of the ophthalmic department of a general hospital to study some psychological aspects of disorders of the eye. The purpose was to see whether semi-structured interviews based on psychoanalytic insights could increase our understanding of the disorder and, if so, how this understanding might be used to help the patient.

W.S. Inman (1876–1968) was unique in being the only ophthalmic surgeon who was simultaneously a psychoanalyst. He published many papers on psychological aspects of disorders of the eye and had a particular interest in styes (Inman, 1946). Since he died there have been very few reports of work carried out in the field of psychosomatic ophthalmology (Fenton, 1992). However, as a result of a bequest made by Inman's widow to the British Psycho-analytical Society, Alexis Brook (AB), a psychoanalytic psychotherapist, and Peter Fenton (PF), consultant-in-charge of the Eye Department of the Queen Alexandra Hospital, Portsmouth (Inman's old hospital), were asked to plan a pilot project. It was agreed that the model for the project should derive from AB's previous experience of working with general practitioners in their surgeries (Brook & Temperley, 1976) and of working with the medical team of a specialist hospital for colorectal disorders (Brook & Bingley, 1991).

AB visited the department on six occasions between September and December 1991, to meet the staff (consultants, junior doctors, nurses and orthoptists) to discuss the project, to clarify what could and could not be expected from it and to try to ensure that we could work together. He was able to sit in at clinics and in Casualty which made it possible to discuss different viewpoints in a work setting. It was helpful and necessary to have had this period of discussion, at the end of which we felt that we could initiate a pilot study.

The study

We decided to study current patients where no organic basis had been found to explain their eye disorder, or where it was suspected that emotional factors might have contributed to its development or to its failure to respond to treatment. The purpose was to see whether semi-structured interviews based on psychoanalytic insights could increase our understanding of the disorder and, if so, how this understanding might be used to help the patient. We decided that the project should start on the basis of two days a month with AB seeing patients for up to three interviews of an hour each.

This paper reports the work from January to December 1992. During the year AB was asked to see 25 patients. The 18 who attended ranged in age from 9 to 79; 12 were women. Two were in-patients. They could, broadly speaking, be divided in to two groups.

Group A consisted of ten patients where the eye problem was the only symptom that was bothering them: severe eye pain, 4; recurrent iritis, 2; chronic uveitis, 1; blepharospasm, 1; sore or aching eyes, 2. Two did not wish to have more than one interview and one did not want more than two. AB saw the other seven for up to six interviews, some twice-monthly and some at monthly intervals. In nine of the ten patients the eye symptoms seemed related to severe emotional conflicts.

Group B consisted of eight patients where the eye problem was but one feature of a chronic psychiatric disorder and, apart from recurrent iritis, 1, the symptoms were mostly vague: poor vision, 3; sore eyes, 1; seeing 'black splodges', 1; 'rolling eyes', 1; 'magical restoration of sight', 1. Most were emotionally quite disturbed and their eye symptoms also seemed related to their psychological conflicts.

Outcome

As most of those in Group B were already under psychiatric or other care AB saw them for only one or two interviews. Those in Group A were seen for more interviews. Five had rapid symptomatic relief. Three of these were women who had complained of severe eye pain, of nine, seven