

If they understand that we all approach new relationships with expectations derived from earlier experience the students can work out how psychotherapy might be effective in elucidating a patient's unrealistic expectations so that the patient can change them. Will that be possible for all patients or are there some people for whom this would be an unhelpful approach? Why? What would be better?

As described above, we use active teaching as much as possible, getting the students to draw on their own experience and introducing case material wherever possible.

Conclusion

Freud was one of the most influential thinkers of this century and his ideas have become part of our cultural assumptions. It is common to hear friends mention unconscious motive casually in social conversation. The students take for granted the notion of unconscious mind and unconscious motivation and they see it as self evident that adult personality is affected by previous experience.

Despite this, there is a good deal of ignorance among doctors about psychotherapy as a treatment, about which patients to refer and what the patient should expect. The 'service users' want more 'talking treatments', hence the burgeoning of counselling services, some of them of dubious quality, and many doctors seem to feel that while counselling or sympathetic listening is helpful or at least

harmless, psychoanalytic psychotherapy is a suspect entity, and something to do with wanting to sleep with your mother.

Doctors should know what psychoanalytic psychotherapy is, and know which patients may be helped by it and which not. We as teachers should demonstrate that there is a coherent theory which underpins clinical practice, and that this theory illuminates and helps us understand the processes of psychological development. It is our responsibility to ensure that our students discover the relevance of psychodynamic understanding to medical practice, not only from memorising symptoms and definitions, but from their own curiosity and excitement in exploring and understanding something of the human mind and personality.

References

- GENERAL MEDICAL COUNCIL (1993) *Tomorrow's Doctors*.
 FIRTH-COZENS, J. (1987) The stresses of medical training. In *Stress in Health Professionals* (eds. Payne and Firth-Cozens). New York: John Wiley & Sons.
 HILL, D. A., GUINEA, A. I. & MCCARTHY, W. H. (1994) Formative assessment: a student perspective. *Medical Education*, **28**, 394-399.
 NEWBLE, D. I. & JAEGER, K. (1993) The effects of assessments and examinations on the learning of medical students. *Medical Education*, **17**, 165-171.

Patricia Hughes, *Senior Lecturer and Consultant Psychotherapist, Department of Mental Health Sciences, St George's Hospital Medical School, Cranmer Terrace, London SW17 0RE*

Reading List for Trainees: General Psychiatry. Second revision, 1995

The Library has prepared a new edition of this reading list which aims to assist trainees in their preparation for the

examinations. Copies are available from the Publications Department, price £2.50.