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Medically Unexplained Symptoms (MUS): What Do Current Trainee Psychologists, Neurologists and Psychiatrists Believe?

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ABSTRACT

Objectives: Medically unexplained symptoms (MUS) are common in all medical settings. These conditions remain controversial, aetiology remains poorly understood and treatments have been slow to develop. This study aimed to examine the beliefs held by psychologists and other professionals about MUS, which may impact upon clinical practice. **Design:** 375 clinical psychology trainees from 23UK training courses, 12 neurologists and 19 psychiatrists in training completed a weblink survey designed to elicit a range of beliefs about MUS cause and treatment. **Results:** All three groups viewed MUS as a common clinical problem. Use of terminology differed between groups. All three groups held a view that sexual abuse was a medium to high risk factor for developing MUS. Only a minority of psychologists and psychiatrists doubted that the human mind is capable of massive repression for past distressing events; and few psychologists, and no psychiatrists, doubted the traditional psychodynamic causal model of MUS. Neurologists were generally more skeptical. Only a minority of all three groups disagreed that hypnosis was a helpful way to uncover memories that people can not access. Around one third of each group believed that traumatic memories recovered in therapy were reliable. Dualistic thinking was prevalent among all three groups, but more so among psychiatrists. **Conclusions:** The data show that many professionals hold beliefs about MUS for which, empirical support is lacking. These beliefs may impact on clinical practice. Whether such beliefs are deemed to be correct or incorrect, they should be acknowledged.

KEYWORDS

Medically Unexplained Symptoms; Somatisation; Dissociation; Clinical Training

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