Author's response to reviews

Title: Somatisation: illness perspectives of asylum seeker and refugee patients from former Yugoslavia

Authors:

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Author's response to reviews: see over
Re: 1782885024842512 – Somatisation: illness perspectives asylum seeker and refugee patients from former Yugoslavia

Dear Editor,

Thank you for your letter and the reviewers’ comments. As requested, we have revised the manuscript accordingly and provide a point-by-point response to reviewers’ comments below.

Attached please find the new version of the revised manuscript.

With best regards,

Noelle Junod Perron and Patricia Hudelson
Reviewer 1:

Major compulsory revisions:
(1) There is no attention to the status of position of the interviewer vis-à-vis the rest of the clinic; stories are always told for a purpose and we can wonder what the aims of the patients in this study were, based on how they perceived the interviewer. Some further comment on this would be helpful.

In fact, we had briefly addressed this issue in the Discussion section, but have now modified the paragraph to be more explicit.

Discussion section, 6th paragraph, p 14-15:
We suppressed: “Finally, as the interviews took place at the outpatient clinic and were conducted by a physician, it may be that the medical setting and the professional identity of the interviewer encouraged patients to give what they considered to be “socially acceptable” responses to the interviewers’ questions”
We added: “The medical setting and physician status of the interviewer may have influenced the content and emphases of patients’ narratives as well [34, 35]. If participants in our study perceived the study interview as another means to legitimizing their suffering and asylum request, their illness narratives may have emphasized what they believe to be of most interest or importance to asylum authorities”.

(2) The focus is entirely on the patient but the perceptions of clinicians depend on their own values and practices. Thus, the readiness with which Swiss clinicians attribute unexplained somatic symptoms to psychological causes must be viewed as a cultural process in its own
In general then, what is missing is a more interactional view of patients’ clinical experiences, symptom attributions and illness narratives.

We agree with this comment, and while our study was not designed to explore this issue we do feel that physicians’ perspectives on somatisation as well as their skill level in communicating about somatisation with their patients influence patients’ perspectives and their response to physicians’ explanations and treatment proposals.

Discussion section, 8th paragraph, p 15-16:
We added “We were also unable to explore how physicians’ explanatory models influenced patients’ narratives. As Groleau and Kirmayer point out [34], psychophysiological and sociophysiological models provide plausible medical explanations for most common somatic symptoms, and these models can provide a potential bridge to patients’ culturally based explanations for their symptoms that link social context with bodily distress. When physicians validate the physical nature and social meaning of patients’ suffering, patients are more likely to acknowledge the influence of psychosocial stress on their physical condition. On the other hand, when physicians narrowly psychologise their patients’ distress, they tend to shift the responsibility for the unexplained to the patient [36]. Patients may respond by insisting on medical and social answers to their suffering that provide healing strategies outside themselves. Understanding how patients and physicians influence each others’ explanatory models and illness narratives is important, but would require a more interactional analysis of patients’ symptom attributions and clinical experiences, which is beyond the scope of the current study”.

**Minor essential revisions**

Abstract, results: We replaced “blame” by “attribute”.

Introduction section, 2nd paragraph: we suppressed the sentence “there are no proven, comprehensive treatments that can be provided in a primary care context”.

Method section, under study population, line 4: we replaced “only a few month” by “only a few months”.

Methods section, 2nd paragraph, line 6: we replaced “asylum auditions” by “asylum hearings”.

Discussion section, 2nd paragraph, line 5: we replaced “immigrants are more prone to develop somatisation than other groups of people” by “some immigrants are more prone to develop somatisation than other groups of people”.

**Reviewer 2:**

**Minor essential revisions**

Point 7: the English was checked by a native English speaking colleague.