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## **A History of Balint Group Leader Training in the UK**

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Anyone trying to write the history of a small organization is likely to be faced by a serious lack of evidence. This is because the decision to reconstruct and preserve the history usually starts too late. Historians need documents, such as minutes of meetings, reports, articles in journals, chapters in books; previous attempts at history and, if possible, transcribed interviews with prominent elders. After 50 years, many or all of the founder members will have died, and their secrets with them; those who are still alive will be elderly, and most will have forgotten the dates and other details.

To make it even more difficult, everyone's memories are, to various degrees, confused and unreliable. Unless their recollections can be confirmed by the memoirs of others, they have to be viewed as interesting, but of uncertain validity: like the fantasies we generate in our Balint groups.

One of my advantages in writing about this biography is that I have been a member of the Society since 1976 and I have been a *witness*, if not often the agent of change, in our Society for over 40 years. I could a tale unfold, and I have the inclination, I can assure you. Often, I can tell you exactly what happened *because I was there*. But can you rely on my memories alone? The answer is: sorry, but no. You should ideally have corroborative detail from at least one other fairly reliable source.

You too may have been present at the same events and be able to confirm my mist-enshrouded impressions – or you may have come away with very different memories. As Chico Marx once put it (Wood, 2012): 'Who you gonna believe, me or your own eyes?' To which we can add 'your own ears'.

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The remedy, I think, is for everyone who reads this, and thinks I have got something wrong, to write to me and I shall publish a list of corrections and their implications. In this way I hope I shall be forgiven my inaccuracies – and the record will be set straight.

My history is also a kind of ethnographic investigation of the Balint community and its attempts to rear leaders who can be trusted to preserve the ideas and principles that they (or perhaps I should say we) have received from our respected elders, some of whom were direct disciples of the founding Father and Mother.

My history will be in two parts. The first, 1957 to 1976, covers the period from the publication of *The Doctor, his Patient and the Illness* (Balint, M., 1957) up to my own admission to membership of The Balint Society (UK). My information here will have been found in printed material and in rare interviews with members whose intact memories at the time went back further.

In part two, 1976 to 2011, I become a witness to, and participant in, the Society's affairs and will be giving evidence myself; although its reliability, where unconfirmed, should not be taken for granted. You must make up your own minds, ladies and gentlemen, and I can only hope that your brains will not be overtaxed. Let us start at the beginning.

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In the beginning there was Michael Balint who was asked to join Enid in the Tavistock Clinic's Family Discussion Bureau, to which couples came (separately) for help with their marriage problems. Michael was a practicing psychoanalyst and Enid was soon to become one. Michael moved on to inviting local GPs to come and discuss 'the psychological element in general practice' in 1950 (Gosling, 1996.1).

Enid soon joined him and between them they devised, and she refined, a unique style of group leadership which owed little or nothing to group therapy or to the early work of Wilfred Bion on the behaviour of groups (Bion, 1961), although subsequent Tavistock groups, led by analysts, were to also make use of Bion's ideas (Gosling et al., 1967). Other psychoanalysts at the Tavistock Clinic became interested and, as more GPs applied to join Balint groups, the number of groups was expanded. This, of course required more leaders.

But early experience warned the Balints that leading a GP group required additional skills such as encouraging all the group members to have their say and the complete avoidance of psychoanalytic terminology. Didactic teaching was forbidden (although Michael sometimes gave mini-lectures himself). Most of the new analyst leaders were allowed to start their own groups; but some had to be discouraged because they were too wedded to their own discipline.

In view of the fact that most of these potential leaders were already leading groups, the Balints started a monthly supervision seminar which was held at Michael and Enid's home and accompanied by coffee and cake. Before each meeting, one of the members would circulate a typed transcript of an audio-recording of one of their group's sessions which the workshop could then analyse in detail, under the guidance of Michael and Enid (Gosling, 1996.2). This frequency of meetings seems to have declined, after a while, to once a term.

The new leaders naturally varied in their personal approach to leading a Balint group and also in their leadership skills. 'Even after psycho-analytic training, and some considerable experience in psychiatry as well as being observers in training seminars, the new leaders achieve significantly poorer results than the experienced ones' (Balint, M. et al. 1966). Andrew Elder (personal communication), remembers one unfortunate analyst being dismissed by Enid from her Leaders Workshop on the grounds that 'he'll never be able to lead a Balint group'.

By this time, some of the GP group members also wanted to lead groups of their own. Some were already leading groups, apparently regardless of the rule. Some discussion about this must have taken place because Michael made it very clear that he did not think anyone who was not also a qualified analyst would be capable of leading a group.

In 1969, Philip Hopkins, who had been a member of Michael and Enid's group from near the beginning, organized his group-member colleagues and started The Balint Society (Hopkins, 1970). Michael accepted the office of Honorary President but, sadly, he died soon afterwards in January 1970.

To the end of his life, Michael had retained his view that only psychoanalysts could be leaders. His reasoning was that, because of their training, only they could understand the material from the unconscious often uttered by both doctor and patient. These remarks would often seem strange and inconsequential: which is how they could be recognised by those who were practiced at looking out for them. Other special qualities of an analyst's mind and ear can be found in Enid's writing, for example in *The doctor, the patient and the group*, Chapter 4, not attributed to any author by name, but unmistakably, Enid's style (Balint, E., 1993). See also *While I'm here, Doctor*, Chapter 11 (Balint, E., 1987).

Michael did permit experienced GPs to lead groups for the Family Planning Association (later to become the Society for Psychosexual Medicine). This exception he probably allowed because, according to Michael Courtenay: 'that was limited in scope and we probably wouldn't be dangerous' (Salinsky, 2004).

After Michael's death, things changed. In 1972, Enid started a new group which she co-led with Cyril Gill, one of the most experienced GP group members (Balint, E., 1974). She believed that a GP who had been in an analyst-led group for a few years would have absorbed some of the way that analysts are trained to tune into the unconscious minds of their patients and themselves, and would therefore

be a safe pair of hands. However, they would still require a Balint-trained analyst leader as a senior partner! By 1974, other Balint trained GPs were also leading groups, with or without an analyst or an analytically aware co-leader.

Meanwhile, the Balint Society's Council had set up a Steering Committee to discuss 'the problem of training methods'. Presumably they also had discussions with the analysts leading groups at the Tavistock, though this is not mentioned in the Journal. These meetings led to the setting up of two training programmes, one for psychoanalysts and the other for GPs and other professionals. Each was to have a panel to appoint leaders; and psychoanalyst leaders would also have to be approved by the Society (Pasmore, 1975).

GP Leaders would be able to attend a regular GP Balint Leaders Workshop presided over initially by Enid herself. (See below).

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In his Epilogue speech to the 1978 (4th) International Balint Conference, held in London, Tom Main said: 'The training begun by Michael Balint was conducted only by psychoanalysts but today psychoanalysts interested in this training are fewer. What could the British Balint Society do? It was decided to make do with general practitioners, even though that would mean second level, even second rate leaders, but all would follow Balint's method'.

He went on to say that the experiment was proving successful under the condition that the GP leaders were meeting regularly to discuss their work with Enid Balint. (Main, 1979). By this time, some GPs were already co-leading with analysts and others, notably in the GP Training schemes, were leading by themselves, as analyst partners were in short supply. At Northwick Park VTS there were three groups from 1978, each led by a single GP. I was one of them!

**Why were more group leaders needed?**

More GPs who had read, or partly read, Michael Balint's book wanted to find a Balint group to join. The book had enabled them to see a way of getting more satisfaction from their work by gaining a better understanding of their patients as human beings like themselves.

In addition, the training of GPs was changing. Three-year training programmes were starting up, providing four six-month hospital posts, followed by a year as a trainee attached to a practice. Individual mentoring in the GP year was provided by an accredited GP trainer. Each scheme was, and still is, supervised by a GP 'Course Organiser' – later rebadged with the grander title of 'Training Programme Director'. Course Organisers also ran a weekly teaching afternoon. It so happened that, especially in London, a number of Course Organisers were also members of the Balint Society. Naturally they wanted to incorporate a weekly Balint Group in this half-day 'release' and, if they were going to lead, they would need training.

**I am admitted to the Society and emerge as a witness**

As a young GP, I became a member of the group led by Michael Courtenay and Mary Hare. And, in 1976, having survived and benefited from two years of weekly meetings, we group members were told that we were now eligible to become members of the Society. Of course, I joined straight away.

So 1976 marks the year in which I first appear as a witness to Balint Society history. Too many witnesses of the early days have already died. I am now aged 80, myself, so you should take advantage of my testimony while I am still with you. But remember not to believe everything I tell you without checking other accounts for corroboration.

### **My own leader training**

I was a member of Mike Courtenay and Mary Hare's weekly Balint group for nearly four years (1974-78). In those days it was possible to do a morning surgery and three or four home visits, travel from Wembley to University College Hospital, sit in the group from 2.00 to 3.30 p.m., go home for a cup of tea and then start my evening surgery at 4.30 p.m. Perhaps being a member of this group was the most important element in my training. I learned by osmosis from the leaders and my fellow group members.

Then, in 1978, I had a phone call from Oliver Samuel who was Course Organiser of the Northwick Park VTS, one of the new three-year training schemes for GPs. He wanted me to come and lead one of three Balint groups. Feeling I knew nothing about how to be a leader, I consulted Michael Courtenay who invited me to join, as an observer, a group for GP trainees he was leading with Enid at St Thomas's Hospital. At the same time, I accepted Oliver's invitation, and started leading a small group of GP trainees every week. A little later, I became a Course Organiser myself.

I attended the St Thomas's group for a year and used to give Enid a lift home afterwards. We discussed some of the cases but I can only remember a few things she said. One was that she always found herself talking more when she was leading a trainee group. In the car, after a particularly difficult session involving drug dependence, she said: 'I could do with a valium myself!'

Later, in the early 1980s, I was in a research group led by Enid which led to a book called *While I'm Here, Doctor* (eds. Elder and Samuel, 1987). As always, she was inspiring, protective and never used technical terms. Her contributions seemed to open our ears and eyes to what was really going on between doctor and patient: but how did she do it? Often she seemed to be reframing the elements of the doctor-



patient relationship by telling us what we had done and how helpful we had been even when we thought we had done nothing much. We didn't have to be an analyst; just a GP who could listen to the person as well as the symptoms; to be kind and attentive and to stick around as long as needed.

Another sort of ongoing training and supervision was, and still is, provided by the Group Leaders' Workshop: of which more later.

My Balint leader education was supplemented by regular visits to American Balint Society events and American family doctor training schemes. I attended the ABS group leader training 'Intensive' twice a year as a faculty member for about five years in the 1990s and occasionally after that. My last outing of this kind was in 2019.

Have GP leaders and non-analytically trained psychologists been a success? On the whole, yes. We all know some leaders whose methods are idiosyncratic. Possibly they think the same of us. There is room for quite a variety of leadership styles. We are all different personalities. No one wants to be led by a robot. But some standards must be upheld. We need guidelines if not rigid rules. I shall return to this matter also.

### **The Balint Society Group Leaders Workshop**

Another source of leader education was The Group Leaders' Workshop. This enabled Balint group leaders, both novices and seasoned elders, to meet and present material from their group sessions for discussion. It was part of the deal by which GPs were allowed to become leaders. In the early days, to present your group to the workshop, you had to circulate a complete transcript of a recording of a recent session. This provided indisputable evidence of what was said at the group, although not necessarily the tone and emotional content. The transcriptions were done by an experienced audio-typist and cost (initially) around £30 which

was refunded by the Balint Society. Accounts vary as to how often the Workshop met. My impression is that it started off monthly but came down to three or four times a year.

Here are two descriptions of the early history of the Workshop from Andrew Elder and Oliver Samuel.

**Andrew Elder** (Elder, 2021)

By the 1980s many of the GPs who had been in groups now held positions as postgraduate educators and introduced Balint groups into their half-day release training schemes. By then, the Balint Society was running a regular 'Balint Group Leaders' Workshop' held in the evening at the Tavistock Clinic. This became the successor to the original GP and Allied Professionals Workshop which had met for many years at the Tavistock and earlier had started its life as a working meeting of colleagues in the Balints' residence at Park Square West. A small number of GP Balint leaders had always been invited to the earlier Tavistock workshop. I look back on the scrutiny given to verbatim transcripts at that workshop as one of the most searching and stimulating experiences of my professional life. Thus, a small group of GP leaders emerged who had worked with Enid Balint, Michael Courtenay, Tom Main, Antonia Shooter, Sandy Bourne, Mannie Lewis and others. Like others, I became a Vocational Training Scheme Course Organiser at St Mary's between 1979 and 1992 and throughout that period ran a weekly Balint group for trainees who were attending the three-year programme. For a time, I led it with Joan Schachter who was then a psychiatrist at the nearby Paddington Centre for Psychotherapy.

**Oliver Samuel** (personal communication, 2021)

The Workshop used to meet at the RCGP and we all sat round a long table. There were about 15 to 20 people attending. On the three occasions I went it seemed to be led jointly by Enid and Tom Main. A full transcript of the session to be discussed was circulated ahead of time and was the total focus of the discussion. In particular the interventions of the group leader were pored over and questioned. As always, Enid was engaged but mostly non-committal while Tom and the others were pretty challenging: 'Why exactly did you say that?' – 'what did you have in mind?' etc. Enid was more questioning and inclined to speculate about what was going on. On one occasion I offered a session of the group that Nadine Brummer and I had run at Northwick Park and we both came away feeling that we missed a lot but that the session had felt more successful than the workshop seemed to think – we needed a stiff drink to recover! More workshop sessions were held later at the Tavistock – led by Sandy Bourne. Rather more sympathetic in style but still focussed on transcripts.

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By the time I had started going to the Workshop (around 1980), there were few analyst leaders and the more senior GP leaders took it in turns to chair the sessions for periods of two or three years. For the first few years we continued to use a transcript of a member's group session. What criteria were used, informally, to evaluate the leader's performance? I seem to remember the faults better than the good points. The chief targets of criticism were:

- a) The leader talks too much. This was easily spotted when his mini-lecture went on for half a page or more.

b) The leader colludes with the group in avoiding a painful subject. This will turn out to have been what the whole case was about.

c) Everyone ignores the doctor-patient relationship.

But a brief 'touch on the tiller', by a leader who deftly steered the group back to its proper course, was very favourably received.

I don't remember when, but the time came when transcripts were abandoned. Possibly they had become too expensive or there were no audio-typists available. Lacking hard evidence of error and acquiring a gentler approach, the Workshop became more like a Balint group itself and has remained so ever since. The leaders' account of their group is now listened to with warmth and empathy. Helpful insights are offered. The group leaders leave feeling heard, supported and encouraged. The current chair, David Watt, embodies this approach and happily shows every sign of continuing for years to come.

### **Groups for leader education and training**

1994 saw the publication in the Journal of the Balint Society of a paper setting out the '*Essential*' and '*Desirable*' characteristics of a Balint group. This was the work of Paul Sackin, assisted by Andrew Elder (Sackin, 1994). This document was approved by the Council and it defined, for the first time, what it was that distinguished Balint groups from all other medical or psychological case discussion groups. It has stood ever since as the reference check-list for all new and evolving groups to measure their legitimacy. It was also taken up by the American Balint Society. In the same year, 1994, Paul Sackin ran a study day for group leaders in Ripon, Yorkshire, on the day preceding the annual meeting of the Association of Course Organisers (Salinsky, 1994). He was assisted by Heather Suckling and me. This was an early example of the model of rotating leaderships with a period of discussion following each group session. It was repeated the following year.

The next opportunity for formal learning about leadership came when the Society's residential courses started to include one or two groups for novice leaders to practice their skills and learn from their colleagues. The first of these embedded leader-training groups was attached to the Oxford weekend in September 2006 (Watt, 2007). There were two groups of eight: one chaired by Andrew Elder and the other by me. We started on the Friday morning, while the week-end for other delegates began, as usual, on the Friday evening. No wonder we were all exhausted by the end of the day! The Oxford prototype was followed by a series of residential courses which have all incorporated groups for aspiring or newly fledged leaders. These leaders' groups were first included by Caroline Palmer at Whalley Abbey (2007) and by Jane Dammers at Longhirst Hotel, Tyneside (Dammers, 2009). Since then, every residential weekend has included at least one group for leaders. Other meetings specifically for leader training are also held, but the weekend groups form the core of the Society's leader education and training.

The format of the leadership groups is very well described in the Journal by Caroline Palmer (2007). The basic idea is that group members volunteer in pairs to lead a 45 minute group session. If the group is large, two people in each session will sit outside the group as observers. In the second session, also of 45 minutes, there is a general discussion about the leadership. The presenter and the leaders are allowed to speak first, followed by the observers and then everyone else can join in. This plan is almost identical to the one that has been used by the American Balint Society since their first 'Intensive' leader education meeting in Wild Dunes, on the South Carolina coast in October 1993. Also present at this event were Peter Graham, David Watt, Katrin Fjeldsted and me. The American Training Intensives are now held twice a year in different locations. They provide 10 group sessions including one recorded on video for later discussion. Our leaders' group meeting is an

economy version with usually only four sessions but it receives good reports from participants.

In the North-East of England, Jane Dammers and others also developed weekday leadership workshops events in addition to weekends. The discussion period was extended in many groups from 45 to 70 minutes (Dammers, Personal communication).

### **What did we learn to begin with? What should a leader say?**

I was one of the early solo GP leaders in charge of a group before the training structure was introduced. How did we manage? Our first instinct was to keep quiet. Some of our psychoanalyst colleagues would give long explanations and offer free associations. Lacking knowledge of both subject and vocabulary we thought it better not to try. This worked well.

Tom Main (quoted by Michael Courtenay), said that a leader needed only to say: 'What about the doctor-patient relationship? But to say it in as many different ways as possible'. We also learned to make sure that both doctor and patient were given equal attention by the group. If the group was fixated on the doctor we could say, 'How do we think this patient is feeling?' or *vice versa*. We could go further and represent the patient: 'I think if I were her I would be feeling very upset...' If there were too many questions (this was before 'pushback'), we could pre-empt the reply by turning the question back on the questioner: 'Can you tell us what *you* think?' A more difficult intervention was to recognise that a painful aspect of the story was being avoided and to suggest that it might be visited. I suspect that we learned most of this from our own experience as group members. As course organisers we already knew about group behaviours and how to protect people who were being 'interrogated'. Most of the time, we just kept quiet. Some of us were able to co-lead with an analyst partner. Some, but not all, of these co-leaders were able to show us,

by example, how to listen more carefully and occasionally pick up messages from the unconscious.

After I finished being editor of the Journal in 2011, I ceased to be on the Balint Society Council and was no longer a witness of events and innovations in group leader education. I am aware of the development of a more formal scheme, with an Accreditation Pathway along which potential leaders now have supervisors to help them. At the end of the path there is a committee to assess the reports of their progress and decide whether they can be accredited. How this all came about must be the subject of another paper which I hope will follow this one.

Thank you for reading this account. And please accept my apologies if I have got anything wrong. If you disagree, I do expect you to have some evidence for your alternative narrative. Who will our readers choose to believe? You or me or their own eyes?

### **Author Note**

I wish to thank Andrew Elder and Oliver Samuel for permitting me to use their contributions to this paper.

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