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Do We Still Need an Analyst for a Leader? (1989)

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In the beginning the leader was always an analyst. How could it be otherwise? Michael and Enid Balint and their colleagues at the Tavistock Clinic were offering their psychoanalytic skills and insights as their contribution to a joint exploration of the psychological content of general practice. The work was to consist of 'research and training' and while the research partnership might be an equal one, the training was seen as a training in psychotherapy which a family doctor could not possibly acquire from a group led by another family doctor.

The Tavistock groups continue to be promoted and led by analysts. But since 1974 the Balint Society has also sponsored groups led by general practitioners (who were themselves trained in Tavistock groups). Furthermore, because of their enthusiasm for medical education, many of the early Tavistock graduates found themselves in charge of the new general practice vocational training courses. Not surprisingly, they wanted to give their vocational trainees a taste of the Balint-group experience by incorporating groups in their half-day release courses. These trainee-groups are led by Balint-trained general practitioners, either singly or together with a co-leader from another discipline which values psychoanalytic ideas, e.g.: a social worker, counsellor or clinical psychologist. Some trainee-groups stand up better than others to a comparison with the Tavistock Gold Standard, but the fact that their leaders are trying to promote the Balints' ideas must be seen as encouraging. Balint-training, or at least, Balint-influenced training is being made available to many young doctors who may never have heard of the Tavistock and are too far away from Hampstead to take advantage of it anyway.

There are very few analysts outside North West London and an even smaller number who show any interest in exploring the world of general practice with a Balint-group. So when our vocational trainees finish their training and look for a principals' group they are unlikely — unless they can go to the Tavistock —to find an analyst to lead it. Instead, we are now seeing the emergence of a third generation

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of Balint-group leaders: general practitioners who have had several years' group experience as trainees but may never have been in a group led by an analyst. Does this dilution of the analytic influence matter? What exactly does a psychoanalyst's presence do for a group and can we manage without it?

To answer these questions I think we need to consider both the style and the content of group leadership. The style or attitude of the group leader is described by Michael Balint in Appendix 1 of *The Doctor, his Patient and the Illness*, where he says 'if he (the leader) finds the right attitude he will teach more by his example than by everything else combined'. After all, the technique we advocate is based on exactly the same kind of listening that we expect the doctors to learn and then to practise with their patients. By allowing everybody to be themselves, to have their say in their own way and in their own time, by watching for proper cues — that is, speaking only when something is really expected from him and making his point in a form which instead of prescribing the right way, opens up possibilities for the doctors to discover by themselves some right way of dealing with the patient's problems!

This passage seems to me to say it all, as far as the group-leader's style is concerned. It must make anyone who has ever tried to lead a Balint-group say, 'yes, that's the way I should be doing it — if only I could be that sort of leader more of the time'. Keeping quiet and being a good listener can be difficult: especially if the leader is eager to teach. It may even be easier for a general practitioner leader, who is not burdened with much theoretical baggage, to concentrate on being a listener and 'facilitator' (horrid word, but it serves my purpose) than it is for an analyst who has things to explain. Certainly my impression of our 3rd generation general practitioner leaders is they recognise the importance of this part of the job and they do it well.

But what of the content? When the leader does open her mouth does she have to make clever interpretations? By no means. Some of the most effective

interventions are very simple ones in which the leader shows the group her own ability to respond emotionally to the patient's feelings, e.g. 'it makes me feel very sad to think of him sitting all alone in his bedroom with no one to talk to!' This sort of thing gives the group permission to have feelings too, and can be very liberating. It requires no knowledge of the Oedipus complex or Primary Narcissism.

So what do we need an analyst for? Even analyst leaders do not sprinkle their discourse with technical terms (at least the good ones do not). But are they using their psychoanalytical education in some less obtrusive way? Back to Appendix 1 of *The Doctor, his Patient and the Illness*.

In the paragraph headed The Use of Group Methods, Michael Balint writes, 'Our aim is to help the doctors to become more sensitive to what is going on, consciously or unconsciously in the patient's mind when doctor and patient are together!' He then refers to certain 'events' going on in the minds of both doctor and patient which are subjective rather than objective, 'often hardly conscious or even wholly beyond conscious control'. In other words there is a lot going on just beneath the surface of the ordinary doctor-patient discourse which it is all too easy to miss if your antennae are not tuned in to the language of the Unconscious.

My own acquaintance with psychoanalysis has made me realise that this language is rather like poetry. It expresses its meaning subtly and indirectly through images, metaphors and allusions. A patient may unconsciously say something very important about herself by attributing her own feelings to another person or even to a natural phenomenon; just as a poet may use the Pathetic Fallacy to show human feelings reflected in the state of the weather. Psychoanalysts are familiar with this language and can recognise it when they hear it; the rest of us may not do nearly as well. I do not mean that I expect analyst leaders to offer detailed translations (interpretations) to the group: these are seldom needed, may be inaccurate and generally do more harm than good by turning the leader into a

lecturer. But a little help with the language, enough to pick up a few phrases here and there; enough to get by, as the travel writers say, can be enormously helpful. Let me illustrate with two examples from my own practice:

1) A young girl told me that she was afraid to leave her flat unaccompanied in case she met a dog. The barking of dogs terrified her: 'they seem so angry' she said. A little later she told me that she was often afraid her own angry feelings would get out of control and she would smash something.

2) An old man dying of cancer persisted in believing that he was going to get better until, one day, he stumbled and fell, hitting his head sharply on the edge of a table. Although there was no fracture, he felt that he had been severely damaged by the blow and would never recover. It occurred to me that the nearness of death had 'struck' him in that moment like a smack on the head (or in the head). I did not 'interpret' that thought back to him, but I was able to agree with and share with him the importance of the knock on the head as the cause of his decline.

Without some exposure to psychoanalytic ways of thinking it would have been impossible to tune in to these patients' feelings in quite the same way, and something valuable would have been lost. We seem to need the input from psychoanalysis to give us that extra dimension of understanding. Without the missing ingredient Balint-work can still be very nourishing but it does not taste quite the same.

So what is to be done? The shortage of analyst leaders is likely to continue. Not all analysts make good Balint-group leaders in any case; not many are interested in general practice and those who are, want to be paid! This seems to offend general practitioners, although I can see that it is entirely reasonable from the point of view of an analyst with a living to earn. But why should a Balint-group not be a learning experience for a young analyst or psychotherapist as much as for a general practitioner? Perhaps general practitioners should invite analysts and psychotherapists in training to join in, not as leaders, but as members with a special

contribution to offer: the art of listening to the Unconscious. And if a group cannot find an analyst, perhaps they could invite a poet or a novelist to join them instead...