
JOURNAL OF THE BALINT SOCIETY, VOLUME 49, 2022

**From the Archive, Enid Balint to Wolfgang Loch:
Co-leadership, Transmission and the Boundaries between
Psychoanalysis and Medicine**

Raluca Soreanu¹

¹ Department of Psychosocial and Psychoanalytic Studies, University of Essex: raluca.soreanu@essex.ac.uk

A Commentary on the Letter from Enid Balint to Wolfgang Loch, 16th February 1977, London²

A letter from Enid Balint to Wolfgang Loch³ shows the role Enid Balint played in the preservation of Balint groups and in continuing the tradition after Michael Balint's death. Enid and Michael collaborated in the work that led to establishing the group method. Seven years after Michael's death, we find her at the heart of the training, and at the heart of organising ways for the groups to continue to 'travel' around the world.

The letter also gives a clear image of the organisation of the profession in the early days, of the centrality of the institution of co-leadership in the transmission of the craft, and of the substantive conversations on the boundaries between psychoanalysis and medical practice, which continued after Balint's death, and of Enid's take on some aspects of leadership technique.

Rather than attempting to define or draw the boundary between psychoanalysis and medicine, Enid Balint invites her interlocutor, Wolfgang Loch, to think about this question on his own terms and formulate his own answers. She reminds him that the position of the doctor working within the Balint tradition is not one of purposefully looking for 'deeper' material, or prompting further elements of the patient's history; instead, she draws attention to the importance of the 'flash' (which Gearóid Fitzgerald discusses in the pages of this issue, in his

¹ Raluca Soreanu is Professor of Psychoanalytic Studies at the Department of Psychosocial and Psychoanalytic Studies, University of Essex, and psychoanalyst, member of *Círculo Psicanalítico do Rio de Janeiro*. She is leading the five-year multidisciplinary project 'Free Clinics and a Psychoanalysis for the People: Progressive Histories, Collective Practices, Implications for our Times' (FREEPSY), funded by a UKRI Frontier Research Grant. She is Academic Associate of the Freud Museum and Editor of the *Studies in the Psychosocial* series at Palgrave.

² The Balint Archive is held by the British Psychoanalytical Society.

³ Wolfgang Loch (1915-1995) was one of the most significant German-speaking theorists of psychoanalysis after the Second World War. He held the sole Chair for Psychoanalysis position ever to be established in Germany. Loch was a prolific writer, having left over one hundred published works.

article 'The Courage of Our Stupidity' or Developing the Discipline of Being a Balint Group Leader', pp. 28-37) and to the importance of the patient herself arriving at her own insights.

For our contemporary Balint practitioners, the letter opens key questions, such as: in the process of training as Balint leaders, how important is the proximity of trainees to the experienced Balint leaders who have been part of the early groups? What is the place of this particular kind of co-leadership in transmitting the Balint tradition?

The text of the letter is reproduced below:

Dear Wolfgang,

Thank you for the letter of the 11th of February. You are quite right in thinking that the Balint Group Leaders who are not analysts have all been in groups for much longer than two or three years although there is one now who we are thinking might make a leader after three years. In addition, before they are leaders they have to be co-leaders either with Tom Main or me, or possibly as time goes on with the two non-analyst leaders, Mike Courtenay and Cyril Gill, for a year or two – probably two – before they can take their own group. Oddly enough however there is one leader who has not had this amount of experience, and is not and will not be accepted as a leader of Balint Group yet, who appears to be very good indeed. He is leading a group outside London. He is not invited to our workshops where only authorised leaders are accepted, but we are wondering whether to accept others who are doing good work in the provinces so that we can keep an eye on their work. Max Clyne is not a Balint leader as he has not been a co-leader with one of us.

Now about the problem of what is medicine and what is psychotherapy. It is indeed a very subtle line to draw. All our work with doctors is based on an examination of the doctor/patient relationship and, of course, on the transference and counter-transference. We only study the overt manifestations of transference and counter-transference, i.e. what is obvious and is not inferred by a knowledge of the unconscious. Should we call this psychotherapy? I really don't know. It might be a good thing if, at the Conference itself, you took a different attitude from me, and we could debate the differences. Is "holding" psychotherapy? I doubt it unless it is the holding of a part of the self which the patient is not aware of and the doctor is. It is true that in the early days we spoke about the possibility in short term focal therapy to dive under the defences, i.e. to penetrate some aspect of the defensive organisation. However, I think this was never discussed in the G.P. setting but more in the focal psychotherapy setting by analysts.

There is no doubt, however, that doctors can sometimes do this in their surgeries and this is the kind of thing that we described when we talked about "flash" (I prefer your word "episode") and I agree with what you say in your last paragraph, and think that there are patients who need to keep their main defensive organisation intact, but whose "core personality" can be cared for or even penetrated by their G.P. without his even being aware of what he is doing. I find, in fact, that quite a lot of the work that I do with the young trainee doctors is to help them to become aware that this is what they are doing and this appears to help them to do the job better and not to turn [them] into "detective inspectors", i.e. the old fashioned type of psychotherapist or history taker. Not to try to dig deeper. The patients themselves then have episodes of insight.

I shall quote you, of course, and use your observations in my paper. The cases I have taken to illustrate my theme illustrate this idea very well. In my view, however, it should perhaps be called psychotherapy when the doctor is aware of what he is doing and of the reasons why he wants to do it (i.e. his counter-transference), although I still long to call even this medical practice.

I would like to have your views on this.

Forgive this messy letter. I only have a secretary one evening a week – a rush at times.

Enid

16th February 1977. *English*

Author Note

The author would like to thank Ewan O'Neill, Judit Szekacs and the Archive Committee of the British Psychoanalytical Society. The writing of this commentary was supported through a Wellcome Trust Fellowship in the Medical Humanities (Grant 200347/Z/15/Z).

196, COLEHERNE COURT,
OLD BROMPTON ROAD, LONDON, S.W.5.
01-373 3313

Prof. Dr W. Loch
Universitat Tubingen
D 7400 Tubingen-1 den
Neckargasse 7
Germany

Enid. 27.2.77

16th February 1977

Dear Wolfgang,

In addition
Thank you for your letter of the 11th February. You are quite right in thinking that the Balint Group Leaders who are not analysts have all been in groups for much longer than two or three years, although there is one now who we are thinking might make a leader after three years. ~~Also~~ before they are leaders they have to be co-leaders either with Tom Main or me, or possibly as time goes on with the two non-analyst leaders, Mike Courtenay and Cyril Gill, for a year or two - probably two - before they can take their own group. Oddly enough however there is one leader who has not had this amount of experience, and is not and will not be accepted as a leader of Balint Groups yet, who appears to be very good indeed. He is leading a group outside London. He is not invited to our workshop where only authorised leaders are ~~accepted~~ but we are wondering whether to accept others who are doing good work in the provinces so that we can keep an eye on their work. *Max Elyne is not a Balint leader - as he has not been a co-leader with one of us.*

Now about the problem about what is medicine and what is psychotherapy. It is indeed a very subtle line to draw. All our work with doctors is based on an examination of the doctor/patient relationship and, of course, on transference and counter-transference. We only study the overt manifestations of transference and counter-transference, i.e. what is obvious and is not inferred by a knowledge of the unconscious. Should we call this psychotherapy? I really don't know. *from* It might be a good thing if, at the Conference itself, you took a different attitude and we could debate the differences. Is "holding" psychotherapy? I doubt it unless it is the holding of a part of the self which the patient is not aware of. It is true that in the early days we spoke about the possibility in short term focal therapy to ~~dig~~ under the defences, i.e. to penetrate some aspect of the defensive organisation. However, I think this was never discussed in the G.P. setting but more in the focal psychotherapy setting done by analysts.

and the doctor is
There is no doubt, however, that doctors can sometimes do this in their surgeries and this is the kind of thing that we described when we talked about "flash" (I prefer your word "episode") and I ~~can~~ agree with what you say in your last paragraph, and think that there are patients who need to keep their main defensive organisation intact, but whose "core personality" can be cared for by their G.P. without his even being aware of what he is doing. I find, in fact, that quite a lot of the work that I do with the young trainee doctors is to help them to become aware that this is what they are doing and this appears to help them to do the job better and not to turn into "detective inspectors", i.e. the old fashioned type of psychotherapist or history taker. *or even penetration* ~~not to dig deep. The patient themselves then have episodes of insight.~~ I shall quote you, of course, and use your observations in my paper. The cases I have taken to illustrate my theme illustrate this idea very well. In my view, however, it should perhaps be called psychotherapy when the doctor is aware of what he is doing and of the reasons why he wants to do it, (i.e. his counter-transference) (although I still long to be able to call even this medical practice F).

I would like to have your views on this.

Forgive this messy letter. I only have a secretary one evening a week - a rush at things. Aileen Enid.

Letter of Enid Balint to Wolfgang Loch, 16th February 1977.

Source: The Balint Archive, held by the British Psychoanalytical Society.