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Books Reconsidered

The Doctor, His Patient and the Illness: Michael Balint*

Remembering where you were when Jack Kennedy died has become a favourite question to ask of people of an age to remember that day in November 1963. For a certain generation of general practitioners, a not dissimilar question might be, "When did you first read *The Doctor, His Patient and the Illness?*" Balint's impact on general practice is remarkable and unquestioned. His book, first published in 1957, appears among the top ten, if not the top three, that all new entrants into general practice 'must read'. Yet the paradox is that few, if any, trainees will actually read his book, that Balint groups have a falling membership, that the Balint Society, founded after his death by a group of GPs, is on the periphery of modern general practice thinking, and that few if any permanent developments have come from his followers. Balint might well be excused if he paraphrased the quote attributed to Jung, "Thank God I'm Balint and not a Balintian".

The context

To appreciate Balint's work on general practice, it is important to set it in the context not only of the state of general practice and of psychoanalysis, but of much of Balint's own background and training. He was born in Budapest in 1896. His father was a GP, an often forgotten fact, and after completion of his own medical studies Balint trained in the Hungarian Institute of Psychoanalysis and was analysed by Ferenezi. The Hungarian system of psychoanalytic training differed in one essential form from the practice traditionally adopted in Vienna and Berlin: the supervision of the candidate's first case, or cases, was carried out by the candidate's training analyst. Balint writes in the section on training, "In the Hungarian system the interrelation of the transference of the patient and the counter-transference of his analyst is in the focus of attention right from the start and remains there. In the Berlin system the counter-transference of the candidate to his patient is by tacit agreement not dealt with in supervision but is left to be worked through in his personal analysis". Balint brought his experience of the Hungarian system to England and experimented with it in part in the groups he developed for GPs.

Like many of his European colleagues, Balint left Europe just before the war and eventually settled in London, where he quickly obtained a consultant post both at University College Hospital and at the Tavistock Clinic. This was in the early 1950s; the National Health Service had been launched, and the separation of general practice from specialised medicine had become organised and institutionalised. General practice as a separate discipline did not exist in any fundamental form and, for many medical students, entering general practice was seen as a failure. They had fallen off the ladder: the Royal College of General Practitioners did not yet exist, and the medical establishment, in the form of Lord Moran, was actively derogatory of general practice. When the possibility of a separate College of General Practitioners was suggested, his famous remark, "Over my dead body", still rankles with many of the active GPs of that time. General practice had to wait till the early 1960s for its renaissance. The work of Michael Balint, and the publication of the book in 1957, were critical points in the emergence of this new discipline.

Psychoanalysis in the late 1940s and 1950s had itself emerged as a clinical entity in its own right, and the Tavistock Clinic had quickly become a centre of national and international excellence. The scientific basis to this new form of treatment was, and still is, disputed, but it had gained a place within the public service sector, and under the leadership of Sutherland, psychoanalysts at the Tavistock were encouraged to explore how the theoretical insights derived from their work might be applied to individuals, groups and institutions not directly involved in the practice of psychoanalysis. It is against this background that Balint, together with his wife Enid, started the research project at the Tavistock Clinic that was to lay the foundation for *The Doctor, His Patient and the Illness.*

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The work and the ideas

Michael and Enid Balint had already begun to apply that psychoanalytic experience to the training of social workers involved in marital work. In 1954 they 'collected' a group of GPs to take part in research seminars. Initially this focused on the drugs usually prescribed by GPs. Balint soon realised that the most frequently prescribed drug was the doctor himself, and the seminars evolved into an exploration of "the doctor as a drug". Weekly meetings followed over a number of years, and transcripts were kept of the seminars. Doctors presented cases they encountered in their daily work, and together with the Balints explored and analysed their patterns of work. As the seminars progressed it was possible to identify recurring problems, and Balint, in the introduction to the first edition of the book, defines it thus: "Why does it happen so often that in spite of earnest efforts on both sides, the relationship between patient and doctor is unsatisfactory and unhappy? What are the causes of this undesirable development and how can it be avoided?" The chapter headings of the book are in part the responses to this particular question. Phrases such as "the apostolic function", "collusion of anonimity", "underlying diagnosis", "ticket to the door", "dilution of responsibility", and "teacher-pupil relationship" are all examples of the immense creativity present in those original research seminars. These phrases have a simplicity and depth which ensures their immortality.

However, it was not long before the flaws began to appear. Balint's enthusiasm for the 'psychological' took over and he could not avoid encouraging the participants to develop their psychotherapeutic skills. Understandably, the model offered was psychoanalytic and psychodynamic. Many GPs began seeing patients for one hour after a busy surgery, and rather than learning from the seminars about the limitations of the psychoanalytic model, they experienced all the problems of the untrained psychotherapist. Many had learnt how to start, but few had understood the importance of when to stop, or indeed, how to stop. Thus the caricature of the Balint-trained doctor as a Detective Inspector ferreting around for the culprit cause also became part of the mythology of Balint groups and is unfortunately still present today.

Balint failed to give due emphasis to physical factors in psychotherapy as well as psychoanalysis. His closest consideration of the body was when he underlined the importance of non-verbal behaviour. He rightly challenged the "elimination of the cause by appropriate physical examination", but in so doing encouraged the mind-body split which plagues both the practice of psychoanalysis and organic medicine. Balint focused on the psychological aspects of general practice and helped to raise the doctors' awareness of the factors involved in the complex interactions occurring in their consulting rooms. As long as he remained in the role of 'anthropologist' his contributions were, and are, of immense value. When he crossed the boundary and became a clinician and teacher, his interventions began to have an impact which he at times denied and at times decried. Several of the original group of Balint-trained doctors left general practice and took up psychotherapy or psychoanalysis full-time. Even though he saw this development as a failure of the group work, it became very difficult to stop the trend. For the next few years, Balint experimented with the notion of focal and brief psychotherapy, and it seemed that he was developing a model of psychotherapy more suited to the needs of general practice. However, it became clear through the work of Malan and others that it required even greater skill and experience to make the appropriate assessment necessary for short-term work. In any case, what was described as short-term work involved 30–40 one-hour sessions, a totally impractical option for GPs to consider seriously. Nevertheless, when Balint died in 1970, his impact on general practice was assured and the work he initiated was continued by a small but loyal group of disciples.

Balint's essential contribution to general practice was to use his psychoanalytic training and knowledge to describe, explore, and illuminate the nature of general practice. Instead of the "doctor as a drug" or the "doctor's feelings", read counter-transference. Instead of the "presenting symptom as the ticket to see the doctor", read "unconscious motivation". He reminded doctors trained in the medical model that psychological problems can often present as physical symptoms – not a new concept, but one that freed many practitioners from the limitations of their medical education. Balint challenged the notion of the objective scientific doctor standing or sitting at a distance from his patient. He demonstrated how not only treatment but the diagnosis is formed as a result of an interaction between doctor and patient. And finally, he provided a model for training doctors to develop their psychological skills within their consulting rooms. Like all pioneers, he overstated his case, but the caveats, doubts, and cautionary comments which are to be found in his writings have only partially been explored by the majority of his followers.

Following the work Balint did on brief psychotherapy, he undertook a research study on the use of repeat prescriptions in general practice. The results

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of this work were published after his death in a book entitled *Treatment or Diagnosis* (Balint, 1970). Further books published by his colleagues – *Patient Centered Medicine* (Hopkins, 1972), *Six Minutes for the Patient* (Balint & Norell, 1973), *The Human Face of Medicine* (Hopkins, 1979), and *While I'm here Doctor* (Elder & Samuel, 1987) – have attempted to develop the work undertaken by Balint in the 1950s. While the thrust of Balint's descriptive analyses of general practice consultations still stands the test of time, there has been a recognition that the caricature of the Balint-trained doctor as a 'Detective-Inspector' is all too often an accurate description. Balint's concept of the "the doctor as a drug" and the role of the doctors' emotions were probably his greatest gifts to general practice. However, there is a clear danger of confusing emotional curiosity with caring, and much of the criticism levelled at Balint stems from this misunderstanding. The more recent work described in the later work by his colleagues focuses on freeing the doctor from discovering *why* so that he can observe *how* the patient talks, thinks, feels, and behaves the way he does. The patient is given permission to complain about anything, and the doctor has to learn to bear the frustration, uncertainty, and helplessness that are inherent characteristics of the human condition. This is a far cry from the 'long hour' and the 'focal therapy' with the notion of 'selective attention' and 'selective neglect' that were the hallmarks of Balint's work in the 1950s and 1960s.

Balint seminars

The second major outcome of Balint's work, which is also well-described in his original book, was the method of training. Balint recognised that to suggest that all doctors, let alone health-care workers, should have a personal analysis was not only totally impractical but also likely to be laughed at. Nevertheless, he realised that for GPs to work at a psychological level with their patients required "a limited though considerable change in the doctor's personality". This statement, like the concept of "the doctor as a drug", remains as a testament to Balint's courage and genius. Psychoanalysis had for many years recognised the importance of a personal analysis as part of the training necessary for a therapist. Balint attempted to borrow from psychoanalysis and adapt to the needs of general practice. The structure of the seminars involved a group of doctors meeting weekly where cases were presented. As Balint himself wrote: "Our chief aim was a reasonably thorough examination of the ever-changing doctor-patient relationship, i.e. the study of the pharmacology of the drug "doctor". Balint discouraged any preparation or formal case-presentation, and through his interventions would facilitate a frank account of the emotional aspect of the doctor-patient relationship. "The doctors tried hard to entice the psychiatrists into a teacher-pupil relationship but for many reasons it was thought advisable to resist this. What we aimed at was a free give-and-take atmosphere in which everyone could bring up his problems in the hope of getting some light on them from the experience of others".

In the second half of *The Doctor, His Patient and the Illness* Balint describes this method of training, and in a further book, *A Study of Doctors* (Balint, 1966), he provides the evaluation of results in much greater detail. Balint groups have continued since their development in the late 1950s. However, outside the Tavistock Clinic they have not taken root with any great success and attempts to introduce similar methods of training for medical students and general practice trainees have largely been unsuccessful. Part of the reason for this is that the leaders of Balint groups may not be explicit about their objectives. Thus members often attend with different expectations from those of the leaders and are put on the defensive: this is especially so if the leaders' expectations are kept covert. Whatever the leaders' or members' expectations may be, during the course of such groups both soon recognise that the boundary between personal issues and professional concerns is difficult to maintain. As doctors reveal information concerning their approach to their patients, they inevitably reveal and face their own values, prejudices, and belief systems. This may lead to an uncomfortable realisation that the defence systems they choose to adopt in their professional lives are similar to those in their personal lives. For some, this is a new and public discovery that is nevertheless welcomed. For others it can come as an unwelcome and painful shock. Balint was aware of this problem from the outset, but was determinedly against the groups developing into therapy sessions. He attempted to select and screen out those doctors who were seeking therapy and discouraged personal revelations in the group. He did not think that the group should be a substitute for therapy, yet one of Balint's original ideas was to copy the Hungarian psychoanalytic training model. In this method the analysand receives both analysis and supervision of his first case by his analyst – i.e. the supervisory (training) and therapeutic (treatment) roles are combined. The analysand is thus able to discuss his own feelings towards his patient (counter-transference) with an analyst who is familiar with the analysand's interpersonal and intrapsychic problems. Balint's aim was "to help doctors to become more sensitive to what is going on consciously or unconsciously in the patient's mind

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when doctor and patient are together". Yet in the seminars, Balint limited himself to commenting only on the doctors' *public* and *conscious* statements. He did not comment on or interpret any covert or unconscious material that he observed. Any statements involving personal problems were actively discouraged and not taken up. In addition, Balint, although recognising the importance of the doctor/group leader relationship and the doctor/rest of the group relationship, tried to avoid discussions of an interpersonal and intimate nature that involved these areas.

Bacal (1972) suggested that Balint training primarily affects what he has termed the 'area of professional ego'. He suggested that change in this area is "related to the capacity of a doctor to free up and convert enough of his pre-occupation and anxiety over personal problems into what we call the therapeutic interest or curiosity, so that he is in a position to do a good professional job". Bacal went on to infer that although Balint was aware of the need to mix the training and treatment models, he did not utilise the Hungarian system to its full extent. Bacal describes the case of a young doctor who, after attending Balint seminars for three years, still experienced considerable inhibitions with his younger women patients. He attended psychotherapy for eight months and subsequently reported much improvement in his ability to work with such patients. The issue Bacal raised was whether a doctor could have derived the help he obtained from psychotherapy while attending a Balint group. To be fair to Balint, he was aware of the potential limitations of his method of training: "I am aware that by all this I have not said much about these self-imposed limitations of our interpretations, and furthermore that by this simplified description I have deliberately disregarded a number of dynamic complications. Lastly, whether or not these limitations can be adhered to in the long run, or how necessary or desirable it is to adhere to them, is another matter, and only further experience can decide". It is a sad reflection on the work of the Balint Society that few, if any, such experiments have been encouraged. The developments in general practice education in this area have largely come from other workers (Lurie & Gallagher, 1972; Marinker, 1972; Heron, 1973; Freeling, 1982; Pietroni, 1984).

The critics

It is unfortunate that Balint's critics in general practice have limited themselves to his original book. Balint's psychoanalytic writings are largely ignored, and the serious attempts he made to evaluate the outcome of the training method are difficult to obtain. The criticisms have centred around the scientific/unscientific nature of psychoanalytic theories and the limited understanding Balint had of the nature and task of general practice. Sowerby (1977) provided the most cogent attack on Balint, which can be summarised as follows:

(a) Balint made the irrefutable conjecture (unscientific) that a scientific understanding of human behaviour was possible in theoretical terms, and believed that general practice is primarily concerned with psychological problems.
(b) He believed that psychological illness should not be diagnosed by exclusion, and that the diagnostic process was one of description rather than identification.
(c) He initiated a confusion of language and proliferation of jargon which privileges the verbally articulate and the emotionally demonstrative.

Sowerby's paper has itself been rightly criticised, but his views represent a major section of general practice thought and practice. It is ironical that those that disagree with Sowerby will also find Balint's ideas and training methods limited, but for very different reasons. Balint failed to give due emphasis to physical factors in psychotherapy or psychoanalysis. Ignoring the body and its effect on the mind is a fundamental omission of psychoanalytic theory, just as the omission of the mind and its importance to the body has plagued 'scientific' medicine.

Balint had an enquiring and original mind. He experimented with different techniques, but largely stayed within the accepted psychoanalytic framework. This has had a stultifying influence on psychotherapeutic approaches in general practice. Behavioural approaches, the use of transactional analysis, co-counselling, and humanistic models of group psychotherapy have not had sufficient use or impact because the individually-based psychodynamic and psychoanalytic model, as practised by Balint, has been so influential within general practice. In addition, the educative nature of the task of general practice has been overly influenced by Balint's misunderstood views of the 'apostolic' function of the GP. Balint wrote: "It was almost as if every doctor had revealed knowledge of what was right and what was wrong for patients to expect and to endure and further as if he had a sacred duty to convert to his faith all the ignorant and unbelieving among his patients". It seemed that Balint was challenging the assumption that doctors should advise, reassure, direct, influence, and suggest. Under the influence of Balint training, many GPs learnt "how

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to listen" in a particular way and how to become less intrusive and 'non-directive'. The idea that the 'non-directive' approach is non-directive is, of course, nonsense. Balint's views on this issue were also quite clear: "It does not matter whatsoever whether the doctor shuts his eyes and refuses to see what he is doing or accepts his role and chooses consciously what he teaches – teach he must".

Balint *was* a great teacher, although characteristically he declined to accept his undoubted charisma and influences. The mark of a truly creative and civilised mind is that it can hold paradoxically opposing viewpoints on an issue at one and the same time. Judged by this criteria, Balint showed marks of genius, and we all owe a great debt to his father, a general practitioner!

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