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Balint Group Leadership: Where Are We Now? (2011)

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In *The Doctor, his Patient and the Illness*, Michael Balint wrote, when considering the effectiveness of Balint groups, 'perhaps the most important factor is the behaviour of the leader of the group.' Although there has been quite a lot of effort put into attempting to demonstrate effectiveness, it is striking how little has been written about leadership.

Clearly it remains necessary to pursue research into effectiveness. How else are we to persuade our funders, programme directors and faculty to support us? But no one ever joined a group because there was evidence of its effectiveness. It is our experience in a group that convinces us and changes the way we practice. And surely the quality of the group experience has quite a lot to do with the person leading the group and the approach the leader adopts.

In the last ten years or so, there have been very few papers published that concern themselves directly with leadership. I will briefly refer to three of them. In 2004, Alan Johnson, Don Nease and colleagues published a paper entitled 'Essential Characteristics of Effective Balint Group Leadership'. In the opening paragraphs the authors make their concern about this subject clear, 'this lack of research in Balint Leadership [...] has had unfortunate consequences [...] ineffective group leadership has sometimes dampened enthusiasm for Balint work.' As a result of their research, they come up with what they describe as essential characteristics: creates climate of safety, acceptance and trust; establishes and maintains group norms (boundaries etc.); promotes movement towards the group's task; understands group process; personality and style of leader (modelling behaviour). Few would quibble with that list. The difficulties, however, lie more in the complexity that lies behind each of these characteristics.

Much more recently, Andre Matalon and his colleagues in Israel have written that 'little has been published about the leadership of Balint groups for

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general practitioners [...] and little is known about guidelines and goals for leading such groups.' They then make a comparison between answers given by Israeli Balint leaders to questions about how they perceive their role with Michael Balint's own views about the role of the leader in these groups. I will give one example. The Israeli group leaders placed emphasis on 'giving support' and on 'reducing anxiety and tension'. Michael Balint, in his Appendix on training', has a heading 'crises in the group,' most of which he seems to think can be valuable. But he goes on to say 'if such crises occur too often, or leave bitter resentment behind, it is a sign that the pace of training has been too exacting…' But he continues, 'it is an equally ominous sign [...] if no crises occur; it means that [...] the group and its leader are in real danger of degenerating into a mutual admiration society in which everything is fine and the whole group consists of nice, clever, and sensible people.' This difference in emphasis would seem to reflect an important parameter to consider — the question of productive levels of anxiety and a necessary degree of conflict within the group.

And lastly, at Brasov in 2009, Dorte Kjeldmand and Karen Glaser read a paper called, 'Gender and other predicaments in Balint groups'. I recall their opening question. 'Where to begin if we are to consider the fundamental question of the Balint group leader's countertransference to the group?' With gentle irony, they outline that the role of the leader is usually suggested to follow a few, very tasteful and humble parameters [...] and illustrate this by the use of genteel English phrases such as applying a 'touch on the tiller to keep the group on course.' Pertinently, they ask 'what does the group leader bring by way of unconscious biases and countertransference towards the group members and where are these feelings accounted for?' A good question, surely?

Now, there might be many good reasons for there being so few papers concerned with leadership. Group leadership is a practical matter, highly individual and not at all easy to characterise or study. Certainly there are a growing

number of workshops and intensives devoted to leadership training internationally. In the UK there has been a marked increase in this activity during the last five years or so. But I would like to suggest another possible reason.

At the beginning of the Balint movement, leadership was the province of psychoanalysts, most of whom were also psychiatrists. Discussions of leadership technique, pitfalls and difficulties were the province of the psychoanalyst leaders and held (in the main) at separate conferences and workshops. Michael Balint himself emphasised this separation very clearly by putting his remarks about leadership in an Appendix of his 1957 book'. 'This chapter', he wrote, 'is intended for psychiatrists [...] not primarily for general practitioners [...] its tone is somewhat different from the rest of the book, technical terms being used more freely...' The Tavistock Clinic in London held a regular meeting called the GP and Allied Professionals Workshop, to which a few of us were occasionally invited but in the main this was a meeting attended only by psychoanalysts. A number of valuable papers were written about leadership by members of that workshop, but they are not part of our literature. In the UK, no psychoanalyst joined the Balint Society when it was founded. The International Balint Federation (IBF) is an affiliation of Balint Societies which were all founded out of the enthusiasm of GPs for a Balint approach to their work. Thus, from the outset, the study of leadership lay outside their main interest and expertise. Later, as GPs took on more of an interest in leading groups they did so largely from within the educational structures in which they already held positions of responsibility.

So, who is leading groups today? In 2009, IBF conducted a simple survey.

IBF Questionnaire Summary

Questionnaires were sent to all (22) member countries affiliated to IBF. Responses were received from 13 countries and Norway and AIPB (Association of International Psychodrama Balint).

Five countries have their own criteria for accrediting leaders. Four said they were in preparation.

Who leads groups?

Mainly GPs: 3

Mainly psychoanalysts: 1

Only doctors: 1 (50:50 psychiatrists/GPs)

Mixed professional leadership: (a clear preference for co-leadership between GPs and mental health professionals): 10

Does your society have a formal leadership training course or programme?

Yes (USA and Austria); Hungary (one day/month for a year); Denmark had a cohort trained (1998-2000) and a further is being planned.

Quite a few (9) countries offer varied programmes of weekends, conferences, intensives and workshops.

Different Professional Directions to Leadership

Neither Michael Balint nor Enid thought that being a practising psychoanalyst was in itself sufficient to qualify for being a Balint group leader. *In Lessons of the Masters* (2004), Michael Courtenay says that, 'both analysts and non-analysts must make a journey into a `Balint space' of special expertise. It is perhaps interesting to think about the nature of that special Balint space. Looking back at my experience of working with Enid Balint, I can say that she never sounded like a psychoanalyst when leading a group, even though she would have fiercely defended the special nature of the analyst's contribution. As a result of Michael Balint's earlier proscription have GP leaders lacked confidence in developing a conceptual framework with which to think about issues associated with leadership? Is this partly where we are now?

Questions

In his *History of the Theoretical Roots of the Balint Group Movement* (2009), Alan Johnson asks 'precisely, what was, or is, the theoretical foundation of the Balint

group method?' Although we might not want to try and give an answer to this question, it's not a bad question to have in mind. How do we navigate whilst leading? To what basic concepts do we refer when considering issues that arise in connection with leadership? What can we observe in a group without some sort of theoretical framework? On the other hand, if we hold to theory too closely, will we see anything other than confirmation of our theory?

What is our view of the group part of a Balint group? Do we take what might be regarded as an analytic view of groups, perhaps derived from Bion or others? Or, do we hold a more benign view in which groups are thought to be somehow self-running and intrinsically developmental? As leaders, do we press the starter, keep the show on the road but basically trust 'the group' to work away, or does our view of groups involve the unconscious, defences and psychic phenomena which require more active intervention? And whatever our views, how do we lead in practice, with what basic assumptions about process? In the UK, when recently we debated the relative merits of the presenting doctor sitting in or sitting out, it became clear that this couldn't be thought about without an understanding of how such a move might affect group process, and a view about the aims of the group.

How much do we consider the relationship between the aims of different Balint groups and different approaches to leadership? The aims of a group for students, or one for GP registrars, or one for cancer physicians, or an ongoing group for established GPs, will all differ. Parallel process is often referred to in workshops and discussions about leadership. This usually refers to the process whereby the relationship between patient and presenting doctor becomes enacted in the group process as the group set about trying to help the doctor with his case. How do we use this in practice as leaders? Should we also be bearing in mind a further 'parallel' relationship — that between the group process, including the stance of the leader, and the parallel changes in the consulting room? John Salinsky makes this point in his interesting review of the history of Balint work, *Hanging by a Thread* (2000). He

asks the question whether the reported shifts in emphasis of the doctors' consulting approach through the various Balint books from *Six Minutes,* through *While I'm Here, Doctor; The Doctor, the Patient and the Group* to the last such book, *What Are You Feeling, Foctor?* also require a corresponding change in leadership? After all, if the leader is primarily interested in encouraging the group to get behind the presenting complaint, then the doctors are being unconsciously encouraged to become 'detective inspectors.' If the leader is less concerned with history, more alive to the present work in the 'here and now' of the group — perhaps listening for the way a group might pick up small changes in the doctor-patient relationship — then those attitudes will be more likely to be acquired by the doctors in the group. In the last book written by a research Balint group, *What Are You Feeling, Doctor?* the emphasis is placed on doctors becoming more alert to their defensive reactions (red lights) when consulting. In the same way, perhaps, leaders need to develop an ability to notice their leadership 'red lights.' Perhaps when thinking about any aspect of Balint group process, it is helpful to think about the parallel process, in the consulting room. It is, after all, what goes on in the consulting room that is the point of the whole exercise.

This brings us back to the question of the behaviour of the leader and the modelling that this engenders in the group members. Certainly the early leaders, the 'masters', set great store by this, actively modelling in the group process an enquiring, rigorous, attentively listening attitude of mind which they thought doctors needed to develop in the course of their clinical work. They were a confident breed, not afraid to take risks. If doctors are to be encouraged to have the courage of their stupidity, leaders definitely do as well.

Where are we now?

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