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Dr White and the Seven Homo Sapiens

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Once upon a time in a land not so far away, two souls lived in a castle. The stories of how they lived there were very different.

Dr White came to the castle every day. She didn't sweep the halls and make the dinner, but she did jobs that sometimes felt very similar. She carried a magical black box, and the Beings in Charge of the castle could use magic to transport her round to where she was needed. The people in the castle changed around a lot, and were an eclectic mix. It was a strange life that Dr White sometimes liked very much, particularly the interesting beings that she met. However, at times she found it very tiring, particularly when she needed to work throughout the night, transported around by her little black box.

Once, it was late at night. The moon shone brightly through the windows and the world was quiet. She found that her little black box zoomed her off to a room where she had not been before. She found herself face to face with the other lady. The lady is someone who we have met many times, in many guises. The lady is sometimes feared and sometimes thought to have great power. Often both.

The Lady saw Dr White enter. Dr White saw The Lady. They looked at each other. Their eyes fell upon an apple which was on the table. Dr White knew that the Beings in Charge of the castle would want The Lady to eat the apple. The Lady knew that the Beings in Charge of the castle would want The Lady to eat the apple. The Lady was not minded to acquiesce to the whims of the Beings in Charge of the castle. She did not eat the apple. Dr White knew why she had been summoned to the room. The Beings in Charge wanted The Lady to eat the apple, and they wanted Dr White to make sure that she did. Dr White tried to soothe and coax The Lady. The Lady was wise to this. The Lady refused to eat the apple. Dr White pleaded. The Lady refused to eat the apple. Dr White showed The Lady the beauty of the apple, the tempting red outer layer, the crisp, juicy flesh within. The Lady refused to eat the

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apple. Dr White felt increasingly impatient. She wanted The Lady to eat the apple. As the tension within her mounted, she caught the eye of The Lady who said “I know you, I know what you’re like. *You* only want me to eat the apple so *you* don’t get in trouble with the Beings in Charge. Don’t pretend that this is for my benefit”. Dr White felt as though she had been shot with a poison dart. A poison which sent a surge of sparks through her body. She felt her muscles tense, her jaw clench. Before she knew it, she had thrown the apple at the Lady and vanished from the room.

Doctor White found herself in the grounds of the castle, walking through the woods. She started to feel cross with herself, as well as The Lady. She felt confused. Why had The Lady shot her with a poison dart? Why had the lady not eaten the apple? A small voice in her ear niggled at her, perhaps a remnant of the poison dart...did she, Dr White, want The Lady to eat the apple, or was she merely a puppet doing the bidding of the Beings in Charge?

Doctor White suddenly came across a little cottage in the forest. Although the castle was ancient, the world she lived in was the newest it had ever been. She found there were seven Homo sapiens in the castle, all of different shapes and sizes. And all glorious in their own way. These Homo sapiens introduced themselves, and of course dear reader, they are our old friends; Bashful, Sleepy, Happy, Grumpy, Dopey and of course, Doc. Another Homo sapiens called Sneezzy gazed down from a moving portrait on the wall.²

Dr White threw herself down in the nearby chair. The Homo sapiens formed a circle around her, and asked her to unburden herself of her troubles. Dr White talked about The Lady, The Apple, The Beings in Charge. The Homo sapiens nodded. After all, they too worked in the castle, and had experience of the perils and adventures had by the one holding the little black box. Sleepy was particularly

² In this era, Sneezzy is banished from the magical land but is able to be part of our story through the power of magic.

interested in the timing of the adventure, and whether the poison in the dart had a particularly strong effect when combined with the moonlight. Grumpy felt that the poison was one commonly encountered in the castle, and was...grumpy about that. Bashful talked about how difficult she would have found the situation, and her worries about the Beings in Charge, and the faceless Beings-In-Charge-of-the-Beings-In-Charge who everyone knew had great powers. Dr White started to wonder about why she had wanted The Lady to eat the apple so badly. It started to feel like the poison was irritating her less, that although she still wondered about why she had wanted The Lady to eat the apple, though she felt less cross and annoyed with herself and The Lady. The poison stopped feeling like sparks and more like embarrassment, guilt, sadness. Dopey sat deep in thought until Doc gave a prod. Dopey then said "I wonder what The Lady thought about you?" The Homo sapiens and Dr White paused.

Sneezy sneezed. The others looked up towards the portrait on the wall and Dr White noticed an object beside it. Dear Reader, this object has had many names through time, but I will today name it a looking glass.³ Dr White looked at herself in the looking glass. But this was no ordinary looking glass... with Dopey's word's echoing in her head, she saw a different side of herself. She saw her power as the one holding the black box, who she was to the Beings in Charge, her future... Her dazzling, dazzling future outside of the castle.

Dr White started to think about the poison. The poison that had made her want to run, to get as far away from The Lady as possible, that made her throw the apple and leave. The sparks danced within her body. "I wonder" said Dr White "where The Lady got this poison from?" She started to think about the poison and the ingredients making up the sparks; embarrassment, guilt and sadness.

³ Other words used over time include "Mirror" and "Selfie".

Grumpy started to think about his grumpiness, and how sometimes he seemed grumpy to others, but that actually, he didn't want others to stay long enough to notice when he was feeling inadequate and subsequently embarrassed. He realised he did not know a lot about how The Lady spent her days before she went to the castle, and how she would feel about going there instead.

Bashful thought about how sometimes she felt guilty about not doing as well as she thought she should, and it made her want to hide away. She wondered if The Lady had left anyone behind to go into the castle, and how she might have felt about that.

Sneezy thought about his exile, being away from his friends and family in the other realm. He thought about how sometimes people remembered him when he sneezed, and how for a moment or two he was at least noticed and he did not feel as sad. He wondered when The Lady felt noticed, or whether she ever did.

They all wondered about The Lady's story, and became curious about the poisoned dart, and the alchemy that takes place when someone is taken to the castle. What was the purpose of the dart?

Doc said something that they all found a little bizarre, something about feelings. That was just Doc, Doc said strange things sometimes. Doc also decided that it was time to get back to their jobs across the castle estate. Dr White walked slowly back through the forest.

And here dear reader, we will end our story for now. The Lady, Dr White, the Beings-In-Charge, the Beings-In-Charge-of-the-Beings-In-Charge and our seven Homo sapiens friends did live ever after, sometimes happily, other times less so. And things shifted, and moved, and changed, and didn't change. All at once.

Reflections

Thank you for taking the time to read this heavily disguised short story. I feel that in the interests of the Balint group's honour, I should highlight that no apples were

thrown at patients in the real version of this story. However, it is important to allow ourselves a little artistic licence at times.

Writing this short story, attempting to parallel the story of Snow White, I was struck by a number of different reflections. The relationship between two females appeared central to this story, and notably the role of “Doc” is side-lined.

I noticed my discomfort in casting the patient in the role of the “witch”. I thought a lot about this, and did not do this lightly. In the story of Snow White, envy is a key theme. This envy had been a key theme elicited in a Balint group that I was facilitating, and had taken the junior doctor somewhat by surprise. The reflection that the patient may have felt envy towards her, took a while for the group to come to, possibly because envy was never expressed directly to the doctor. After some reflection, I realised that it was vital that the patient was cast in the role of the witch, and the doctor as Snow White. Society is becoming a lot more tolerant and compassionate about mental illness, but the Balint group in question made myself and the group more able to see that the role of the psychiatric patient remains a painful one. There may be less stigma, but the patient still loses their autonomy and is in a position of vulnerability. In the group, as in the story of Snow White, one character is naïve to her privilege, whilst the other is consumed by envy of this privilege. The difference between the story above and the tale of Snow White, is that the character of Dr White uses the resources around her to try to understand the mind of the other rather than maintaining a position of a passive and helpless recipient of the envious assault. She pays more attention to what it might be like for the other to experience her. She uses the group to translate the “poison dart” in something that she can make sense of. The key feature of this group was the doctor becoming aware of her own functioning mind, her autonomy, and how much disparity there was between her and the patient in these regards. It left her more able to understand and feel compassion, and to make sense of the feelings of embarrassment, guilt and sadness. She started to understand that the feelings

evoked in her may be the result of a projective process between her and the patient, and that she could try to use this understanding to first repair, and then build their relationship.

A second reflection I had was about how I had skirted over the role of "Doc". As you have probably guessed by now, "Doc" was the Balint group facilitator. I noticed that I had been somewhat bashful (with a small "b"!) about giving myself a role, any significance. From experiences I have had myself I think that this is an important issue. There is considerable potential for those involved in leading groups with a psychoanalytic focus to be in a position of being either idealised or denigrated. We can be seen as someone who can read minds, someone from another world, a crone, a mystic, a Shaman. Our very presence can sometimes stir things up in the unconscious, both exciting and intimidating. Individuals can project feeling of immense power onto us, which can result in us being revered, hated or both. I have always been taught it is important to not become too identified with either of these positions. Idealisation can quickly switch to denigration. Although being idealised is a somewhat seductive position to be in, we are not relating authentically when we are in this position. It is phantasy rather than reality.

It is important not to take on, accept and identify idealising projections. However, it is also important to recognise what we do offer in the position of being a Balint group facilitator. We offer people a place to feel safe with their feelings, to feel heard, to talk about who they are, and what their work means to them. Doctors usually provide these spaces for others rather than themselves. We all have our own valencies, and reasons for being drawn to this profession. Some of us may find it more familiar to do the listening and provide the care rather than being cared for and listened to.

In a Balint group, the focus is on the doctors and their feelings. We are offering someone a space which is usually the reverse of what is given to doctors. It is not inconceivable that being provided with this kind of space might mean quite a

lot to some doctors; that by being in the Balint group they develop an internal sense that how they feel might actually matter. The Balint facilitator, as someone who provides this, has the potential to become someone of significance.

As part of writing this piece, I have reflected on the doctors in the past who provided me with a space where I received attentiveness and was listened to, where the purpose of the meeting served my needs. It was a useful exercise. Remembering how awestruck I was by the consultant neurologist who made me a blackcurrant herbal tea whilst we were talking about my fourth year student project in his office.... Me! A medical student! The supervisor in my early training years who treated my first case of imposter syndrome by advising me that "you definitely won't get it if you don't put your name down". I don't remember much more about her, but I regularly hear her voice ringing in my ears, and I have had so many opportunities as a result of this advice. Reflecting on my past medical relationships was a strange exercise, identifying where all the quirks and idiosyncrasies of my practice come from: aspects of the way that I work that I hadn't realised came from someone I had known years ago. Some people have meant a huge amount to me, and others I could barely remember their names (I might remember once in a blue moon because they made up a snappy medical mnemonic). The very nature of medical training means that we move around our attachments a lot, and a Balint group facilitator may be an attachment figure spanning several blocks of training. Without a doubt, the most painful trip down memory lane concerned a female Balint group facilitator (I have permitted myself some artistic and creative licence here, as my characters have mastered the art of disguise) who reacted with bewilderment and contempt when we were discussing my sadness at the ending of that particular doctor-doctor relationship. Where is the line between a positive and useful attachment which hopefully the doctor will internalise and make use of, and an idealising, eroticized attachment? I cannot even begin to explain how it feels when someone in that position offers you a hasty suggestion of a pathological

attachment. It is several years since the event, and hearing her name is like the psychological equivalent of standing on a three-pin plug. Thinking back to my attachments over the past ten to fifteen years of my medical training has made me realise how mixed these attachments have been – that the level of attachment is not particularly related to my own attachment style, but according to what I have felt I have been given, and offered, by that person.

Balint group facilitators offer individuals a unique space. Ideally, the members of the group will start to internalise the group, to start to consult with the group in their head. “What would Sleepy say?”, “I remember when Grumpy had this situation!” And of course, “Doc, what would Doc say?” I hope that, in the Balint groups I run, my members would remember me saying that it is not strange to have feelings; that it is expected that in this job. They would at times feel sad, embarrassed, guilty and insignificant. And that metaphorical apple-throwing incidents are survivable, and even something it is possible to make sense of and to use as a learning experience. For some members this may mean very little; it could feel very ordinary and commonplace to others. But it is important to remember that for some members, this may be one of the few developmental experiences that they have had where they have received this message. They may reject it. Or it may be something that they draw on throughout their career.

Writing this made me realise that I also need to reflect on how easy it can be to underplay my value in order to avoid the dreaded identification with an idealised object. From my own experiences, I know that dismissing an attachment as being pathological and idealising can completely undermine the trust that has been built up as part of the safety of these spaces. There are many times in my working week when, in my mind, I head to the rooms of important figures in my medical education for support or advice. Some I draw on more than others. Certain emotional experiences will make me inadvertently head for the female Balint group facilitator referred to earlier. In those moments I am looking to draw on that

relationship for the sense of safety that I need. Every time this happens, the office door remains shut and impenetrable. The act of denying that the relationship should have had any significance has meant that the relationship never internalised.

This creative piece led me to reflect on four women and the relationships between them. Dr White, The Lady, Doc and some of my own versions of Doc. These relationships were all significant and important. They were initially of significance by virtue of their roles and what they represented to each other, but also deepened as they started to understand each other and each other's position. Balint groups are a great place to understand the doctor-patient relationship, and in this much disguised case, the group spent an hour exploring and making sense of a five minute interaction. They learnt to not underestimate what they might represent to a patient, and how this might be something very painful. On top of this, we also have doctor-doctor relationships. I and my clinical partner from medical school (who is delighted to be included in this essay, disguised or not!) have not seen the neurologist referred to earlier since 2007. I text my clinical partner whilst writing this piece and asked him to describe the neurologist for me. I didn't even need to ask whether he would have remembered him. His response "he was just such a cool guy in every way!" Did we idealise him? Absolutely. Do I remember the stress of the fourth year medical school projects and how wonderful it was to have someone in authority offer me some care and compassion during that time? Of course I do. It is impossible to know what this encounter did for us, but my clinical partner now runs a twitter account with thousands of followers advocating for medics less senior than him, and I spend a large proportion of my week facilitating Balint groups.

I found writing this essay really challenging, and it is something I will continue to reflect on. It is so difficult to know what impact a Balint group is having on someone, as it is not often the case that they tell us. We are doctors; we are used to transient attachments, and to my knowledge most people reflect on the impact of the comings and goings of these relationships privately. I realised during writing

that there are many people from my medical training that were significant to me, but I never mentioned it for fear that it would be received as something transgressive.⁴ I also realised how uncomfortable it can be to think about your own significance. I believe in the importance of Balint groups; I have had my own experience of someone underestimating the significance of their own role and how it felt to be on the receiving end. But despite this example making it abundantly clear to me not to do that, Doc was but a minor feature of my own narrative. Doc Senior is definitely not the villain in this story. Balint groups are a great way of developing a culture where doctor-patient attachments and relationships are acknowledged as being of value and significance. Writing this has made me acknowledge and think more about the *doctor-doctor* relationships and the potential for these to become useful and positive internal experiences. There is considerable nuance between these experiences and unhelpful idealised ones.

⁴ Finally I know how to cast the inconvenient “Handsome yet Creepy Prince” who I did not manage to weave into my re-telling of Snow White.