Would Balint have joined the British Holistic Medical Association?

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HOLISTIC medicine has attracted many supporters as well as many detractors. This paper looks at certain aspects of the holistic approach and places them against the background of Michael Balint's work and the subsequent development of the Balint Society.

The term 'holism' was first introduced by Jan Smuts in 1926[1] to describe the study of whole organisms and systems. The word is derived from the Greek 'holos' meaning 'whole' or 'complete' and was also used to describe health.

The launching of the British Holistic Medical Association in 1983 followed a one-year study organized by the British Postgraduate Medical Federation. In this study a group of doctors met regularly to discuss for themselves the principles that governed the holistic approach to medicine. These principles, which have been outlined in detail elsewhere,[2] include the importance of responding to the whole person (body–mind–spirit) in his environment.

Whole-person medicine

The tradition of 'whole-person medicine' was revived by Balint's writings, and the definition of a general practitioner in *The future general practitioner*[3] was greatly influenced by the work he carried out in the 1950s.

The definition 'making diagnoses at physical, psychological and social levels' is part of what good general practice is about. Michael Balint focussed on the psychological aspects of general practice and his first book is regarded as a classic by general practitioners. However, some doctors feel that he overemphasized the importance of the psychological aspects of general practice.[4] The caricature of the Balint-trained doctor as a 'Detective Inspector' ferreting around for the 'culprit' cause is difficult to drop. Balint failed to give due emphasis to physical factors in psychotherapy or psychoanalysis. His closest consideration of the body was when he underlined the importance of non-verbal behaviour and challenged the 'elimination of the cause by appropriate physical examination'. Ignoring the body and its effect on the mind is a fundamental omission of psychoanalysis — just as the omission of the mind and its importance to the body has plagued 'scientific' medicine.

How does the spiritual dimension affect Balint's whole-person approach? He makes no direct mention of the interplay between spirit, mind and body, but in his writing on primary love and primary narcissism[5] he comes close to a description of the spiritual dimension:

> 'The aim of all human striving is to establish or probably re-establish an all-embracing harmony with one's environment — to be able to love in peace.'
>
> 'The "unio mystica" — the re-establishment of the harmonious interpenetrating mix-up between the individual and the most important parts of his environment, his love objects, is the desire of all humanity.'

Balint's 'harmonious interpenetrating mix-up' is one of his most delightful phrases and it captures the true nature of the best of general practice. Moreover, it is precisely how physicists and astronomers are now describing the nature of the universe.[6-8]

We live in a participatory and relational world and Balint's genius was to identify the manifestations of this universal truth in general practice. Becoming aware of the spiritual dimensions of our work is a great challenge and recognizing a patient with a 'spiritual disease' when he visits our consulting rooms forms a necessary part of the holistic approach. The recent work by members of the Balint Society in developing the concepts of the 'flash' and 'pre-flash' comes close to an awareness of the 'unio mystica' as described by Balint.[9]

Interventions

The second major principle of the holistic approach is the use of an extended range of interventions. Again, the work of Balint enables us to expand our diagnostic and therapeutic skills. His concept of the 'doctor as the drug' and the role of the 'doctor's emotions' were probably his greatest gifts to general practice. In addition, his descriptions of the patient's offers and the different levels of diagnosis have helped to increase the effectiveness of the consultation in general practice. There is a danger, however, of confusing emotional curiosity with caring and much of the criticism levelled at the Balint approach stems from this misunderstanding. The more recent work that has come from the Balint Society has focussed on freeing the doctor from trying to discover *why,* so that he can observe *how,* the patient talks, thinks, feels and behaves in the way that he does.[9] 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 its selective attention and selective neglect that were hallmarks of Balint's work in the 1950s and 1960s.[10]

Balint was analysed by Ferenzi who was one of the first analysts to experiment with different techniques, but Balint, although also experimenting with different approaches, stayed largely within the psychoanalytic framework. This has had a stultifying influence on psychotherapeutic approaches in general practice. Behavioural approaches, the use of transactional analysis, co-counselling and a group psychotherapeutic model are equally applicable to the general practice setting. These approaches have not had sufficient use or impact because the individually based psychodynamic and psychoanalytic model as practised by Balint has been so influential.

The holistic approach, in addition to encouraging an extended range of psychological therapies, encourages the use of many different forms of physical therapies other than the use of drugs, surgery or physiotherapy. This includes what is now known as complementary or alternative medicine and this area will not be described in any detail here. However, the careful introduction of osteopathy, homoeopathy, acupuncture, herbal medicine and massage into general practice would increase our ability to help many of our 'chronic patients' and give us inexpensive tools for the many minor self-limiting complaints we face every day.

Education

The third principle of the holistic approach is its focus on education as well as treatment. The recent emphasis on prevention and promotional health places a greater onus on us to review our approach to the educative nature of our task, as in the definition of Piaget 'The principal goal of education is to create men and women capable of doing new things, not simply repeating what other generations have done'.

Balint had much to say about this aspect of our work but this has largely been misunderstood. His description of the apostolic function is a central theme of his first book.[11] He 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'. Since then, the whole issue of what to tell a patient, how directive one should be, how much advice, reassurance, suggestion and information one should impart has become suspect. Many general practitioners have leant over backwards to adopt a non-directive approach, where the patients has the opportunity to decide for himself, and the doctor becomes less and less intrusive. 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.' This statement by Balint has not received the attention it deserves and the non-directive approach — perfectly appropriate on occasions — has been given too great an importance in our work.

We do teach, we must teach and we should learn how to teach our patients effectively. The impact on general practice of vocational training has been enormous, often of greater benefit to the trainers and their patients than to the trainees. One of the developments has been the recognition of the importance of experientially-based small group learning methods. This approach should now be used in our work with patients. If the definition of health is accepted as a state of harmony between body–mind–spirit and environment, then we need to find ways of encouraging that state of balance and harmony. Each person has an innate capacity to reach that state of balance and to heal himself and without this we would not be able to claim the successes that we do.

The holistic approach involves understanding the importance of this innate capacity to heal ourselves and encouraging, facilitating and occasionally frustrating our patients to move towards a state of balance. We can do this by providing the right environment for patients to learn the necessary skills. The concept of the consulting room as a 'safe space' cannot be emphasized enough. The focus on peer group learning should be applied to our patients as well as to ourselves. Breathing and relaxation therapies, the use of meditative practices, the role of exercise and diet are all examples of whole-person approaches that require the doctor to shift from his role as therapist to teacher, coach or trainer. Showing groups of patients how to acquire self-help skills and to change life-long habits is how the educative process should develop in general practice. Meninger expressed this well: 'People can be happier, healthier, kinder and more secure in the integrity of their being by practising a few intentionally preventive measures.'[12]

In *Psychotherapeutic techniques in medicine* Balint refers to the two kinds of medicine.[13] One, where illness is seen as an accident arising from causes outside the patient and where the basis of rational therapy arises out of a theory about the causation of illness and the control of the presumed cause. The second, where illness is seen as a lack of integration between the individual and the environment and as a meaningful phase in the patient's life — the role of the doctor or therapist is to help him discover the meaning of his illness. This is one of the more challenging educational tasks of the doctor. Balint thus recognized the essential educational nature of general practice but did not stress this aspect sufficiently in his work.

The doctor–patient relationship

The fourth principle of the holistic approach concerns the doctor–patient relationship: the need to create a partnership or, as Balint put it, an 'harmonious interpenetrating mix-up'. Balint's description of the psychology of the doctor–patient relationship makes entertaining reading; the collusion of anonymity and the dilution of responsibility are well-known features of practice. However, it has been said that although he tried to correct the impression he still comes over as the 'clever, all-knowing doctor'. Balint's charisma shines out of the pages of his books, and the idealization of his name and writings has been counter-productive to the work to which he was so dedicated.

The introduction of self-help groups, patient-participation groups and co-counselling are all ways in which patients can be given back power so that they can attain the harmonious balance between individual and environment. Although Balint worked towards redressing the power balance between doctor and patient, his own style and his reliance on the psychoanalytical model placed an inherent limitation on the progress he was able to make towards that end.

The wounded healer

The fifth and final principle of the holistic approach is the issue of 'physician heal thyself'. Much as been written about the wounded healer[14] and we are all aware of the toll of being a doctor. The need for the doctor to 'undergo a considerable though limited change of personality' to undertake the tasks involved in general practice were central to Balint groups and the seminars run at the Tavistock Clinic. Balint saw the need for general practitioners to discuss their patients and receive advice which enabled them to recognize the part their own emotional responses played in the outcome of their patients' problems. Balint groups are a much sought-after and well-regarded approach to containing some of the wounds of the healer. However, their effectiveness is limited and there has been little or no attempt to modify their methods even though Balint recognized the limitations himself.

Balint groups focus on the conscious material brought by the doctor relating to his patient. However, as doctors reveal information concerning their approach to their patients, they inevitably reveal and face their own values, personal prejudices and beliefs. This may lead to the uncomfortable realization 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, for others it is a shock. Balint was aware of this problem from the onset but was determined that his groups should not develop into therapy sessions. He attempted to select and screen out those doctors who were seeking therapy and discouraged personal revelations in the group. In addition, the relationships developing between individual group members and the leader were not explored or looked at. This places artificial limitations on the work that is possible within a Balint group. Again, Balint recognized the self-imposed

limitations of this approach and hoped that further research would be carried out to experiment with other models of group work.

If we are to help doctors to respond to their patients as whole persons, then it is necessary to develop methods which will allow us to respond to doctors as whole persons. Such an alternative model is described in *Training or treatment — a new approach.*[15] This approach is now in its fifth year and consists of a weekly two-hour meeting where alternating themes govern the task each month. The themes include: patient care — each doctor presents and discusses individual patients much as in a Balint group; personal care — each participant is welcome to bring to the group any personal concern relating to his own life or to explore any issues relating to other members of the group, including the leader; and professional care — each participant is welcome to discuss issues concerning his relationship with his partners, trainee, consultants or staff. Each three-month cycle is then repeated.

By including personal care, the members of the group are given an opportunity to look at their own wounds and this may result in some healing. Moreover, on several occasions it has been possible to relate work done in one month to situations described in another month.

Conclusion

Both general practice and the holistic movement owe a great deal to Michael Balint. There are many areas in common as well as some fundamental differences. It is amusing to speculate whether Michael Balint, if he were alive today, would have choosen to join the Balint Society or the British Holistic Medical Association. Like Jung, Balint might have said 'Thank God I'm Balint and not a Balintian'. However, he probably would not have joined the British Holistic Association either — what he might have done is to try and bring the two organizations together. This paper might be a first step in that direction.

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