

to the whole person'. But Dr Pietroni does not discuss at all how this is to be done; or whether any of us can perceive a 'whole person'; how doctors are to be trained in this work; or indeed how they are to know to what extent they are being useful to their patients.

Dr Pietroni's philosophy seems dangerously like 'a little bit of everything makes a whole'. He is right that we live in a 'relational world', but modern physics only advanced to its present state by the most scrupulous and detailed observation of the interactions between subject and object. The Balints have encouraged this same kind of observation in helping doctors study how they work with their patients. A Balint group for instance, would want to discuss with Dr Pietroni exactly what he meant by a patient's 'spiritual disease', and how this diagnosis fitted into the pattern of events that had occurred between himself and that particular patient.

This question of method and the need for other doctors' perspectives in the discussion of an actual case is central. One doctor's view of a patient is always, even at best, a partial view. It can never be anything other than this, however much the doctor would like to believe the contrary. It is essential in any work on this subject for the doctor to be included in the field of observation. The patient cannot be considered without considering the doctor. Through this process in a training group a doctor learns that his view of a patient is heavily dependent on his own particular viewpoint.

The question of 'interventions' brings important differences to the surface. Dr Pietroni describes as one of the principles of the 'holistic' approach an 'extended range of interventions'. He seems to conceive the Balints as having added a form of modified psychoanalysis to the doctor's range of 'interventions' and blames them for having prevented the addition of others (such as co-counselling, transactional analysis). This approach of 'adding' things is precisely what the Balints have tried very hard to avoid, preferring instead to use their psychoanalytic skills to help doctors enhance the effectiveness of their work from inside their own framework and not by importing methods from other settings.

Moreover it was never an aim of Balint groups to 'contain some of the wounds of the healer', in other words to provide a therapeutic group for doctors. Of course Balint groups are limited if judged by this aim. It was precisely because their aim was 'training cum research' and not therapy, that they had the limitations described by Dr Pietroni deliberately built into them by the Balints — discouragement of direct personal revelation and not examining the relationships within the group. The limitations, far from being a problem, are what

enables them to function. It follows that the leader and the doctors in a group have to be able to bear this necessary frustration.

If, as we have outlined, Dr Pietroni's critique of Balint work is somewhat wide of the mark, part of the responsibility for this lies with the membership of the Balint Society for not having published any significant additions to its work since *Six minutes for the patient*. This book describes the importance of doctors surrendering their central role in the doctor-patient relationship and the discomfort for them in doing this, which may have meant that it has been a more difficult book for doctors to absorb than its major predecessor, *The doctor, his patient and the illness*, which gave them a much more central role. The long pause in published Balint work is one that we hope will soon come to an end. One book has already been prepared for publication which presents the work of a group of general practitioners who worked with Enid Balint from 1980 to 1983 and we also hope ourselves to publish the findings of our present group as soon as the work is completed.

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Sir,

I read Dr Pietroni's article on holistic medicine with interest (*April Journal*, p.171). Two points I feel are worthy for furthering the debate.

First, Bruno Bettelheim's book *Freud and man's soul*¹ has clearly shown that the entire English-speaking scientific community is labouring under a mistranslation of psyche as 'mind' when, in fact, it means 'soul'. Our culture confuses what is a vital and creative distinction; obscured, Dr Bettelheim presumes, by a translator who was unable to cope with the implications of man having a soul. I would propose that unless the holistic doctors stop describing man as body, mind and spirit they are doomed to as sad a demise as psychoanalysis suffered in our proud culture.

Secondly, the holistic focus on innate abilities for self-healing, secure as it is in self-centred existentialist philosophy, nevertheless is a contradiction of the spiritual element they purport to include. The very heart of holism contains the seed of its limitation. If the spiritual aspect of

man is his transcendence, then transcendence into a purely humanistic world can only lead to weakness being inflicted on weakness. Transcendence to a pure source of life, to God the creator, is necessary for healing from within despite the persistence of corrupted and harmful relationships in the human community of the world.

To fool the public into a belief that self-healing will be induced by alternative and complementary medicines will open the floodgates to charlatans, deceivers and spiritualists whose purpose is to ensnare the patient into an idolatry of their particular form of private practice.

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Reference

1. Bettelheim B. *Freud and man's soul*. New York: Alfred Knopf, 1983.

Patient participation groups

Sir,

I was sorry to read that Dr Alastair Malcolm's well-intentioned effort to start a patient participation group was not the instant success which he had hoped (*Letters*, *April Journal*, p.184). He is in good company. One of the most successful 'user groups' in Britain had a similar start, and only got going at the third attempt and using a different approach. There are at least eight ways of starting a patient group¹ and Dr Malcolm had chosen a particularly difficult one.

His suggestion that a group was not needed in his area because of liberal practice policies, would be more plausible if there was evidence to support it. But this evidence could only come from patients. Doctors often have to speak for their patients, but a direct patient voice is more authentic.

I hope that Dr Malcolm will not be so easily deterred. There are many people willing to help him — in particular the National Association for Patient Participation. The honorary secretary's address is: 2 Howard Road, Bristol BS6 7UT.

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Reference

1. Pritchard P. Patient participation in general practice. In: Gray DJP (ed). *Medical annual*. Bristol: Wright, 1983.