

**Extracts relating to Leadership from
"The Doctor Patient-Relationship in the 1980's"
Delivered by Enid Balint in Cape Town South Africa
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The function of leaders in the eighties is in itself a subject worthy of a paper. There have been various attempts during the past decade to set up leaderless groups; to experiment with the idea that leaders are not necessary, or that, if they are, they will arise spontaneously and when they do so, this in itself makes them more suitable to be leaders than if they are appointed in the more usual ways. In my view, this idea has shown itself to be over optimistic. Instead, as I see it, leaders are needed and have to be appointed or elected, but they have to be people who can allow other members of their group, however small or however large the size, to be forceful and outspoken and articulate — to have ideas of their own. Leaders are needed, but they must allow other members of their groups to be prima donnas if they so wish, to have their own ideas, to be difficult, to be nonconformists, and even to go their own way. Leaders are needed to facilitate the spontaneous development of the exceptional individual and also to keep the cohesion of a group because of, or in spite of the creativity of some of its members. If the leader wants to be the sole creator or the only prima donna, then the old style of leadership returns and in the doctor-patient relationship, the patient becomes an inferior being with nothing to offer in his relationship with his doctor, except an illness or a symptom.....

The same is true in other fields. Perhaps each field influences the other or perhaps they grow spontaneously out of the same needs of society at any given time. The leader can appear to be “democratic” and open-minded and not a superior human being, but unless he feels in his heart — knows and can accept the fact — that he is not superior to other members of the group, only different, as each one of us is different from the other, then he will not tolerate the results of the work that the group is doing, i.e., the creative work in his group. This is true in any group, whether it is a group which consists of two people or of two people or of very many more.....

In the medical field, changes in the attitude of the doctors to themselves can reverse a belief in the magic of technology without diminishing the realistic power of the use of technology; can restore a belief in the power of the individual. This way of thinking does not bring any clear-cut solutions and can sometimes bring about intolerable confusion. Yet, perhaps it is worth quoting from the last session of a conference that I attended recently, which had been arranged by the International Institute of Strategic Studies. The subject of the conference, as you can imagine, dealt with the problems of technology and tried to evaluate technological developments in the strategic nuclear field. All this was well above my head, but throughout the conference the importance of human relationships, of the power or impotence of the strong nation over the weak and so on, was discussed realistically. In his summing up, the organizer of the conference made the following statement, which could have been made by any doctor or certainly by anybody who is familiar with working in any depth with human beings.

“If you are not confused, you cannot understand. If to be confused means to understand, we are going in the right direction.” I hope we are too.....

The work consists of thinking, observing, trying out solutions, finding them useless, trying others, and so on, about a patient and his illness, with his doctor. We always encourage people (including the leaders) to think for themselves, even if their thoughts seem to them to be rather silly, and so each person has to have what Michael Balint called, "The courage of his own stupidity." This kind of work in which the imagination as well as the ability to observe and think, and the doctor's skill and knowledge which he gained during this professional training, are all called into play, is focused on the relationship between the doctor and his patient and the presenting illness or complaint, and never on developing theories or ideas about illnesses or doctors. Each group is a research group; each case has to be seen as unique, and each is a part of training because in thinking about each case, doctors are trained to think in a new way and have to find ways of using their new understanding. Doctors are already trained when they come to Balint groups to carry full responsibility for their patient and to my mind this is a basic requirement for our work. Each doctor is responsible for his patient, even after, or perhaps particularly after, he has discussed the patient in a group.....

At first glance it would seem that what patients need from their doctors is not very difficult, is something very simple in fact. They want their doctors to be not only competent physicians who agree to look after them, but also people who want to look after them. However, this is not simple, because the doctor can only do this after he has learned that it is just as worthwhile looking after a patient who has a justifiable reason to ask for his help as when there does not seem to be such a reason. So, it is essential for a doctor to continue his training after he has finished and to be prepared to rethink for the rest of his life. Furthermore, patients only feel that they are being looked after when their doctors show them, perhaps only during a very brief interview, that they, the patients, are more than a name or a diagnosis. Patients do not want us to be father-figures. What they want

from their doctors is some respect for themselves as people, just as the doctor needs some respect from his patients for himself as a person. Patients need the respect which is due to a person who feels ill and who is in the presence of someone who is trained to respect people as well as illnesses.

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