On Michael Balint, Cases, and Countertransference

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Abstract:

The article looks at the place of cases in the psychoanalytic universe of Michael Balint, while giving special attention to his work Balint groups. I argue that the case was at the heart of Balint's work of orchestrating a complicated and creative encounter between psychoanalysis and medicine. I evoke Balint's explorations and his formative years in Budapest, in the 1920s and 1930s, where he was greatly influenced by the epistemological ideas of Sándor Ferenczi. I discuss Ferenczi's lesser known idea of "utraquism" of the sciences, and his medical utopia, which puts psychoanalysis at the centre. I also look at the place of countertransference in the theories and practices of the Budapest School of Psychoanalysis. These early elaborations on countertransference constituted "the case" as a particular kind of epistemic unit and produced some mutations in terms of the contexts where psychoanalysis can be imagined to work creatively.

Introduction

For those of us working clinically, cases emerge as epistemic imperatives: without them, it becomes hard to transmit clinical content. This near-necessity of the case-form is experienced by each of us in different ways. In what follows, I look at how the case emerged as an epistemic unit for Michael Balint, especially in his work with medical doctors. I argue that the existence of "Baling groups" – as a method of working with medical doctors in a psychoanalytic way, and thus as an extension of psychoanalysis outside its usual frame – is predicated on moments where Balint lets himself surprised by the case-form in ways that produce consequences for the psychoanalytic method. It is almost as if the case is invented again. Or as if the case returns. I focus less on how in psychoanalysis "the case" is our common epistemic unit. Instead, I will try to de-familiarise this shared-ness, which has a genealogy captured by John Forrester (2017) in his book *Thinking in Cases*. The moment of near-necessity when the case emerges as central to Michael Balint is here treated in its singularity. To not think in cases, in such a moment, would have meant to stop thinking.

In Balint's work with medical doctors, the case is the fundamental unit in the organisation of knowledge, doubly invested by medical epistemologies and psychoanalytic epistemologies, so as to allow countertransference to become thinkable and workable. In Balint groups, the nature of "the case" is radically transformed. Balint has in mind moving away from the very genealogical field of forces that John Forrester (2017) describes: the written case, the case history, the "individual description", the "dossier", the "file", the procedures of writing and registration associated to the medical examination – all the documentary techniques that make each individual into a "case" and an object of a branch of knowledge.

By contrast, in Balint groups, the case is spoken, and the presentation is free-associative. Balint insisted on doctors' not using notes when making their interventions. In fact, in one of the groups discussion transcripts I reference today (an early discussion group at the Tavistock Clinic, in 1951, actually preceding Balint groups proper), there is a note on how Balint left the room when one of the doctors started reading a case-history prepared in advance. Balint allowed

himself to make a quite sharp transferencial wound here, so as to demarcate a terrain outside the “dossier”.

When the case is spoken, and presented to the group, the basic assumption is that there is something yet to be uncovered. Neither the presenter, nor his peers, nor the group leader know exactly is being sought. Furthermore, as we will see, comparisons between cases are comparisons between cases of countertransference.

There is a metaphor that Balint sets the stage with: it is a productive and seductive metaphor, it captivates doctors, draws them into a game of imagination. This metaphor is that of the “doctor-as-a-drug”, or more simply, the “drug-doctor”. Already from the first meeting of the series of discussion groups I look at Balint states that the most frequently prescribed drug is the doctor himself and there is no pharmacology to date for this drug. This formulation will later appear in his book, *The Doctor, His Patient and the Illness* (Balint 1957).

In what follows, I propose some elements for a genealogy of the case for Michael Balint. This takes us first to Budapest; and then, to some discussion groups at the Tavistock Clinic in 1951, which precede “Balint groups”.

Budapest Traces

Michael Balint’s psychoanalytic formative home was Budapest, although his official psychoanalytic formation took place during his years of exile in Berlin, between 1921 and 1924. In Budapest, psychoanalysis started with a unique robust pluridisciplinarity. In the first two decades of the twentieth century, the exchanges of avant-garde intellectuals (writers, musicians, painters, psychoanalysts, medical doctors, economists) created a number of institutions. The medical weekly *Gyógyászat* (“Therapeutics”) and the main literary criticism journal – *Nyugat* (“The West”) had an important role in in popularising psychoanalytic ideas. A group of students of medicine and engineering, *A Galilei Kör* (“The Galileo Circle”), openly pursued the goal of making psychoanalysis part of the university curriculum for medical doctors. In the summer of 1919 Sándor Ferenczi was appointed professor in psychoanalysis, in the first department of

psychoanalysis within a medical university. While this appointment was short-lived, and it was revoked only one month after, it did reflect the presence of psychoanalysis in Hungarian cultural life. Ferenczi was lecturing to full amphitheatres and to an enthusiastic audience.

Back to Berlin – what is notable about Balint's time here is that he had the initiative, in 1922 and 1923, of experimenting with the psychotherapy of patients affected by organic diseases. He saw patients suffering from asthma, peptic ulcer, thyrotoxicosis and obesity. This experiment took place at the famous Medical Clinic of the Charité. From early on, Balint's epistemic disposition was that of enlarging the scope of psychoanalysis and "applying" it to areas where it meets the medical sciences.

Upon his return to Budapest, in 1924, he had a difficult time in obtaining the support for his project of psychoanalysis in hospitals, with patients suffering from organic illnesses (Balint, 1970). But another idea took shape, and occupied the minds and hearts of the psychoanalysts in Budapest: the opening of a psychoanalytic clinic. Ferenczi had been hoping for such a clinic since 1915. The Budapest Polyclinic opened its doors in December 1931, after years of struggle in the dire political times of Horthy's regime, and with Balint as a key actor. The Polyclinic had the same address as the couple Michael-Alice Balint: Mészáros utca 12.

Even before the opening of the clinic, Mészáros u. 12 was a well-known meeting place for psychoanalysts, writers and musicians. With the clinic, Friday meetings became regular, and they brought together Sándor Ferenczi, Alice and Michael Balint, Vilma Kovács (Alice's mother), and also Endre Almássy, Robert Bak, Lilly Hajdu, Imre Hermann, István Hollós, Kata Lévy, Géza Róheim, and Lilian Rotter. The Polyclinic had a substantial autonomy from the Psychoanalytic Society: it was a fully-fledged therapeutic and training establishment. Senior analysts gave lectures, and they were followed by a seminar in psychoanalytic technique, led by Vilma Kovács. Here, cases were presented and discussions on countertransference were given a key place. It is also here that the particularities of the Hungarian training system emerged, making the analysis of the countertransference of the analyst to her patient an essential part of psychoanalytic training. This is discussed in 1935 by Vilma Kovács (1935) in her paper "Training and Control Analysis". Balint was formed in this tradition.

In the midst of this dense psychoanalytic environment, Balint found the energies to reinitiate his project of reaching out to medical doctors. At the Polyclinic, he started a seminar for general medical practitioners. Balint was still uncertain about the most suitable format for organising this encounter between psychoanalysis and medicine. He reflects at a later point that the theoretical lectures he set up proved "fairly useless" (Balint, 1970: p.457). He had the intuition that the more productive approach would be to learn by practice and case presentations, and he experimented with a seminar where the discussion focused on the everyday work of the medical doctors.

Ferenczi's Utraquism of the Sciences

In what follows we turn to the epistemological ideas of Sándor Ferenczi, who was Balint's mentor and analyst. In particular, Balint had close familiarity with the little known Ferenczian idea of the "*utraquism* of the sciences". His own imaginary on the possible encounters between psychoanalysis and other disciplines was traversed by Ferenczi's epistemologies.

Already at the turn of the century, in the 1900s, Ferenczi showed himself very hopeful about the possibilities of a less rigid and less dogmatic materialism, that would allow the emergence of a productive "psycho-physical parallelism" (Ferenczi, 1900). As I see it, it is from this early hopefulness that Ferenczi comes to develop, over two decades later, the idea of the *utraquism* of the sciences [*Utraquismus*, *Utraquistische Arbeitsweise*].

But what is utraquism? Derived from the Latin *utraque*, meaning "one and the other", it is the work of establishing relationships of *analogy* between distinct elements that belong to distinct fields of knowledge or strata of reality, with the aim of discovering or going deeper into the meaning of certain processes (Ferenczi, 1924). Utraquism is for Ferenczi a method. It is an epistemologically consistent disposition. In "The Problem of the Acceptance of Unpleasant Ideas", Ferenczi (1926) defines utraquism and makes the connection between the stages in the development of the sense of reality in any individual and the development of the sciences: "to bring some light to bear critically on the manner in which our present-day science works, I was

compelled to assume that, if science is really to remain objective, it must work alternately as pure psychology and pure natural science, and must verify both our inner and outer experience by analogies taken from both points of view; this implies an oscillation between projection and introjection. I called this the 'utraquism' of all true scientific work" (p. 373). It is this oscillation between projection and introjection that constitutes for Ferenczi the highest stage in the development of the sense of reality.

Ferenczi borrowed the term from a sixteenth century Protestant group, the Utraquists. What distinguished the Utraquists among the Protestants was their belief that it is not only the clergy that should have the privilege of taking both the bread and the wine in the communion, but this symbolic reuniting of the flesh and blood of Christ should be extended to laity. As Martin Stanton (1990) notes, Ferenczi's interest in this term is quite a curious event in itself, given the fact that he was an agnostic Jew. I believe that Ferenczi's attraction for the Utraquists rests in his own strand of materialism, which is succinctly and poetically formulated in a 1921 essay. "[T]he symbol – a thing of flesh and blood" (Ferenczi, 1921, p.352), he writes. For him, the symbol has a physiological basis, it "expresses in some ways the whole body or its functions" (Ferenczi, 1921, p. 355).

What we find in Ferenczi is a critique of science that is much ahead of its time. Ferenczi cautions against the perils of a medical science that proceeds rigidly by looking, as if hypnotised, into the microscope (1933, pp. 146-147). Ferenczi also proposes a horizontal model of the encounter between the sciences, where each scientific discourse has the attribute of bringing insight into a particular semiotic code, while none of the codes is deemed superior. The final chapter of *The Development of Psycho-analysis*, co-authored by Ferenczi and Otto Rank, brings a utopia of the unification of the natural and mental sciences, with psychoanalysis taking up the role of making the integration. Even within this utopia, utraquism, oscillating between "one and the other" of the perspectives at hand, is central. We could argue that Ferenczi adopts a nomadic disposition in science, where knowledge is created by straying off from one point of perspective to another, from one stratum of reality to another. As he writes in his commentary on Freud's *Group Psychology and the Analysis of the Ego*, "[l]ooking at scientific advance as a whole, we see that direct, rectilinear advance keeps coming to a dead end, so that research needs to be

resumed from a completely fresh and improbable angle" (1922, p. 371). This ethos of a non-hierarchical encounter between domains of knowledge influences Balint profoundly. There are reasons to believe that Balint was a close reader of Ferenczi's work referred above.

These two threads – on the one hand, the state of debate on countertransference in the Budapest School of Psychoanalysis; and on the other hand, the epistemological ideas of the Budapest School on the encounter of psychoanalysis with other domains of knowledge – are crucial in making sense of the emergence of "Balint groups" in England, in the 50s. In an interview given for a French journal, *Gazette Medicale de France,* Balint (1970) leaves a trace of striking genealogical clarity, which I would like to recapture here:

> I decided to use my experience with the Hungarian system of supervision, and to work out a training in psychotherapy based chiefly on the close study by group methods of workers' countertransference. In order to be able to examine the latter in detail I had to create conditions in which it could be shown as freely as possible. I therefore did not tolerate the use of any paper material in the case conferences; the worker had to report freely about his or her experiences with the client, in a way reminiscent of "free association", permitting all sorts of subjective distortions, omissions, second thoughts, subsequent interpolations etc. I used this report – as it is used in the Hungarian system of supervision – as something akin to the manifest dream text, and tried to infer from it the dynamic factors in the client-worker relationship shaping it. Both the second thoughts of the reporter and the criticisms and comments of the listening group were evaluated as a kind of free association. The real proof of the correctness or incorrectness of the reconstruction of what happened between the worker and the client in the interview was the subsequent interview, in the same way as the proof of a dream interpretation is usually the subsequent dream.

The Case as Emergence

The field of emergence that I am describing corresponds to one distinct moment in Balint's work with medical doctors. I here refer to the GP Discussion Groups, held from April to June 1951, at the Tavistock Clinic, led by Balint and Henry Dicks. There are 10 weekly groups, with a

participation of between 6 and 15 doctors (but more regularly 9 to 11 GPs are in the room). The transcripts are held at the Balint Archive at the British Psychoanalytic Society.

These meetings are a kind of laboratory for the emergence of the techniques that Balint invented and that only later came to known as “Balint groups”. The move in these meetings is one from posing a set of questions of philosophical scope: what is gratitude? what represents an ethical posture of a GP? what is suffering? (in the first few meetings) to presenting cases (as meetings advance). The flesh of the cases emerges, somewhat as if for the first time, from the group of doctors turned onto their own practice. Balint does not make case presentations into a rule – he sometimes invites it for the next session – and the response is sometimes engagement and other times resistance and reverting to broader and more abstract concerns. The case, nevertheless, returns. The case anchors but also allows the medical imagination to work.

An equally remarkable epistemic event in these discussion groups is the alignment and intersection of utterances that make countertransference thinkable, without using the word “countertransference”. We are met with the practical emergence of a field of work on countertransference, outside the classic psychoanalytic frame, and without the need of any theoretical exposition of what countertransference is. The seductive metaphor “the doctor as a drug with unknown pharmacology” functions in this way. Also, Balint punctuates the discussion (indeed, he interprets) in a way that converges around countertransference: Do doctors select their patients? What does that mean, that doctors select their patients? What does it mean that a doctor “clicks” with a patient – to use the language of one of the doctors in the group? What is the nature of this experience of “clicking”? Do doctors expect forms of gratitude from the patient? Is there a core of guilt in this expectation?

I would like to further unpack the metaphor of “the doctor as a drug”, as I believe it is a radical epistemological construction. The reference here is not to an individual, but, surprisingly, to a substance. The doctor is a partly unknown substance. The doctor’s pharmacology is yet to be written. Here, the analyst and the doctor are not confined to an Oedipal story, they are not strictly mommy-daddy, but they can also take the place of a substance or an artefact – with reference to the scene of trauma that is yet to be uncovered. It is a kind of psychoanalysis where the physical mash of things matters as well.

In “Gratifications and Object Relationships”, a chapter of his 1968 book *The Basic Fault*, Michael Balint writes (1968, p.136):

> The air is not an object but a substance, like water or milk. […] there are a few – not many – more such substances, among them the elements of the pre-Socratic philosophers: water, earth, and fire; with some others used in present-day guidance clinics, such as sand and water or plasticine. The chief characteristic is their indestructibility. You can build a castle out of wet sand, then destroy it, and the sand will still be there; you can stop the jet of water coming from a tap but, as soon as you take your finger away, the jet is there again, and so on.
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> The analyst’s role in certain periods […] resembles in many respects that of the primary substances or objects. He must be there; he must be pliable to a very high degree; he must not offer high resistance; he certainly must be indestructible, and he must allow his patient to live with him in a sort of harmonious inter-penetrating mix-up.

In the GP discussion groups that we are looking at, there are references to maternal and paternal transference and doctors hear interpretations where mother and father roles become thinkable. The word “transference” is not used as such, but Balint refers to maternal and paternal “attitudes”. But I believe the background metaphor – the “drug doctor” – pluralises the medical imagination on transference and countertransference. It subtracts it from the Oedipal (and even family-centred) imperative and it places it into a much more generous imaginary of substances. The analyst can be the soil the patient walks on. Or the air the patient breathes. The GP can be the patient’s first reliable drug, and a drug that treats the whole person, not just an organ, a part.

Balint states during the discussions that there are different techniques to be adopted. One is educating the patient in responsibility toward his illness. This he will later refer to as “the apostolic function of the doctor”. The other is adopting the attitude “I know best – have faith in me”. This is the paternal function. Naming the apostolic function and working on the way it is lived in the doctor-patient relationship means opening for investigation a field of power that was compacted, foreclosed. In other words, Balint identifies a field of power.

Thomas Osborne (1993) has surprisingly interpreted Balint’s notion of the apostolic function of the doctor as being built around the idea of vocation, while the entire Balint method

was criticised as a technology of power, in a Foucauldian sense, producing docile citizens, under the influence of the paternal doctor. This is a misplaced critique – what it misses is that the idea of the apostolic function of the doctor counts as a *critique* of power. The pre-existing structural and imaginary place of "the doctor" produces effects of power, which appear in many places, including in the unconscious position of each individual doctor toward the patient. Balint groups are a way to arrive at a vocabulary and at a practice of unpacking these effects of power, of becoming consciously aware of the existence of the apostolic function, and of learning to use it, nearly as a substance to be administered.

To conclude, Balint took seriously a radical politics of alliances, even untoward, uneasy alliances. He took psychoanalytic techniques and habits of the mind to a group context, constituting a plane of multiple transferences. And here we come to what Jean Oury (2009) – the director of the La Borde clinic in France, and the collaborator of Félix Guattari – called homogenisation. Homogenisation is not just a congregation of similars, but it has an incestuous dimension, it is bases on the absence of symbolic inscription, and it leads to what Oury (2009) calls the "non-initiative" and to stagnation. It is the *ça-va-de-soi*, the apparently obvious, business as usual. Balint achieves an intervention in the *ça-va-de-soi* of both psychoanalysts and medical doctors.

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