

Narrative Matters: Stop running and start thinking

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There is something heroic, even addictive, about being busy. I recall during my many years as a junior paediatrician and then trainee psychiatrist enjoying the buzz of running morning to night from one thing to another (often followed by a pint, or two, when not on call). You can learn your craft this way, but something is missing. Supervision may help, but training too frequently becomes a pressured production line, where contact with senior colleagues is limited to efficient discussions about a complex case, and what to do next.

It was not until I arrived at the Tavistock Clinic as a registrar in the 1970s that I discovered it is possible to stop running and start thinking. I was introduced to the unpredictable freedom of a work discussion group. The format is simple enough. Colleagues, any number from a handful to over 20 people, sit in a circle of chairs for at least an hour to discuss cases. They listen to a presentation, a brief vignette or detailed narrative, and then join in with questions, hypotheses, and any other impressions arising from the material.

It turns out that this is more than an academic seminar. Discussion is not confined to textbook themes of epidemiology or outcome research. These may be necessary but are never sufficient if group members' spontaneous reflections are to be included. The eminent child and adolescent psychotherapist Margaret Rustin describes the seminar leader's task as 'the creation and sustaining of an atmosphere of enquiry in the group characterised by curiosity, scepticism, fellow-feeling, debate, differences, so that the unknown can become less unwelcome and new thoughts, questions, and perceptions find fertile ground. There is not one "right" way to do whatever is being studied; instead there are some facts that can be viewed in many different ways, yielding new lines of enquiry' (Rustin, 2009, p. 12). This is no free-for-all, but a discipline in itself, beyond scholarship.

Work discussion is a far more ambitious form of learning than is expected in the traditional lecture, where the audience is seated in rows mostly looking at the backs of other people's heads; a set-up that confirms who has the expertise and who is meant to be learning from it. In a work discussion seminar, everyone faces each other and takes part as equals. What I found liberating all those years ago was that there was no obligation to say anything; you could listen to your own thoughts as much as to those spoken by others. Familiar classroom anxieties are evident. You do not want to sound foolish, but it soon becomes clear that what is most helpful for group learning is courage rather than correctness, honesty rather than knowledge. Tension created by inevitable competition between members is contained by the seminar leader's firm conviction that even inarticulate and awkward contributions have something of significance to add. Each person brings a partial perception of the matter,

better understood when all the bits are put together. As Gestalt theory proposes 'the whole is something else than the sum of its parts' (Koffka, 1935, cited by Ramage & Shipp, 2009, p. 260). There are no teacher's favourites here, and no record is kept of who said what.

The use of a group as a resource in itself grew from innovations in officer selection by psychologists and psychiatrists during the Second World War. In 1942, the army was running out of recruits from the public schools, so had to devise a system more discriminating than the traditional one based on education and class. War Office Selection Boards (WOSBs) were staffed by what came to be known as "the invisible college," many of whom went on to reorganise the Tavistock Clinic after the war. Besides setting other tests, they improvised group exercises, such as building a bridge over a stream, in which eligible officers could be observed trying to work together. From this they found that the most promising leaders were the ones that facilitated their colleagues in the task, rather than barking orders as soldiers famously tend to do. Individuals who wanted to "win" discovered that this is not achieved by ignoring the others. Although Wilfred Bion is acknowledged as the creative genius behind it, the "leaderless group" was a co-creation of a number of inspired individuals. Here are Eric Trist, John Bowlby, John Rickman, and Wilfred Bion, four of the WOSB pioneers who helped to change our understanding of social relatedness.

In 1933, as an undergraduate, Eric Trist (1909–1993) met the visionary Kurt Lewin (1890–1947) *en route* from Nazi Germany to USA. Lewin had studied Gestalt theory in Berlin but was less interested in perceptual patterns than in our experience of "the group-as-a-whole," and how democracy and leadership can be promoted there. Trist's profound grasp of this systemic concept—years before systems theory was formulated—is evident in the WOSB principle of observing, rather than instructing, the candidates being assessed. Soon after the war Trist and colleagues studied coal miners at work noting 'the capacity of the small group for self-regulation' (Ramage & Shipp, p. 271) in contrast to less efficient and less satisfying work under production line management in the newly nationalised industry.

John Bowlby (1907–1990) was born into a high Tory upper-class family but after supporting the Tory government in the 1926 General Strike, he met and befriended rising young stars of the Labour party, notably Evan Durbin (1906–1948), and became a Fabian socialist (Mayhew, 2006). In an early political paper, he writes about the conditions that promote social cooperation, citing the method used by the Tennessee Valley Authority in the 1930s to engage local citizens (Bowlby, 1946, p. 71). Bowlby did the only outcome study of WOSB, showing a reduction in dropouts from 45% to 15%, later

acknowledging his debt to Trist's huge intellect in supporting the project. Although already preoccupied with the lasting effects on children of parental separation and loss, most of his fundamental work on attachment was yet to come.

During the First World War the Quaker John Rickman (1891–1951) was a conscientious objector who, as soon as he had qualified in medicine, travelled with the Friends' War Victims Relief Unit to prerevolutionary Russia. There he instructed local women in the care of typhoid patients and observed the dynamics of a peasant society in religious and political turmoil. He recorded in detail the proceedings of a village council meeting that spent several evenings reaching consensus without apparent conflict. In 1920, Rickman went to Vienna to have analysis with Sigmund Freud and became one of the first generation of analysts in the British Psychoanalytical Society, of which he was president from 1947 to 1950. While he had often sat in a circle in Quaker meetings, his wartime experience with soldiers showed him that in order to learn from the experience 'the group must have the capacity to face discontent' (Bion & Rickman, 1943, p. 681) and that 'the attention of everyone present is led from time to time to *what is happening at the moment in the group*' (Rickman, 1945, cited in Kraemer, 2011, p. 92).

While Rickman was in Russia, his later collaborator Wilfred Bion (1897–1979) was, aged only 19, facing death in brutal tank battles at the front line in France, for which he was awarded the Distinguished Service Order. A brilliant medical student (and sportsman), Bion endured two decades of frustrating progress as a psychotherapist until finding an attentive training analyst in Rickman, a turning point in his life (Torres & Hinshelwood, 2013, p. 92). The war ended the analysis prematurely, but the two then became colleagues as army psychiatrists. Besides their WOSB work, Bion and Rickman jointly created a therapeutic community—Northfield, the first of any kind—for soldiers with mental health problems. The programme began with small groups and then a daily half-hour parade of over 100 men, led by Bion, who made comments about what he saw happening there. Patients were instructed to join or create a handicrafts group, but no other orders were given. After a few days of chaos, the men began to discover the authority in themselves to work together rather than waiting to be told what to do (Kraemer, 2011). In 1946, Bion was elected to chair the Tavistock, leading its turbulent transformation into a publicly funded NHS organisation, which he himself did not join. His last year in the clinic was devoted to a weekly staff group. He went on to become one of the greats of modern psychoanalysis.

These were revolutionary times. Only towards the end of 1942 was there any hope that the allies could win the war. At precisely the same time the Beveridge report, which laid the foundations of the NHS and the welfare state, was published. At this historical moment there was a unique confluence of theoretical, political, spiritual and psychological convictions which would later inform the new Tavistock's egalitarian and democratic ethos. These innovations led to lasting changes in practice far beyond training and public service, such as self-managing teams in industry and selection methods for leadership in large corporations.

In a reflective discussion group, while there is usually a convenor, leadership as redefined by these discoveries is *exercised by all members*. Each begins to take responsibility for his or her own learning, at the same time taking a respectful peer supervisory role towards the presenter. Despite pockets of interest there is no critical mass in health and social services for dedicated, routine work discussion (Kraemer, 2015). As I remember from the beginning of my medical training, not having time for meetings can feel like a badge of honour at the front line. Yet, there is a case to be made for thinking things through.

As a clinician you take in a lot of data, much of it subliminally. All of that has an effect on how you attend to your patient or family. From time to time, any of us can feel an indefinable sense of unease after a consultation. For example, you have interviewed a suicidal teenage boy and in the family history you hear that when he was 11 years old, his father died. Something is missing. In a peer group discussion what emerges is the thought that you did not ask what the father died of, and are now wondering if he killed himself. You do not want anyone to criticise you for this oversight. Any private reason for suppressing this possible connection is no one's business but your own. This is not a therapy group, after all! But you would welcome a thoughtful conversation about the case, including the professional anxieties it raises. While lively dissent is to be welcomed, colleagues in a discussion group should not be condescending in their comments about the work of others.

How many of us were attracted to our clinical professions by curiosity? Asking "why?" is one of the most fundamental qualities of an active mind, which we see in very young children who really want to know, about everything. When it comes to a particular child or adolescent with mental health problems, there is a great deal of learned knowledge we can apply, but it is never enough to account for all the phenomena of this unique life. As long as there is one case in focus, narrated by someone who has met the patient, some useful reflective work can be done in a discussion seminar. My practice is always to thank the presenter for his or her contribution, because putting oneself in the spotlight like this is a generous thing to do. I encourage as broad a range of enquiry as may be required. What are the biological, personal, family, economic, social, cultural, political, historical, and evolutionary conditions that led to this encounter with this clinician? What is its impact on the clinician, and what have patient and family experienced during the process? Imaginative responses to these questions may lead in unexpected—even subversive—directions, not always so earnest. As one paediatrician described our meetings, they are "both fun and serious." There are tragedies but also ironies in our professional stories.

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