

Dr David Malan DM, FRCPsych (1922–2020): A breath of fresh air for psychoanalysis and mental health

This hybrid piece of work aims to pay tribute to David Malan (21 March 1922–14 October 2020) who has been one of the great influences on open-minded psychoanalysis and psychodynamic mental health. Inspired by the work and ideas of John Bowlby, Michael Bálint and Habib Davanloo, over five decades, Dr Malan committed himself to finding effective treatments that would help the largest number of patients in the shortest possible time, and pioneered research into brief dynamic psychotherapy as well as into group psychotherapy.

He came to the conclusion that the type of therapy matters far less than the relationship the patient has with the therapist or therapy group, since patients can explore more confidently and make progress more significantly when they perceived the therapist or therapy group as a secure base, a key tenet of attachment theory. More specifically, he pursued a new tradition of short-term psychotherapy that built a bridge between psychoanalytic and more active cognitive-behavioural approaches, and managed to live up to the high ambition for integration of science and meaning in psychiatry, psychotherapy (including group psychotherapy) and psychoanalysis.

Key words: David Malan, John Bowlby, brief dynamic psychotherapy research, group psychotherapy research, attachment theory, psychodynamic psychiatry, innovative psychoanalysis.

Early Life

Dr David Malan was born on 21 March 1922 in Ootacamund, Tamil Nadu, India. The first seven years of his life were idyllic—spent in a hill station in southern India with his American mother and English father, who worked in the Indian Civil service as Postmaster General of the Madras Presidency. Then his father died from pneumonia; his vivacious mother was grief-stricken and they both had to leave their home in India. For David, these events left him with a deeply traumatic experience of personal and family grief and loss.

In the circumstances, David and his mother came to England where she bought a house in Hartley Wintney, which became David's beloved home for the rest of his life. He attended Winchester College with a scholarship in classics but became fascinated by science at the age of 16 and switched courses. He excelled academically and also developed a love of classical music, particularly Mozart, poetry, swathes of which he learnt by heart, and cricket.

He won two scholarships to Oxford and graduated with a first-class honours degree in chemistry. Unfit for combat due to a foot injury, David was head-hunted into the Special Operations Executive to research into the use of weapons during the Second World War. After the war, he decided to become a psychotherapist in order to contribute to healing some of the psychological damage that had occurred during the war.

A high-flying career

Dr Malan studied medicine at the London Hospital whilst concurrently training in psychoanalysis. He qualified as a doctor in 1952 and subsequently trained as a psychiatrist at the Maudsley Hospital, at the time he was going through the last stages of his training at the Institute of Psychoanalysis. From 1956 to 1982, he developed a prolific career at the Tavistock Clinic as a consultant psychiatrist, psychotherapist and psychoanalyst.

Together with Michael Bálint (1952), Dr Malan played a leading role in a research group in which he investigated the effectiveness of brief psychotherapy, including clear and insightful clinical formulations, as well as pre-therapy target outcomes compared with unbiased post-treatment evaluations. This was a breakthrough in the Tavistock's Adult Department, where research had been largely absent.

He was inspired by the pioneering research unit that John Bowlby had created in the Child and Family Department the year after the

Second World War had ended. That was with the aim of refining knowledge and feeding the conceptual refinement back into the subsequent clinical activities of the institution: 'no research without therapy and no therapy without research'.

Dr Malan's initial findings and conclusions were outlined in *A Study of Brief Psychotherapy* (Malan, 1963). He further described his work in *The Frontier of Brief Psychotherapy: An Example of the Convergence of Research and Clinical Practice* (Malan 1976a), *Toward the Validation of Dynamic Psychotherapy* (Malan, 1976b) and *Lives Transformed: A Revolutionary Method of Dynamic Psychotherapy* (Malan and Coughlin Della Selva, 2006).

Towards the end of his highly productive NHS career, Dr Malan published *Individual Psychotherapy and the Science of Psychodynamics* (Malan, 1979), which came to be a bestseller. The book outlines the principles of dynamic psychotherapy from the more basic to the more sophisticated, showing a rare ability to link clinical material with theoretical concepts. It has been translated into eight languages and has become a classic textbook for psychotherapists and other dynamically orientated mental health professionals.

In 1967, he set up and developed an innovative brief psychotherapy workshop at the Tavistock, which attracted trainees in psychotherapy, psychology and psychiatry from all over the world. They were required to treat one patient for *just* one year under his supervision. The technique employed was dynamically interpretative and the therapist had *permission* to interact actively with the patient rather than acting in a detached fashion as in the classical psychoanalytic position behind the couch. His goal was to achieve good therapeutic outcomes in the shortest possible time and to investigate the factors that contribute to this.

A detailed account of the therapeutic process and long-term outcome of 24 therapies completed by trainees would be published after several decades of research (Malan and Osimo, 1992). This demonstrated that decidedly satisfactory therapeutic results can be achieved by enthusiastic trainees under supervision. Initially, the therapeutic task concentrated on the presenting problems but became more wide-ranging, particularly with the more insightful patients, and showed deep and lasting changes.

Nevertheless, Dr Malan's work was met with scepticism by his psychoanalytic colleagues both at the Tavistock Clinic and at the Institute of Psychoanalysis; by and large, they considered that only superficial improvements could be achieved in such a *short* time. The

existing Tavistock culture was for open-ended psychotherapy treatment which, sometimes, made analysis interminable.

In 1974 Habib Davanloo visited the Tavistock Clinic to show videotapes and the results of his work using his technique of intensive short-term dynamic psychotherapy. David realized that the abrasive techniques Davanloo used were not necessary; it was possible to reach the same result if a patient's defences were confronted persistently until they became exhausted, resulting in a therapeutic alliance, and so David adapted his approach accordingly.

It was also the foundation of modern approaches to experiential dynamic therapy (EDT). They had a 12-year collaboration resulting in many workshops, lectures and academic works, including the book *Unlocking the Unconscious: Selected Papers of Habib Davanloo* (Davanloo, 1995).

In 1982 Dr Malan retired from the NHS; at the time, Margaret Thatcher's conservative government was starting a *neoliberal* process of reducing public spending . . .

This cut across all areas of public services and, of course, the NHS was not an exception. In the late 1980s, purchaser-provider competition and internal markets were incorporated into the NHS. In 1990, the National Health Service and Community Care Act introduced NHS trusts. It was the beginning of an era of takeovers and managerial scrutiny; the need for evidence-based clinical practice became paramount.

We can affirm that Dr Malan was ahead of his time. His groundbreaking research and his coherent, psychodynamic clinical formulations contributed to the survival of the delivery of psychotherapy in the NHS, as well as the provision of sound psychotherapeutic input as an integral component of the training of psychiatrists, psychologists and other mental health professionals.

As part of his studies of process and outcome research, Dr Malan thoroughly used long-term, follow-up interviews and trained others to do so, with a view to analysing the process of change during the therapeutic course as well as its impact on the patient's development after the therapy had ended. As a psychoanalyst, he was open-minded and thoroughly valued analytic insights. However, he became concerned that conventional analysis may take too long and committed himself to finding the most effective treatment that would help the largest number of patients in the shortest possible time.

Pioneering research in group psychotherapy

In connection with the above target, Dr Malan became also interested in studying the effectiveness of the group psychotherapy method that had been introduced at the Tavistock Clinic by Wilfred Bion in the late 1940s. Bion employed too radical an approach, as he aimed to treat the group-as-a-whole (as if it were an individual) rather than treating the individual group members. As a result, many patients deserted or dropped out of group treatment and Dr Malan found that the overall mood in the institution was that therapy groups did not work (Ezquerro and Canete, 2023).

In the mid-1970s, he led a comprehensive piece of research: 42 randomly selected patients were interviewed two to 14 years after termination of psychoanalytic group therapy at the Tavistock. The findings were staggering: Comparison of psychodynamic changes in patients who stayed less than six months with those who stayed more than two years gave a null result. The majority of patients were highly dissatisfied with their group experiences.

However, there was a strong positive correlation between favourable outcome and previous individual psychotherapy. These results cast doubts on the appropriateness of transferring the strictly individual psychoanalytic approach to group treatment (Malan, Balfour, Hood and Shooter, 1976).

Peter Fonagy (2014) pointed out that Dr Malan's life work brought transparency and reliability to a field which was more or less impenetrable to those who were not socialised into it through personal therapy and many years of psychoanalytic or group-analytic training. According to Fonagy, he succeeded in conveying the essence of psychoanalytic clinical discoveries and linking these to everyday experience.

With Dr Malan came a tradition of researchers who wanted to go beyond the hermeneutic truth criterion of psychoanalysis, and were willing to integrate the methodologies from social science with the insights obtained from the deep scrutiny that takes place in the consulting room.

He was able to look at individual cases and bring to life psychoanalytic concepts in a systematic way, linking symptoms to the interplay of defence, anxiety and impulse in a creative and instructive manner, which was easy to follow and learn from.

Furthermore, from Dr Malan's publications followed a tradition of British psychotherapy research that has, in many ways, lead the world. He pursued a new tradition of short-term psychotherapy that

built a bridge between psychoanalytic and more active cognitive-behavioural approaches. Fonagy (2014) claimed that Dr Malan was a pathfinder in bringing *science* and *psychodynamics* together in a coherently integrated project.

Indeed, science still remains a minority pursuit among psychodynamic therapists and we cannot claim that he succeeded in converting psychoanalytic thinkers to follow his interests. However, he succeeded in recruiting a number of us who have worked hard to try to live up to the high ambition for integration of science and meaning in psychiatry, psychotherapy (including group psychotherapy) and psychoanalysis, as pioneered by Bowlby (1988a, 1988b) and further developed by Dr Malan.

A sympathetic witness to the blueprint of attachment theory

Interestingly, on 19 June 1957, the year after he had started working at the Tavistock Clinic, Dr Malan attended the scientific meeting in which John Bowlby presented the outline of his attachment theory to the British Psychoanalytic Society: *The nature of the child's tie to his mother* (Bowlby, 1958).

He was impressed and influenced by Bowlby's scientific approach, and supported his scepticism towards (non-empirically validated) psychoanalytic standpoints such as Freudian drive theory, the Kleinian belief in a death instinct and the alleged universal role of the *Oedipus complex*!

Bowlby's presentation was met with massive emotional reactions that included personal attacks, rather than intellectual debate, coming not only from the Kleinians and the Freudians, but also from the Independent Group to which both Dr Malan and Dr Bowlby belonged.

Dr Malan became very upset by the strength and nature of the apparently orchestrated hostile comments against John Bowlby and rose to his defence; but, not surprisingly, came to pay a price. In an interview by Robert Karen, he would later recall:

I went away somewhat terrified about the consequences of being so passionate a supporter of John's position—would I be excommunicated at once? (Malan, in Ezquerro, 2017: 90)

Sadly, 30 years after the above scientific meeting, distinguished psychoanalysts like Hanna Segal believed that Bowlby was attacking psychoanalysis and that his goal was to destroy it! We wonder if this

piece of *distorted* thinking might have been a form of *projective identification* by Segal herself. Indeed, many psychoanalysts in the UK tried to ostracize Bowlby and discredit his attachment theory (Ezquerro, 2017).

In his book *The Structure of Scientific Revolutions*, Thomas Kuhn (1962) provided an explanation of resistance to conceptual change. His analysis was that, in the development of science, the first accepted paradigm is frequently considered to be the essential explanatory truth.

In his view, however, the evolution of scientific knowledge requires the periodical renewal of paradigms, despite the fact that any attempt to change the original paradigm meets considerable resistance in scientific communities. Furthermore, scientists and psychoanalysts are political beings and resistance to theoretical and methodological change often takes the form of political action, as Dr Malan could testify.

In psychoanalytic circles, as in other fields, an allegiance to a particular theory or approach can represent a complex set of emotional commitments—to one's own analyst, supervisor or mentor. It may also represent a loyalty to oneself and to the way one has worked with patients. Thus, to challenge existing theory and practice might sometimes be tantamount to threatening the meaning of one's own work (Ezquerro, 2017).

This political dynamic led to the fact that Dr Malan's work, like Bowlby's, came to be better appreciated in psychiatry and the wider mental health community outside both the Tavistock Clinic and the British Psychoanalytic Society than within these institutions.

In spite of the opposition that he met with, Dr Malan promoted a scientific spirit of inquiry, openness and straightforward meaning within psychoanalysis and broader mental health practice overall.

Like Bowlby previously, he framed his arguments in a non-contentious way and persisted in his research studies and expositions without feeling it necessary to be defensive and with no sign of reactive hostility, and he recognised the difficulty encountered by those thoroughly dedicated to one approach in becoming open to the usefulness of a new one.

Influencing the wider mental health world and beyond

Within general psychiatry, Dr Malan is possibly best remembered for a multiple-choice question in the Royal College of Psychiatrists'

membership exam where one has to match the psychiatrist with the type of therapy they are best known for (brief dynamic psychotherapy), but also for the really important finding that the type of therapy matters far less than the relationship the patient has with the therapist. Indeed, patients can explore more confidently and make progress more significantly when they perceived the therapist as a secure base, a key tenet of attachment theory (Ezquerro, 2017).

These findings are as true today as they were when Dr Malan established the above therapeutic principles, all those years ago; for example, despite the many therapies available for people with borderline personality disorder in services within the UK, no one therapy has been shown to be superior to another, whilst a positive patient-therapist relationship promotes better outcomes (Adshead and Aiyegbusi, 2014).

Arguably, the Improving Access to Psychological Therapies (IAPT) programme, which began in 2008, is the direct descendant of Dr Malan's pioneering work. Its three priorities are: evidenced-based psychological therapies (with therapy matched to the mental health problem and its intensity and duration designed to optimize outcomes), routine outcome monitoring and regular and outcomes-focused supervision.

David was a warm compassionate person who valued patients and colleagues and genuinely wanted to help them. He abhorred factionalism and enthusiastically encouraged young therapists and research assistants. He was not afraid to stand up to traditional psychoanalytic traditions in favour of innovative approaches. His research demonstrated the importance of establishing rapport with the patient, using psychodynamic interpretations to address current *neurosis*, and where possible deep-seated understanding of its origin if this was bearable.

This approach, whilst accepting many insights such as the role of the unconscious, sought to provide alternatives to the traditional psychoanalytic lengthy treatments which had helped fewer patients. Rather than using psychoanalytic specialist jargon which could obfuscate, Dr Malan favoured straightforward empathetic communication using plain, clear language. No doubt, his legacy was beautifully simple but far-reaching, as contained in his motto:

short-term therapy for long-term change.

This therapeutic maxim brings to mind an idiom by Baltasar Gracián, a baroque prose writer and philosopher from the Spanish Golden

Age: *'lo bueno, si breve, dos veces bueno'* (that which is good, if brief, would be twice as good). And, of course, brevity is the source of wit . . .

Concision and clarity went hand in hand in Dr Malan's life and work. He was an overwhelmingly kind human being, as well as an immensely creative and influential professional, whom we and many others will always remember with admiration and gratitude.

He balanced his busy and fruitful professional life with peace and relaxation in the countryside, travelling with his wife, Jennie, in Scotland, New Zealand and India. He was never happier than when exploring remote, wild, and beautiful places, preferably with a single-track road with no passing places along which he could drive a Land Rover!

Dr Malan died on 14 October 2020 in Hartley Wintney, UK. He leaves Jennie, his son Peter from his previous marriage and three grandchildren.

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Note

1. We, the authors, are aware of the unusual time gap between Dr Malan's death and the publication of this obituary-article. There are contributing factors to this delay. First, he died during the hardest period of the pandemic and we (who did not know him personally but were influenced by his clinical work and his research) found out that he had died when his wife Jennie responded to correspondence addressed to him, some while after his death. Second, we had asked a group-analytic colleague, who knew Dr Malan well, to write the obituary; he agreed to do it but later changed his mind because the task became emotionally difficult for him, as his analysand. Finally, a further delay occurred due to the need to gather personal information from Jennie, necessitating both personal contact and an exchange of correspondence with her. However, during the work of writing up the obituary, there was a sense of going through a timeless experience.

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