

# INTERNATIONAL BALINT FEDERATION

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## FEDERATION INTERNATIONALE BALINT

### BALINT GROUPS: HISTORY AIMS AND METHOD

#### HISTORY

Michael and Enid Balint were psychoanalysts with a special interest in helping other health professionals to use some of the insights of psychoanalysis in the course of their own work.

In the 1950s they started a series of seminars for family doctors at the Tavistock Clinic in London. This work was described in Michael Balint's book, *The Doctor, his Patient and the Illness*. The book was widely read and became very influential in family medicine training throughout the world. However, only a few of those who read it had the opportunity to take part in Balint seminars themselves. Later, in the 1970's, Balint Societies were formed in Britain and a number of other European countries, principally France Belgium and Holland. The movement became particularly successful in Germany where all medical students do 10 Balint group sessions as part of their training. GPs in Germany may do further Balint training as part of their accreditation as GP psychotherapists. Balint groups are also to be found in Scandinavia and in East European countries such as Hungary, Romania, Croatia and Slovenia In Britain, and also in the United States, Balint seminars have been used as part of the curriculum for postgraduate training in General Practice (Family Medicine). Seminar leaders tend to be psychoanalysts in continental Europe while in Britain and the USA they may also be family doctors, clinical psychologists or counsellors. Whatever their background, all leaders need training and experience in the Balint method.

#### AIMS

In *The Doctor, his Patient and the Illness*, Michael Balint wrote that his aims were:

1. To study the psychological implication in General Practice.
2. To train General Practitioners for this job.
3. To devise a method for this training.

'The psychological implication' was chiefly to do with the doctor-patient relationship; 'why does it happen so often that, in spite of earnest efforts on both sides, the relationship between patient and doctor is unsatisfactory or even unhappy?'

In the early days, the doctors were encouraged to invite their patients back for long interviews and to engage in formal psychotherapy with them, if they felt they wanted to. Later on (1970's) the emphasis shifted to helping the doctors to behave in a psychotherapeutic way in ordinary, every day consultations (see *Six Minutes for the Patient* ed Balint and Norell)

## **METHODS: WHAT HAPPENS IN A BALINT SEMINAR?**

The group members, usually 8 to 10 in number, meet weekly or fortnightly for about ninety minutes with one or two group leaders. Ideally, a group will meet regularly for 2 to 4 years without any change in membership. The continuity helps the members to develop a trusting, supportive environment in which it is possible to admit mistakes and to take criticism without feeling devalued. Continuity also permits the long term follow up of the patients discussed.

In the seminar, the doctors present case histories of patients who are troubling them for various reasons. The problems of doctor and patient are then discussed by the group under the guidance of the leaders. The leaders' aim is to encourage the development of a group culture in which the patient is seen as a human being rather than a collection of symptoms and signs or a puzzle needing a solution. They try to limit too much interrogation of the presenting doctor for further information; instead, each member is encouraged to express his or her own thoughts and feelings in response to the story which has been heard. Gradually, the group members learn to listen more carefully to their patients and to become more sensitive to their feelings. At the same time, they become more alive to their own feelings, especially those aroused in them by the patient, such as irritation, sadness, anger or fear. Often the presenting doctor identifies with his patient quite closely and the other group members may point out to him things he has been unable to see for himself. As a result of this process, each doctor is able to learn something about why he always has difficulties with certain kinds of patient. However, the group is not intended to provide personal therapy for the doctors and the leaders will generally discourage enquiry into members' personal psychological problems. Balint believed that participation in these seminars could lead to a change in the doctor's personality which he described as 'limited though considerable' - that is limited to his or her work with patients, but considerable enough to have a substantial and beneficial effect on the doctor's practice and professional satisfaction.

John Salinsky