DRIVING LESSONS

Eran Metzger, MD
Hebrew SeniorLife and Beth Israel Deaconess Medical Center
Department of Psychiatry
Boston, Massachusetts, USA
metzger@hsl.harvard.edu

Abstract

The Boston Balint group has been meeting continuously since 1982, and its current membership has over 100 years of collective Balint experience. The author, a psychiatrist with group psychotherapy and residency group experience but no previous exposure to Balint, describes the experience of joining a group of seasoned participants as a novice leader. While the group continues to run well enough under his leadership, the author feels an uneasiness about his role which does not abate over time. The author relates his experience of attending his first Leadership Intensive, which helps him begin to clarify his role and which provides new challenges as he ponders how to invite his group to consider some changes.

DRIVING LESSONS

Founded in 1982 by two internists, the Boston Balint Group had been meeting bi-weekly for 24 consecutive years when it welcomed me as its fifth leader in September, 2007. Dr. Paulsen, the outgoing group leader, had departed after 8 years in order to devote more time to being the newly elected president of the Boston Psychoanalytic Society and Institute. The combined Balint experience of the nine group participants was 101 years. The sum total Balint experience of the group's incoming leader, yours truly, was 3 hours, attained from observing Dr. Paulsen run two sessions the previous spring. As I reflect back on the experience, taking on the group felt akin to being a new driver and having my father hand me the keys to his cherished roadster. "A lot of miles on it and still running smooth; take good care of it." This paper describes the process of learning to drive this unfamiliar car.

It wasn't as if I had never driven before. I had co-led two psychotherapy groups during my psychiatry residency. Dr. Paulsen had been one of my supervisors my first year of residency, and we had kept in touch ever since. More recently, we had both been instructors for a residency course called "Patient Psychiatrist." The goal of the course was to help residents explore the development of their professional identities, and one of the methods we employed was to encourage residents to bring in difficult cases. It was during a faculty meeting for the course that Dr. Paulsen first told me about his Balint group and asked if I might be interested in taking over for him. Since I loved Patient Psychiatrist and felt like I knew what I was doing after 7 years, doing something similar—this thing called Balint group—with some primary care physicians seemed pretty straight forward. Still, taking stewardship of such an established and venerable group without what I considered to be real credentials felt rather intimidating.

I did what any conscientious driver would do; I read the owner's manual. Balint's *The Doctor, His Patient, and the Illness*[1] and "Psychoanalysis and Medical Practice"[2] reacquainted me with the complex dance between patient and doctor. No doubt my own anxiety caused me to focus on what *not* to do as a Balint leader: don't analyze the presenter, don't try to turn the primary care doctors into psychotherapists, don't get caught up in trying to diagnose the patient's psychopathology. Reports by Balinters like Lee Sheingold[3] and John Salinsky[4] took me step-by-step through the process of Balinting a case. Similar to the "In Case of Emergency" section of the automobile owner's manual, these contemporary authors gave instructions for how to respond to challenging group situations such as when a participant is trying, unsuccessfully, to contribute or when another group member is dominating a discussion. I read reports from Balint groups in such far-ranging places as Italy, Germany, and even California. So this *Balint* vehicle was a little different than the ones I had driven before. I thought I could learn how to make the shifts, just as I had learned how to drive a manual transmission after years on an automatic.

During my two orientation sessions in May, my first driving lessons, Dr. Paulsen and I co-led the group just before it recessed for the summer. If the group had reservations about being orphaned by its previous leader and adopted by a new

one who was neither a psychoanalyst nor an experienced Balint leader, it did not reveal them to me. I was greeted with genuine warmth, and group members enthusiastically went about their work. In both sessions, the group had no difficulty identifying cases and finding plenty to discuss about them. "Well," I thought, "this car practically drives itself."

When Balint resumed in September, the bi-weekly meetings quickly became the highpoints of my work weeks. The group, nine primary care physicians and an oncologist, meets in the evening at members' homes on a rotating basis. The hosting member provides refreshments and often a roaring fire in the fireplace during the winter months. After 15 minutes of informal socializing, the group devotes 15 minutes to hearing follow-up on any previously presented cases. A participant presents a new case after which participants ask clarifying questions. Dr. Paulsen had begun a tradition of ringing a small meditation bell, signaling the end of questions and the beginning of a minute of silent reflection. Participants then give feedback in two stages. First, beginning at the presenter's right or left, we go around the circle in order, each participant and the leader offering a few minutes of reaction to the case. This was instituted to ensure that each member had an opportunity to respond. The discussion then opens up to non-structured discussion in which the presenter responds to feedback. I left each session deeply moved by these physicians' commitment to their patients and their willingness to share candidly such difficult feelings as sadness, embarrassment, anger, and impotence. The one nagging concern I had was, "Why do they need me?"

I found myself after each session re-playing in my mind the contributions I had made to the session. Were they insightful enough? Were they Balint enough? Participants appreciated when I offered some clinical insights into the patient based on my psychiatric background, but I recalled from my owner's manual that I was deviating from proper operation of the vehicle. In spite of my anxieties, when it came time to wrap up at the end of our first year together, the group seemed pleased with how things had gone. I helped the group decide whether or not to allow two members who were giving up their primary care practices to continue in the group and in so doing felt like a leader.

Back in sessions the following fall, some of the old anxieties returned. Group participants contributed cases rich with content: a patient who is dying from cancer invites her doctor to her home for dinner, and the doctor struggles with whether or not to accept; a doctor's longtime patient tells her (and her waiting room full of patients) that she's fired because she is running behind schedule, and the doctor reacts with anger; a patient's daughter accuses her mother's longtime physician of neglecting symptoms and contributing to her death. I listened intently for process but felt, all too often, that my comments lacked the profundity the group expected from its leader. Sometimes I found myself explaining a presenter's experience with terms like transference and projective identification. These comments were well received and reassured me that I had expertise to contribute. During the end of the year wrap-up, some group members encouraged me not to hold back on commenting about the group process. We decided that in the following year, as

group participants went around the circle with their initial comments, I would speak last so that I would have a better opportunity to comment on process. The group asked me to help it stay on schedule (we perennially ran over time), and I guided the group through a tricky decision about whether or not to take on a new member who had some personal history with one of the current members. These tasks again reassured me that I played an important role in the group.

Year Three proceeded in much the same way as the previous two. About midyear, a group participant returned from a course at the American Academy on Communication in Healthcare. He suggested we experiment with a technique that had been used in a groups workshop at the conference, namely having the presenter temporarily step outside the group while the group processed the case. Our group toyed with it for the remainder of the season; some members felt it was awkward, others didn't see the point. End of the year remarks were positive, and I was again encouraged to comment about the group process. I was pleased that the members were pleased, but I was stumped about how I would come up with more comments about process in a group that was not a psychotherapy group.

At the time Dr. Paulsen handed the group off to me, he recommended that I try to attend an American Balint Society leadership training. Over the next couple of years, I had kept an eye on the schedule of offerings. The courses conflicted with other commitments, and I felt no sense of urgency. The car seemed to be running smoothly. I had also been meeting annually with Dr. Paulsen for supervision, and *he* seemed satisfied with my driving. Nevertheless, in deference to Dr. Paulsen's suggestion and because of a persistent gnawing feeling that I had more to learn about Balint leadership, at 5:00 AM on an October morning I headed south on the interstate, bound for my first Balint leadership intensive.

I arrived on Long Beach Island weary from a long drive and from having worked late the previous night—leading the Balint group as it so happened. The course syllabus I was handed informed me that I was going to be getting right to work, and that I was going to be working pretty much straight through the next 4 days. Not only that, my work would be videotaped at some point for critique by course participants whom I had never met before. Was this really necessary? After all, my car was running fine.

I could not in this paper do justice to my experience on Long Beach Island any more than the articles I had read about Balint could capture the experience of leading a Balint group. By repeatedly Balinting cases with master Balint leaders and debriefing after each session, I began to really get how to be attuned to process in a Balint group: how to listen for what a group was focusing on but also how to listen for what a group was avoiding. I began to appreciate the difference between being a Balint leader and being a group participant with a background in psychiatry; I realized that too often I had practiced as the latter. I also appreciated that some aspects of how we ran our group in Boston might be hindering the group process that my group participants were eager for me to clarify for them.

As those who have attended a leadership intensive already know, the enthusiasm of my course leaders and fellow participants was highly contagious. The fatigue I had brought with me from Boston lifted the first afternoon. At the end of the 4 days, I headed home with a new found excitement about the opportunities for *leading* my group. But what about re-entry? This had been a topic of the course's final session and a paper on the topic by the course director, Dr. Sternlieb.[5] Who was I to return to a longstanding and successful group of highly committed Balint participants with a *corrective plan*?

The group was well-established and running smoothly. The car was not burning oil or overheating. I had the luxury of not needing to act immediately, and the group usually waited until the end of the year to discuss changes. On the other hand, the longer I waited to try some changes, the greater the risk that my enthusiasm would wane and I would fall into my old ways. My first session back, group members were curious about my experience, so I described in general terms the design of the course and my positive experience. I offered that there was no need to fix something that clearly wasn't broken but that I had some changes to propose for future consideration. Since I did not want to use Balint group time discussing this, I offered to send out a memo outlining my thoughts. In it I suggested two changes in format: eliminating the initial period in which participants responded in sequence, and formalizing the process of the presenter "leaving the group" for the first part of the response period. While I agreed that the round-robin method of responding had a democratizing effect, I explained that it accounted for a significant portion of group time in which process was confined. I accepted responsibility for ensuring fair use of air time. I offered that having the presenter figuratively step outside the group gave her the opportunity to observe the group work with what she had told them—and what she hadn't—without having to respond to questions, and that her observations about this experience upon returning to the group could be valuable. I highlighted that the changes would allow me to do a better job of observing the group process, which was something the group had been asking for. To my relief, when the group re-convened no one opposed the changes, though some expressed reservations. "I think you've been doing a fine job as it is," was one comment. "We don't want to lose your psychiatric input," was another.

Three months later, the group has adopted the changes and seems comfortable with them. Some members are clearly still adjusting to having the presenter step outside, while others have found it very effective. The effect on *my* comfort in the group has been profound. In my 4th year with the group, I feel as if I am starting to come into my own as a group leader. This sense comes not from establishing Balint mastery after participation in a single leadership intensive. On the contrary, the intensive really just opened the door to acquiring the skills for becoming an accomplished leader. Rather, my comfort comes from having a sense now of how to listen and respond to the group.

Learning Balint from articles and on the job training had enabled me to keep this fine car, Boston Balint, on the road. But I had done so with eyes glued to the

tachometer, focused on shifting just when the owner's manual instructed. The leadership intensive opened me up to how to listen to the car's engine. It is a much different driving experience. Though it was not my conscious goal when I enrolled in the leadership intensive, I discovered that the course created an opportunity for me to have my own unique influence on the group. Accompanying this opportunity was a responsibility to bring change in a manner that was respectful of the group's longstanding success in meeting the needs of its members. After all, the car had a lot of good miles on it. This, too, was a lesson in leadership.

In June, the group will again review the year, and I'll hear more of the participants' perspectives on my leadership. I suppose this will be a good time to ask their permission to begin videotaping our sessions for the next phase of my driving lessons!

References:

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