A Brief History and Introduction to Balint Group Process

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Balint training is named after Michael Balint, a Hungarian born British psychoanalyst who did considerable professional work with general practitioners around the psychological implications of general practice, that is to say, the challenges of integrating psychiatry and medicine. In the 1950's, Balint and his wife Enid began a unique type of case discussion group for general practice physicians about cases in their practice. These groups focused on the issues of transference and counter transference in medical practice, and the therapeutic use of the doctor patient relationship. The model of group process they pioneered relied on psychoanalytic principles and group process approaches of Bion and others from the Tavistock Institute in London. The format is a weekly meeting of physicians, coordinated by a trained leader to which participants bring problem cases for discussion with their colleagues. Exploring these cases in depth is the principal method-- a kind of research cum training.

The group's purpose is to train physicians in primary care to;

- think psychiatrically
- undergo an attitude change necessary to use the doctor/patient relationship as a therapeutic tool
- explore and discover the therapeutic possibilities of communicating skillfully with patients
- understand the patient as a person and their problem through understanding the nature of the doctor patient interaction
- examine their individual approaches to patients and explore alternate ways of responding to difficult situations
- explore the doctor's use of self--pharmacology of the drug doctor-- in the ordinary discourse of general practice.

Balint groups are basically like any small group with standard rules of small group process applying; honesty, ownership, respect for members, confidentiality, boundaries, safety, tolerance for divergent opinions, etc. The work proceeds through regular weekly sessions ongoing, that is, meeting over months to years. The group forms trust and cohesion and may go through its own stages of development.

Balint groups are basically a case discussion where material of the group is based on presentation of current ongoing cases that give the presenter cause

for thought, distress, surprise, difficulty, puzzlement, or uncertainty, the kind that stay with you long after they leave the office. Dead or unconscious patients, or ones with whom there can be no ongoing relationship are discouraged. Unlike other medical case discussions, the purpose is to increase understanding of the patient's problems, the doctor's response to the patient and his/her communication NOT to find solutions, offer advice, question the presenter, out do the presenter or teach medical or psychological content. The group is encouraged to speculate freely and present divergent views.

The group is not therapy for the personal self of the doctor, though participants stand to learn about their professional selves; their reactions to patients, their blind spots, allergies and habitual response modes to patients. These are usually private realizations which are not probed in the group discussion. The experience of being in a Balint group can be very supportive, but it is not a support group, nor is it a group to discuss general issues.

How it works: The group does the work, not the leaders. A case is presented which not only reports, but manifests the patient's state of mind and the doctor's response to the patient. The group takes on the case as if it were theirs, becoming aware of the feelings aroused in them by the patient as well as what the patient may be experiencing. In this way the skill used to understand the doctor patient relationship in Balint groups is empathy for both doctor and patient. Often, the group, or members of the group may unconsciously enact various aspects of the doctor patient relationship, providing an opportunity to learn even more. The result can be a shift in perception or attitude about the patient and a clearer understanding of the patient's problem, which in turn can help the doctor get unstuck in the relationship and find a more helpful role with the patient.