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Balint Groups from the Perspective of a Teacher

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In keeping with the theme of this meeting, Building With Balint, I would like to tell you what Balint work built for me as a teacher and for my learners.

Quite simply, Balint groups were an inauguration, 37 years ago, into my then new role as a psychologist teaching family medicine in a brand new residency program in Pittsburgh, PA. I was full of enthusiasm in 1977 to begin applying my knowledge and skills as a psychologist to the doctor's job. Unfortunately, other than my own trips to the doctor, I had little real understanding of the doctor's job and not the foggiest idea of what or how to teach the residents. I was given one hint: I was to conduct Balint Groups. It was a very good hint, indeed. Balint work remains today the single most potent tool I have for creating a safe but challenging environment where trainees can learn and grow to be competent personal physicians. It is how I did my job.

I was fortunate to have been introduced to Balint seminars and taught to lead them by a man who worked and mingled ideas directly with Michael and Enid Balint. His name was Dr. Rex Pittenger. He gave the seminars we co-led (he led while I learned) his own style, yet helped me to see the sometimes hidden essential themes that constitute the Balint group process. Best of all, he encouraged me to use my judgment and experiment with the group, much the same way he encouraged the resident participants in our Balint seminars.

My personal/professional identity was built from this initiation by Balint group. It created for me a place where what I know and what young doctors could benefit from learning came together and made sense. Things like:

1. Widening and deepening one's perception of the patient–learning more about their circumstances, context, family and how that might relate to their illness.
2. Actively listening to the patient-- being able to empathize and understand what is gong on with them and what that might have to do with their symptoms.
3. Valuing listening and the doctor-patient relationship as diagnostic and therapeutic tools.
4. Understanding how the illness impacts the patient and the patient impacts the doctor.
5. Self-reflecting on the doctor's own responses to the patient or the illness–having insight into the roles a doctor is habitually drawn to play with patients as well as his or her allergies to certain illnesses or patient behaviors.
6. Responding with more tolerance to a wider range of patients-- developing a larger, more varied repertoire of interventions.
7. Having the patience to work with patients over time despite lack of a cure or even sometimes a common ground.

These are all lessons relevant to the doctor's job, lessons which could be embraced by trainees in my program. I learned them in a Balint group. Best of all, Balint work showed me a way to transform at least an hour and a half a week into something more positive, affirming, divergent, creative, supportive, verbal, thoughtful, emotional, intuitive and humanistic than medical education in general appeared to me to be. This was good stuff.

And then, several years into leading resident Balint groups, I received a gift of confirmation. We surveyed our second and third year residents as part of a research project. We asked them, "What have you gained from participation in Balint groups during your residency." "What, in general, is the value of having Balint groups in residency? And what are the drawbacks?" I was thrilled with their answers. May I read you a few?

In answer to "What have you personally gained from participation in a Balint group during residency," they said:

Catharsis; getting rid of frustrations built up over time from dealing with patients.
Normalizes even negative feelings toward patients:
builds confidence when I make a mistake or have heinous feelings about patients;
makes me feel more like it is human and less like it is a fault;
feeling like it's OK to admit I have emotional responses to patients;
I am not the only one who feels a certain way about a situation with a patient.

Empathy: empathy for my reactions from fellow physicians. I can connect to people who may be too scary for me to empathize with all by myself.

Insight: new things brought up I couldn't see from being too close to the situation;
a forum to work through what is difficult about the relationship;
insight on where to go, questions to ask, practical ideas so I don't flounder with patients who have me stuck;
better insight into the doctor-patient relationship especially from the patient's point of view

Better knowledge of patient: know the patient better;
motivated to get to know the patient better. I realize there is more than one way to see patients and look for those alternate ways;
makes me hate fewer people, more tolerant of difficult patients. I ask more questions of a difficult and regular patient, "I know you" vs. "Oh crap, it's you;"
I realize that the feeling I have when I leave the room may be the feeling the patient has;
insights on particular patients and their relationship with me.

Skills: gaining a small useable amount of "touchy feely;" I develop a more holistic approach to patients;
getting a shared experience and mental skills to deal with difficult cases;
not put up barriers which is what I'd be doing otherwise;
alternative ways of dealing with a patients.

Transformation: ways to use insights about how I am with patients that get in the way of connecting;

dealing with them to transform certain relationships into ones that work better;
frequently revealed other avenues to pursue with difficult patients, though not the purpose; new ways to face that situation in the future;
hearing different people's approaches in a non-confrontational setting–a fresh perspective on a difficult doctor-patient relationship.

Support: not getting advice on what to do;

not feeling alone with frustration;
helps cope with stress of practice;
decreased isolation as a resident;
makes us feel understood and cared for.

In answer to, "What can be gained in general from participation in a Balint group," they said:

Increased sense of camaraderie
Increased ability to be less judgmental toward patients and peers
Makes you a better doc
Helps cope with the stress of practice
Getting a fresh perspective on difficult doctor-patient relationships from others in a non-c onfrontational setting

In answer to, "What is the value of Balint groups to the residency as a whole," they wrote:

Cohesion: decreased isolation as a resident;
helps establish closer relationships between residents;
leads to a closer group; makes us a team, a confident team

Intimacy: getting to know other resident better through what they express in Balint

Values: reflects emphasis of residency on importance of seeking help from others;
helping MD's cope with difficult roles;
social aspect of patient's lives have an impact on health;
makes our training unique;
better training of FP's in the doctor-patient relationship.

In answer to, "What are the drawbacks of participation in a Balint group," they said:

Difficult emotionally: Sometimes it is extremely emotional and it is hard to reset oneself to got back to work
Lack of skill in some members to "do Balint:" New people don't have the feel for how the group can work to explore complicated feelings, issues, etc. and can stop the momentum by side tracking or getting superficial.
Vulnerability: can be uncomfortable to be that revealing.
Hard work: Even though I knew it was good for me and understood the benefits, I did not look forward to it; very time consuming which can be hard on tired, busy residents.

I believe these trainee comments reveal much about what is so valuable yet hard won about Balint training and Balint groups. Over the years, more than a few physicians who passed through our residency Balint groups have contacted me wanting to know how to begin Balint groups in the settings where they now work. They have found that a Balint frame of mind was built into them and something is missing when they do not have a group. They want to share that something with others. They recognize that Balint work has helped make them who they are as doctors and I believe it has helped make us the best of who we are as teachers.

In December of 1965, Michael Balint wrote:

> If it is true that patients can get a better, more understanding service from doctors who have had a training along the lines advocated by us–and I have no doubt this is so–then patients will have the right to expect this better and more reliable understanding from their doctors. This in turn requires that the methods leading to this sort of understanding must be integrated into the training programs of the teaching hospitals–not as an additional frill, but as a basic ingredient.

Michael Balint was referring to the essential nature of Balint training for building a better physician—the support beams on which everything else rests. Coming along a mere 35 years later, American graduate medical education now requires that programs show how their trainees attain competence in six major areas including doctor-patient communication and professionalism which includes self-awareness, self-reflection and self-evaluation. This is certainly what Balint groups can and do build when integrated into an accepting residency program and run by a trained leader.

My mentor, Dr. Pittenger, talked a great deal about acceptance as a key outcome of the Balint group experience. Working in these groups gives one the definite feeling that someone really knows what I am up to and accepts me, even if I'm frustrated, or flawed or impotent. This is not unlike what the patient feels when attended to by a Balint group trained physician. Likewise, Balint work has provided me with a group of like-minded, though diverse, colleagues who allowed me to feel I am not alone. Working to create and maintain an American Balint Society has built a community across the country, across the ocean and over many years. Many of us came here to this conference mostly to celebrate that community. So, cheers to us and all of those yet to come.