'ESSENTIAL' AND 'DESIRABLE' CHARACTERISTICS OF A BALINT GROUP

(Approved by the Council of the British Balint Society, March 1994)

ESSENTIAL CHARACTERISTICS

1. A Small group

There are no absolute rules but groups with less than about six or more than about twelve participants are unlikely to work well.

2.Defined group leader who is one of the following:

GP who has attended Balint type groups and has had some training in small group leadership, ideally to include co-leading with an experienced Balint leader and/or attendance at the Balint Society leaders' workshop.

Psychologist, psychoanalyst, counselor or related professional who has attended Balint type groups and has had some training in small group leadership. Such a leader would need to have an interest in the clinical area of the participants (e.g. general practice).

3. Group members are in clinical contact with patient.

Members are usually GPs or GP trainees but groups have been run perfectly well for medical students, nurses, psychosexual counselors etc.

4. The material of the group is based on the presentation of current cases giving the presenting clinician cause for thought

The cases may have given rise to distress, puzzlement, difficulty or just surprise. Random cases have occasionally been used (even in groups run by Michael Balint) but we would not recommend this for 'starter' groups.

5. The discussion focuses on the relationship between the presenting doctor and his patient

Matters of 'fact' may need to be cleared up at points during the discussion but only those that have a bearing on the doctor/patient relationship are relevant. Discussion of general issues is also not relevant.

6. Case notes should not be used

The presenting doctor may prepare himself with reference to the case notes. In the actual presentation and discussion relying on memory is crucial. Slips of memory are not considered as signs of poor doctoring but as vital clues to the understanding of the patient.

7.The groups are not for personal therapy

Self-awareness will increase as a result of attending a Balint group but the discussion is firmly focused on the patient and the doctor/patient relationship 'Discomfort or distress in the doctor are not ignored but are worked through in the context of the needs and problems of the patient rather than of the doctor (Campkin,

1986).

8. Standard rules for small group working apply

Confidentiality, honesty, ownership, respect for other group members etc. are essential. Group members should be arranged in a circle, preferably on chairs of similar size. Each group session should normally last between one and two hours. Usually the discussion of each new case lasts between half an hour and an hour.

9. The purpose of the group is to increase understanding of the patient's problems, not to find solutions (Paraphrased from Campkin, 1986)

Participants are therefore encouraged to speculate as to how they see what might be going on. Questions are discouraged., Advice is discouraged even more.

10. The leader takes ultimate responsibility for trying to ensure mat the group functions as described above

Group members should also have a responsibility (see 8 above). The leader must above all ensure that group members, particularly the presenter, are not unduly hurt. (Some increase in anxiety on the other hand, is an almost inevitable concomitant of learning).

DESIRABLE CHARACTERISTICS OF A BALINT GROUP

1. The group is 'ongoing'

The original Balint groups used to meet weekly over several years. Nowadays this is usually unrealistic but a commitment to regular meetings is important. On the other hand, even a single session can be enough to taste the method and attendance at, say, a Balint Society weekend can lead to some useful learning.

2. The group is closed

It is best if the group membership is unchanged for much of the time. On the other hand, in the real world of, say, GP training, carousel groups are much better than nothing.

3. There is a co-leader

Joint leadership by a GP and an analytically oriented leader or by an experienced leader and a leader in training gives added value to the group.

4. The leader has psychoanalytical training

Common sense suggests that a leader with a facility of understanding the unconscious is likely to help participants more effectively to understand the doctor/patient relationship. On the other hand, good small group leadership skills are probably even more important than analytical training. Experience of co-leading with an analytically oriented leader is obviously useful too.

5. The group does not have to include all-comers

Ideally leader(s) should interview potential participants beforehand but groups of 'conscripted' trainees, for example, can work very well. It could be argued that those with insufficient flexibility to contribute usefully to a Balint group may have major problems with clinical practice

Reference

Campkin, M (1986) Is there a place for Balint in vocational training? Journal of the Association of Course Organizers, 1, 100-104

(Compiled, after consultation with other members of the Balint Society council by Paul Sackin, vice president of the British Balint Society).
