



BALINT GROUPS

WINTER IDF CONFERENCE

A QUICK HISTORY - WHAT IS A BALINT GROUP?

- The Balint group is probably one of the earliest methods of clinical supervision to be provided for family doctors. The group and the method are named after Michael Balint, a psychoanalyst originally from Hungary.
- He and his wife Enid Balint started a series of seminars in London in the 1950s with the aim of helping GPs to reach a better understanding of what they called 'the psychological aspect' of general practice. These were based at the Tavistock Clinic.
- The method consisted of case presentation followed by general discussion with the emphasis on the emotional content of the doctor-patient relationships. The seminar leaders were originally always psycho-analysts: nowadays a group may be led by a family doctor, or a mental health professional or one of each. Whatever their professional background, all leaders need training and experience in the specific Balint method.
- Balint wrote "The Doctor, his patient and the illness" a book that is said to have 'changed the face of British Medicine'.
- Balint Groups are run world wide, especially in Commonwealth countries and USA. On average groups meet for 3 years.

THE PURPOSE OF THE BALINT GROUP

- Although Michael and Enid Balint were psychoanalysts, their aim was not to turn family doctors into Psychotherapists but to help them to become more psychologically aware Physicians.
- Learning to listen with close attention to what a patient was saying, was one of the most important skills which the early Balint group members were able to acquire – in a period when the teaching of what we now call communication skills was unknown.

BALINT GROUPS TODAY - WHAT HAPPENS?

The group members and the leader sit around in a circle and the leader invites members to present a relevant case. Someone volunteers to talk about a patient who has been on their mind. The problem may be that the patient has been emotionally disturbing or just difficult to understand or to engage in treatment. The group listens to the story without interrupting. When the presenter has finished, the leader invites the group to respond to what they have heard. Responses take various forms. There may be questions, advice to the doctor, emotional reactions induced by the patient's story and speculations about what else might be going on. The group leader will gently discourage too much interrogation of the presenter, as the aim is to get the group members themselves to work on the case.

GROUND RULES

- Aim for ability to reflect more on psychological aspects of consultation.
- Completely confidential group
- Role of leader is to facilitate, keep the group safe and focused on the case and to help improve the process of understanding and reflection.
- Most effective when the group remains 'grounded' in a real patient and real doctor.

ENDING THE SESSION

The session ends, like a therapy session, when time has run out. At least one leader will be keeping a discreet eye on the clock. There may be one or two presentations (including follow-ups) in a ninety-minute session. Often the presenting doctor may be invited to have the last word. The leaders may ask for a follow up and thank everyone. They do not attempt to tie the loose ends or give a reassuring summary.

BENEFITS OF BEING APART OF A BALINT GROUP

- The first and most easily obtained benefit is to have a *safe place* where you can talk about interpersonal aspects of your work with your patients. The group will be sympathetic and they will all have been in similar situations themselves. This is a great relief and usually means that when a challenging patient turns up again he or she will seem less daunting.
- I believe that the Balint group experience helps to avoid professional 'burnout'.
- The Balint group encourages doctor to see *their patients as a whole person* who have a life and relationships outside the consulting room. They become more interesting to listen to and easier to help.
- The group members may gradually reach a *deeper level of understanding* of their patients' feelings and their own. They may realise that certain patients or emotions may resonate with what is going on in the own inner and outer lives. This may be causing problems which the doctor can learn to avoid or even to turn to therapeutic advantage.

MY PERSONAL EXPERIENCE

I was a member of a Balint group when I was a GP trainee and have recently joined a local Balint group with a gap of more than 20 years in between. I am finding it as helpful and relevant today as it was when I was new to General Practice and would encourage other practitioners to join a group if the opportunity arose and they felt it might suit them.

Dr Carolyn Barshall
Chelsea General Practice