

Svensk Förening för Medicinsk Psykologi (info@sfmp.se)
inbjuder till

Balint conference
Södersjukhuset, Stockholm
May 4, 13.00-17 and May-5, 9-00 - 12.00, 2013

The aim of the conference

The conference will provide an opportunity for the participants to explore the Balint method, its qualities, potentials and limitations. In small group sessions, participants will be able in strict confidentiality, to share and discuss intriguing doctor-patient meetings. It will also offer an opportunity to explore Balint leadership issues.

Background

- **Why are they called Balint groups?**

Michael Balint (1896-1970) was a psychoanalyst and psychiatrist from Hungary who worked at the Tavistock Clinic in London from the late 1940s to the 1960s. He was always interested in the work of GPs (his father had been a GP in Budapest) and, together with his wife Enid Balint, he started a series of small group seminars for GPs interested in 'the psychological aspect' of their work. In particular, the Balints were interested in the relationship between doctor and patient; the feelings that doctor and patient developed for each other and the many ways in which these emotions could affect the clinical outcome. This work was described in Michael Balint's very influential book, *The Doctor, his Patient and the Illness* (1957)

- **Both the doctor and the patient can experience uncertainty**

Patients, to a larger or smaller extent, have an impact on the emotional and cognitive functioning of the doctor. At times, the impact is obvious, but more often, we are affected in a more insidious way. In fact 'mentally contagious phenomena' in clinical practice seem unavoidable in the doctor-patient relationship. What importance should we attribute to these such influences? And how do we, as doctors, affect our patients with our personal styles, the different ways in which we try to maintain our "comfort zone" in the surgery?

Relationship is indeed a powerful ingredient of healthcare. The doctor's interaction with his patients can be looked on, as a drug in its own right, producing a feeling of safety and hope, reducing uncertainty and anxiety in the patients. But it also has side effects – adverse reactions, poor compliance.

Balint work is about inquiring into the vast area of these issues to the benefit of practice.

- **Uncertainty and the doctor-patient relationship**

The doctor is expected to provide his patients with medical expertise and good medical judgement. But at the same time many of our patients, insecure and worried when they consult us, wish to have their concerns and anxieties about their condition reflected in the face and eyes of the doctor. At the end of the consultation, the patients will, hopefully, feel that they have been understood and adequately examined and treated. The human response of the doctor plays an important part in reassuring them that examination procedures, treatment schedules and prescriptions have been well considered. But to many patients the way the doctor relates goes beyond that. A majority of patients wish, and are better off with, a doctor who is willing to engage in an ongoing therapeutic relationship and take continuing personal responsibility for their health in the widest sense. For some patients it is crucial.

Many doctors find this responsibility too open-ended and limitless. They find it hard to reconcile with other responsibilities to the community, the practice, the health service and not least, their families and themselves. What do these patients want? How far should I go in being their advocate when their demands begin to seem unreasonable? Is this really part of my brief as a GP? The emotions experienced by the GP are complex and contradictory; they include uncertainty, bewilderment, fascination, fatigue and numbness. **The Balint perspective attempts to provide a pragmatic way in which these problems can be acknowledged as a challenge to the clinically committed practitioner rather than being 'swept under the carpet.'**

- **Balint groups today**

Today, Balint groups are available for medical students, postgraduate trainees in general practice, psychiatry and in other specialties, and for established GPs (family physicians). The basic principles and the format remain much the same as in Balint's day. Group members are invited to present patients who are causing them concern or uncertainty. These presentations are given without notes and often on the spur of the moment without preparation. They are listened to without interruption. The group leader will then invite everyone to

discuss the story they have heard.

In some groups the leader will ask for questions of fact to be disposed of first, after which the presenting doctor pushes her chair back few centimeters and listens without taking part for 15 or 20 minutes, before rejoining the discussion. In other groups, the presenting doctor contributes throughout, but the leader tries to protect her from too much interrogation. The idea is for the other group members to reflect on what they have heard and the feelings that the story has evoked in themselves.

The session may end inconclusively; uncertainty is explored but not banished. The group is concerned more with 'what is going on' than with looking for a solution. The presenting doctor will go on thinking about the patient and the discussion, and the next consultation will usually be different as a result.