

## **The legacy of Michael Balint – how did we take care of it in Sweden?**

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Dear Balint friends,

In the late 1970's the first Swedish Balint groups had been working for some years. Before that, the late Lennart Kaij, a prominent professor of psychiatry, University of Lund in the south of Sweden, was inspired by Michael Balint and began to let students have seminars about their first meetings with patients who visited the psychiatric emergency ward often due to acute anxiety, sudden losses with grief, unhappiness, feelings of despair and depression and so on. Those about 6 or 7 seminars during the course of psychiatry were highly estimated by the students. The group leaders were enthusiastic over the motivation of the students and also over their ability to try to understand what the patient really were suffering from and what personal problems the symptoms actually indicated.

Professor Kaij also led seminars over time (about 2-3 years) in the spirit of Balint and those seminars were positively evaluated and highly appreciated by the participants. I remember very well how we (often about 6 psychotherapeutic interested young doctors and psychologists) regularly met every fortnight for two hours and told the others about a new patient and how we thought and felt about the situation, i.e. the symptoms, the dynamic hypothesis, the patient's suitability etc., and how we then – if the patient was accepted by the group – tried to understand among other things the relation between patient and helper/therapist.

This sort of training was at that early time (1975-1980) a sort of basic education for the later formalized study for the psychotherapeutic profession.

For the young students it was necessary to get a better exercise in relating to patients – in the art of listening and meeting the patients' needs not only with medical knowledge but also with a trying of true understanding (not explanation) what all was really about. Inspired by Balint and also by Norman Kagan, the late professor Gerdt Wretmark started courses for students in patient-doctor relations and videotaped talks were discussed in small, secure groups led by specially trained leaders.

This training was called The Kagan-Wretmark course and it was spread over time to most of the medical universities in Sweden (Linköping, Uppsala, Lund-Malmö, Göteborg, and Umeå).

In Sweden there was a growing interest for psychological, psychodynamic, and also psychoanalytical aspects of medicine since the middle of the 20<sup>th</sup> century and the Swedish Association of Medical Psychology was formed in 1959 and became accepted as a section of the Swedish Society of Medicine in 1964.

At the annual national medical meeting (“Riksstämman”) 1982 this section defined medical psychology and presented these various student seminars and one of three Balint groups in Malmö. As moderator I do remember how many listeners there were. We were really positively surprised over the enthusiasm from all those listening colleagues.

In the largest daily newspaper of Sweden (Dagens Nyheter) you could read about the presentation and what a Balint group represents and that all doctors ought to have the opportunity to participate in a Balint group for the best of the patient and the doctor.

The Association of Medical Psychology arranged some popular workshops in the early eighties at Båstad about psychological/psychiatric consultation and supervision including Balint group. The interest for these matters among many colleagues all around Sweden was evident and great.

Lennart Kaij gathered some fifty enthusiasts to the first Swedish national meeting for those interested of and active with Balint activities. It was held at a lovely springtime 1983 in Malmö.

The meeting was summarized in the Swedish medical journal, Läkartidningen. We decided to continue with these sort of national meetings. The next year, in Umeå 1984, Bengt Mattson – today professor of family medicine in Gothenburg - was the local host. Max Clyne was invited and at other meetings we were glad to have, for example, Jack Norell and Michael Courtenay with us.

And so it went on the coming years with national Balint meetings almost every year. I can compress the history and just tell you that until 1998 we carried out 12 national Balint meetings for interested or active, 7 seminars for group leaders and took part in 9 various international meetings.

More Balint groups started and there was a strong need to meet regularly and take part of different experiences from Balint groups, both as a member of a group and as a leader. Competence and skilfulness grew over time.

In order to have a central administration for the various meetings, seminars etc the “Swedish Balint group” voted for Lennart Kaij's proposal, and that was to be a part of the Association of Medical Psychology.

This Association was also a part of the national medical establishment. And that was good!

I was president of the Association for 15 years between 1983 and 1998. We didn't always have the wind behind us – instead there was often stormy weather, especially in the beginning – the establishment was sceptical to these forms of student seminars, Balint groups, talks about listening to the patient with a third ear, with empathy and the need to handle one's own empathic reactions. It was a

matter of relevant competence and the need to increase it.  
So it was all formally completed 1985.

We decided to let the responsibility for Balint activities be handled in the Association by a special subsection with a new board member for Balint matters.

And some colleagues were really key-persons in this work for the coming years – Conny Svensson, Helga Sjöström, Monika Björklund, Lars Härdelin, and Henry Jablonski.

We got membership of the International Balint Federation 1986.

Many times at various occasions, for example at the annual medical meeting (Riksstämman), we presented Balint group in Live – on stage – often by key persons like Anita Häggmark and Peter Molin. These demonstration groups were always popular and the silence was compact in the large conference room – a demonstration per se of active listening!

Small seminars for experienced group leaders were also held regularly by the Balint subsection.

Lena Karlberg, Conny Svensson, Helga Sjöström and others arranged 1989 in the name of our Balint section, within the Association of Medical Psychology, our first international Balint conference.

Our recurrent Balint meetings have been the cornerstones regarding the growth of Balint activities in Sweden – and they still are. Their continuity must be secured!

Our section of Medical Psychology, within the Swedish Society of Medicine, has during the last seven years grown due to co-operation with and integration of some other associations, namely the psychoanalytic and psychosomatic ones.

We still have an active Balint responsible. I think that is quite necessary.

Between 1995 and 1999 we were represented in a big Swedish quality project carried out by The Swedish Council on Technology Assessment in Health Care (SBU) regarding patient-doctor relations and we collected everything we found in various data bases about evaluation of Balint groups all over the world. There was a severe analysis of the papers we found and not many really had enough scientific qualities. But – the project group (editor Professor Jan-Otto Ottosson) drew another conclusion than SBU itself did, namely that if an activity all around the world has been going on year after year and all you read about it was how overwhelming good, useful and important for the whole doctor and their patient-relations participation in a Balint group was – then it is difficult to agree with the conclusion that there is no evidence at all that Balint group work – and participation in Balint groups - has any effect.

More research must be done and has been done since then and continues to do so.

Balint himself – as we know, there was no “Balint group” at his time! – changed his seminars and he evaluated the importance of the mutual selection interview – and found how important true motivation and personal suitability was.

However, he also meant that perhaps he had been too severe and that perhaps you must be very open for what are the needs of the individual doctor – and that participating in a Balint group also means personal - in any case professional - support.

I think that you could use the way of reflection in a group of colleagues - as Balint taught us - in order to analyse the relations to patients due to psychology and ethics.

But there must be a high standard – a good enough competence! - regarding group leaders. Therefore it is most interesting to hear about various experiences of group leader training – Anita Häggmark has led and completed a two-year education for group leaders – now the second course is just finished.  
That’s really a good thing for our country!

It’s also a good thing – perhaps a necessary one - to have some sort of Balint section or national association for our country with our 9 million inhabitants, 6 medical universities and 36 000 doctors, with the aim to organize annual meetings for interested and leaders and also for those who are responsible for the economics and the basic training. The cries for better doctor-patient relations are still loud and the number of frustrated and tired doctors is increasing.

Becoming a doctor with competence regarding a good partnership with the patients demands training over time.

Balint activities represent good care of the doctors. Without that point of view the doctors risk to be – sooner or later - frustrated, tired and even burned-out. A good care of our doctors gives a reliable and good base for good care of our patients.

Good enough is enough.

Since long time ago we know that we - as doctors - must do everything not to hurt our patients, but try to do good things.

What Michael Balint has taught us - in various ways, through the years and by many devoted colleagues - is something very good – and it’s our responsibility to continuously take care of that.

Thank you.

