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WHO WOULD LIKE TO PRESENT A CASE? A BALINT GROUP EXPERIENCE

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ABSTRACT

In the middle of last century the psychoanalyst Michael Balint established a theoretical and applied model for work in a small group on the specific needs of general practitioners.

The **aim** of the study was to investigate the participants' readiness for being included and working in a Balint group.

Materials and methods: The study was based on the quality method — a focus group.

Results: Inclusion in a Balint group was voluntary. During the discussion the physicians said that they felt at ease among the other members of the group, although this type of presenting a case was not familiar to them, but it had a positive effect on their everyday practice.

Discussion: The results obtained in the focus group fully corresponded to those reported in publications from countries with an already established tradition to work with Balint groups.

Conclusion: First attempts to apply the Balint method in our country are being made. The group process aids in improving the doctor-patient relationship, which results in greater professional satisfaction.

Key words: Balint, general practitioners

INTRODUCTION

In the middle of last century the psychoanalyst Michael Balint established a theoretical and applied model for work in a small group on the specific needs of general practitioners.

General practitioners consult patients of different ages that manifest a diversity of symptoms. In the surgery, a patient with a «trivial» disease may be followed by a patient with a severe disease at an advanced stage. Other peculiarities of the work of general practitioners include working alone, providing attendance to patients at the outpatient's clinic for long hours, making home calls, and having limited funding at their disposal. Studies have showed that the duration of a consultation is less than ten minutes, and for that reason one of the classical monographs on consultations in the general practice has been entitled «Six Minutes for the Patient».(1)

Balint suggests the metaphore «drug:physician», having in mind the fact that the patient responds not only to the pharmacological substances, but also to the physician's personality, to the atmosphere created by the physician and to the implications of the interactions between them. (2)

The physicians also react to the patient's personality. These facts are typical of each consultation between a doctor and a patient, but the doctor-patient relationship is a key one for the general practice - it involves many years of duration and information regarding not only health problems but social and psychological aspects as well.

The Balint group achieves its results by presenting cases from family practices. The groups involve 8-12 medical specialists holding regular meetings once or twice a

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month in the course of several years. Interrelations based on mutual respect are established between the members in the group; the professional ego is developed.

The doctor-patient relationship is in the focus of attention. In the Balint group physicians get together, one of them presents one of his/her cases, the group generates ideas, imaginary situations without following any algorithm: the group is a simulator of the complex emotions associated with health problems. (3)

Working in the Balint group helps the presenter of a case to view the situation, in which he/she was together with the patient, from a new angle and helps him/her to understand it in a different way. A requirement for the group sessions is to keep confidentiality, never to criticize or cross-examine the presenter. The doctors talk informally about the way they experience the interactions with their patients, present their own reactions, distress, frustration, insecurity, surprise. The members of the group are encouraged to get involved in the situation to its full depth and discuss it without the pressure of "right" or "wrong", of judging, giving advice or making decisions.

And right away the question arises – what are the benefits from an activity that does not involve in making decisions or giving advice?

The Balint groups use a psychological approach through which a personality development is achieved. General practitioners find their own restrictions and the stereotypes they have created to react in one and the same way to a given type of patients or situations, as well as realize their own strong sides; thus, their behaviour turns into a tool.

The aim is to develop the physicians' skills to cope with the patients by controlling at the same time the degree of their own emotional involvement, and transform the insecurity and difficulties associated with the doctor-patient relationship into understanding of their importance and using them as a therapeutic tool.
Personality development is achieved in the Balint groups but these groups are not meant to be used either for any psychotherapeutic interventions regarding the participants, or for training them as psychotherapists.

At present, the Balint groups are an internationally acknowledged method. National associations have been established, which are included in an international Balint federation (4) /the Bulgarian Balint Society is also in the process of being registered/.

In the United States and Germany the method is a compulsory part of the postgraduate training of general practitioners, as far as the psychological aspects of their work are concerned. Discussions have been held in EURACT (European Academy of Teachers in General/Family Medicine) to recommend its application in all countries, in which academic specialization in general medicine is provided. (5)

The Balint method has no traditions in Bulgaria. After the health care reform and the introduction of general medicine as an independent medical speciality, with training provided at an undergraduate and postgraduate level, the method itself has been presented, but groups are formed only at the subjective wish of general practitioners. Limited is also the number of qualified group leaders of such groups, as well as of the individual groups formed in the country.

The **aim** of the study was to investigate the attitude towards inclusion and work in a Balint group.

MATERIALS AND METHODS:
The study involved a focus group in which a deeper realization and understanding of the motifs of each participant could be achieved. The focus group, being a quality method based on group interview, dealt with impressions, attitudes, convictions and experience.

The moderator encouraged the group to discuss topics related to the motivation for inclusion in the group, as well as the implications of the work in the group for the participants' everyday practice. The focus group for this study included five of the members of a Balint group formed in February 2010. The members were chosen among the general practitioners in the region. At the first meeting the Directions for work in a Balint group were presented to ten GPs, eight of which remained in the group – it held regular sessions once a month.

RESULTS
The participants in the focus group were predominantly women (4) and there was one

man. The average number of years of experience as general practitioners was 6.4 years. Four had a speciality in General Practice, and one was a specializing physician. Two members of the group had also a speciality in internal medicine.

Their inclusion in the Balint group was on a voluntary basis, after having been persuaded by a colleague whom they trusted and even accepted as a friend.

During the discussion the physicians said that they felt at ease with the other members of the group, although not being familiar with and accustomed to this type of presenting a case. They had certain restrictions with confiding about associations as well.

Most frequently, though, the difficulties arose from the fact that the problems with the patients were due to external causes — social and economic factors, as well as ones related to the way the health care system was organized in our country. In that sense the difficulties in the doctor-patient relationship were objectively determined, so they were not easy to solve even by the most adequate subjective behaviour on the part of the physician.

In spite of that, all participants were of the opinion that the work in the groups brought about changes in their everyday practice. They mentioned the following positive results: “I do not bore my friend with my patients' problems any more...”; “I became more careful with my patients and more satisfied with my work.”; “I understood that I was not the only one who worried about things like that...”; ”I started understanding my patients better.”; “I got back to MY work.” In general, the participants were of the opinion that although being strange, the way in which the cases were discussed gave results, in spite of the lack of preceding theoretical training and readiness for psychoanalytical thinking.

Two of the participants confided that they had come expecting a direct psychotherapeutic support for themselves.

DISCUSSION

The investigations of Balint groups, which represent the psychological approach, are carried out mainly through descriptive qualitative methods. A direct interview (with a subsequent phenomenological analysis) showed the main results that are thought to have been achieved by participants in Balint groups in Sweden: increase in emotional competence, development of professional identity and satisfaction. (6) A study involving general practitioners in Austria included in a Balint group that had been working for a period of five years, showed decrease in professional distress. (7) In Australia Balint groups work on a voluntary and informal basis. Their experience also confirmed that the method is appropriate for the general practice and the specific doctor-patient relationship. Work in the groups is not didactic and takes into consideration the personality aptitude of each participant by improving the ability to cope with difficult situations, reducing professional stress and increasing professional satisfaction. (8) A. Lichtenstein and M. Lustig pointed out that the main advantage of the method is the understanding of the feelings and thoughts of both doctor and patient, which expands the possibilities to use alternative types of behavoiur appropriate for the existing therapeutic situation. (9)

The analysis of the activities of the American Balint Society based on feedback information showed that general practitioners accepted the group as space in which they can experiment and clarify their own role in the patient-centered approach. (10)

A study carried out with the help of a specialized set of tools, the Psychological Medical Inventory, found positive changes in participants in Balint groups in all aspects – degree of interest; capability and confidence in one's own ability to work with the psychological aspects of the health problem; ability to establish an effective doctor-patient relationship and to realize one's own feelings and needs. (11)

Not all physicians benefit from the work in a Balint group; there is a risk of disrupting the group dynamics, so the leader is advised to make an introductory interview. (12)

The results obtained in our focus group were consistent with those published in countries, which have an established tradition in applying the Balint method.

CONCLUSION

At present, first attempts to apply the Balint method in our country are being made. A specific peculiarity is the lack of tradition not

only regarding this method, but also with respect to the application of psychological methods in medical practice. General practitioners, who work in our country mostly in individual practices, have no organized forms of discussing their work, of debriefing and supervision. The participants in the group had some information, rather than knowledge of the Balint method as theory and practice; they had no experience in psychodynamic thinking. The general practitioners agreed to be included in a Balint group after they had been advised to do so by colleagues of theirs. The group process aided them in improving their relations with the patients, and consequently increased their professional satisfaction; their readiness for working in a Balint group was positive and stable.

Restrictions of the study: The small number of participants.

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