

Peer support: Balint groups as reflective space for GPs

Dr Marion Lustig

The Balint group is a specific style of case discussion group for GPs. As an experienced and enthusiastic leader of Balint groups, I am convinced of their unique value in GP professional development. I believe Balint groups deserve wider popularity in Australia.

1. What is a Balint group?

The Balint group is an educational activity for GPs, named after the psychiatrist Michael Balint who worked with groups of GPs in London in the 1950s and who wrote the well-known book "The doctor, the patient and his illness" (Balint, 1964). A Balint group consists of a small group of practicing GPs who meet regularly to discuss their cases, with a focus on the psychological aspects of general practice and, in particular, on the doctor-patient relationship. A Balint group trains GPs to deal better not only with mental health issues but with many of the other challenges of general practice. It addresses GPs' unique and specific needs, provides enormous professional support and often has a dramatic impact on participants' professional satisfaction.

Since Balint's pioneering work, there has been much development of the Balint group method. Although Balint groups have not been popular in Australia, the Balint approach is well-recognized internationally. Balint groups and societies operate in many countries and there is a substantial literature, including some research.

In his book, Balint introduced the concept of "the drug, doctor". By this he meant that the patient responds, not just to a pharmacological substance, but to the person of the doctor: the atmosphere the doctor generates and what the interaction means to both of them. A Balint group is a way of learning about how to understand and skillfully utilize the doctor patient relationship.

2. What happens in a Balint group?

Balint groups are generally ongoing with the same group of participants and leader over an open-ended period of time, often for about two years, meeting once a week or fortnight. The meetings may last 1½ hours. Two cases may be discussed at each meeting and the GPs are also encouraged to bring follow-up reports of cases previously discussed. Any patient can be presented, not just patients with mental health diagnoses. A case may have given the presenter cause for thought, distress, surprise, difficulty, puzzlement or uncertainty.

The doctor is encouraged to present the case in an informal, spontaneous manner and without notes. They attempt to convey the essence of what they are finding difficult in a relatively brief presentation, and to include their own feelings and reactions. Spontaneous responses including metaphors and other associations are encouraged. Then the group explores their understanding of the case, with particular emphasis on the doctor-patient relationship. The leader facilitates participation by all group members, particularly encouraging speculation, creativity and risk-taking without the pressure to be "right". It is important to protect the presenter from being interrogated, put on the spot or attacked. The aim is to understand, not to judge. Sometimes a discussion will be more productive if the presenter does not participate at the outset. The group then has to work with the invariably limited information that has been presented, which of course mirrors the reality of general practice.

In the group discussion, diverse views about the dynamics of the case often emerge and invariably in my experience, careful listening to the material reveals how much more can be understood than in the presenter's initial understanding of the case. I am constantly amazed at how much insight the group can bring to a situation and I guess this is because we all bring to our work our varied personalities, life experiences and blind spots. The idea is to understand the situation in a deeper way rather than to find solutions or give the presenter advice.

3. Why Balint groups?

One might well ask why one would participate in an activity which doesn't offer solutions or advice. It all seems a bit mysterious and airy-fairy. Isn't it just a self-indulgent opportunity to whinge about impossible patients? Or is it a form of group therapy for doctors? Or does it aim to turn doctors into second-rate psychiatrists? The answer to all

these questions is a resounding no!
Here is what I think a Balint group offers:

(i) The Balint approach values and addresses general practice as a unique discipline.

GPs may be well informed about psychiatric diagnosis and treatment, including the treatments mandated by the new government mental health initiatives, but with many patients they may have difficulty in putting this knowledge into practice. Some of this difficulty is because their knowledge is often not straightforwardly applicable in the primary care setting. Because the Balint group is specifically focused on general practice, it takes seriously the uniqueness of the general practice setting which creates particular challenges.

For example: patients often present symptoms which are not part of a recognized disease entity; GPs have to consider complex interactions between mind and body; they often carry ultimate responsibility for patients whose difficulties cannot be circumscribed by any one specialty; and of course they work within very real time constraints. The GP cares for patients who may elicit such feelings as frustration, boredom, dislike and despair, who do not comply with treatment or who seek help for obscure maladies. The Balint approach focuses on these kinds of difficulties rather than on specific diagnoses or symptoms. It encourages the capacity to understand the meaning of a patient's behaviour and symptoms. Without this kind of understanding, there are many patients in general practice who are difficult to help. Conversely, there are many patients who are best helped in a general practice context with its advantages of continuity of care, integration of the psychological and the physical and knowledge of the whole family and community.

Balint group participants develop increasing respect for the specialty of general practice. They realize how much it is an art as much as a science. They increasingly appreciate the opportunities general practice presents to engage with patients as people in really meaningful ways.

(ii). A Balint Group offers support for its members.

GPs typically have little or no opportunities to share their experiences with each other. CME activities rarely involved detailed disclosure of their work with individual patients. They often have little sense of how emotionally difficult and challenging their work can be and how much their colleagues may be facing similar difficulties. In a Balint Group the members grow to trust each other and share their difficulties and gain tremendously from the mutual support this offers. The sharing of feelings elicited by patients is in itself tremendously supportive, although this is not the main reason for encouraging GPs to express such feelings - it is with the aim of using their feelings and responses to patients to understand and help their patients better.

(iii) A Balint group fosters professional development in its members.

Over a period of time a GP in a Balint Group will become increasingly skilled at engaging with a wide variety of patients and in using the doctor-patient relationship effectively. The GP may become aware of their particular blind spots which create habitual and unhelpful ways of responding to particular sorts of patients or situations and become freer to respond more accurately to the needs of the patient. Participants are taught how to use their own feelings and responses to the patient to understand their patient better, rather than their responses becoming sources of stress or acted on in unhelpful ways. The GPs become able to treat a wider variety of patients than before and do so more effectively and with less personal stress. The boring patients become interesting and the difficult patients become a welcome challenge!

4. Leadership

The group is facilitated by a trained leader. The leader must be knowledgeable about both psychological processes in individuals and in groups and also about the unique setting of general practice. In Australia up until recently, they have mostly been led by psychiatrists. Overseas, although Balint group leaders were initially psychoanalysts, currently interest among psychoanalysts has been very small, and leaders have in recent years mostly been GPs themselves. GPs often, however, co-lead groups with someone from the mental health field, and working with a co-leader can greatly enhance the leaders' capacity to hold the boundaries of the group, keep the group appropriately focused and make best use of the group process. Training for Balint leadership generally involves one or more of the following: substantial experience as a group participant, working with an experienced leader as a co-leader, supervision from an experienced leader, appropriate reading, and attendance at leadership workshops ii Some

countries have formal accreditation procedures for Balint group leaders iii .In Australia there are no formal training programs and in my experience the term Balint group has often been used very loosely and erroneously to refer to any small group discussion for GPs where mental health issues are the focus.

5. Administration and context of Balint groups in Australia

Balint groups in Australia may be run privately where the participants pay the leader, often a psychiatrist, or through Divisions of General Practice or primary mental health teams. They may attract three types of CME points: Category 1 CME points (20 points for a small group learning cycle of 8 hours); Category 2 points at 2 points per hour; and mental health points.

There are a number of ways of offering doctors a "taste" of Balint work. Firstly, a Balint group may be included in an ongoing course which runs weekly or fortnightly, usually one with a mental health focus. Secondly, GPs can be offered perhaps four or five Balint group sessions as part of a conference that lasts at least 2 or 3 days. Or several sessions of Balint group experience can be incorporated in a stand alone Balint conference. Finally, a so called "fishbowl" or demonstration Balint group can be offered as part of a workshop or conference: a self-selected group of doctors participate in a one-off Balint session with an audience.

Finally, there is the use of Balint groups in GP registrar training . This has been very successful in some overseas countries such as the U.S.A. and Germany but has not been done a great deal in Australia iii.

I feel that this is a timely moment in Australia for the development of Balint work, for many reasons.:

- There has been an increased focus on mental health issues in the general community, such as Beyond Blue .
- The government in its 2002 mental health budget initiatives has increased funding for GPs treating patients with mental health problems.
- There has been an increasing awareness of the health of doctors themselves.
- The RACGP has recognized the value of small group learning experiences and explicitly encourages them in its latest Continuing Medical Education requirements. .
- Many GPs in Australia feel undervalued and demoralized.

Both Beyond Blue and the government mental health initiatives mandate the use of the time-limited specific treatment modalities of CBT and interpersonal therapy. In my view these have a useful but limited place in general practice and often do not address what GPs in their practices find most difficult.

It is often difficult to get a group started, although participants in a well run group will usually become enthusiastic and committed. Reasons for this include:

- GPs are often overworked, and as a group feel undervalued and underpaid, so they are often reluctant to find the time;
 - There has not been a culture among GPs of anything much resembling what we call supervision;
 - Most CME activities do not involve detailed self disclosure of the participants' work;
 - The vast majority of CME activities do not involve an ongoing commitment;
 - Cost may be a factor: many CME activities are sponsored by either Divisions of General Practice or drug companies and do not involve a charge for the GPs; and
 - Although many GPs have heard of Balint's book, most are ignorant about what Balint groups are;
- Perhaps the culture of medical education and indeed the personalities of doctors impact on doctors' willingness to participate in Balint groups, which challenge a doctor's position of being the one with all the answers.

About the author

Dr Marion Lustig is an experienced Balint group leader. She is a former GP and a trained psychoanalytic psychotherapist. She has done Balint leadership training overseas. She is keen to promote Balint work in Australia and would be interested to hear from anyone running or interested in Balint groups. She is interested in leading Balint demonstration groups or Balint groups as part of workshops or conferences. She can be contacted on 03 95715111 or mlustig@optusnet.com.au

Resources

Michael Balint, *The doctor, the patient and his illness* (London, Pitman, 1957; 2nd edition Edinburgh, Churchill Livingstone, 1964, reprinted 1986).

Elder, A. and Samuel, O., *While I'm here, doctor: a study of the doctor-patient relationship* (Tavistock, London, 1987).

Salinsky, J. and Sackin, P., *What are you feeling, doctor? Identifying and avoiding defensive patterns in the consultation* (Radcliffe Medical Press Ltd., Oxon., 2000)

Websites:

American Balint Society: <http://familymed.musc.edu/balint/index.html>

Balint Society (U.K.) www.balint.co.uk

Footnotes

I Balint, op. cit.

II For example, the American Balint Society runs excellent Balint Leadership Intensive workshops twice each year.

III For example, American Balint Society website, op. cit.

IV Dr Sam Heard has run a registrar group by teleconference in the Northern Territory. The author is running a group for registrars in Melbourne.

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This article was originally printed in PARC Update October 2003