

Section 2. What is Balint?

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Michael Balint was a practising psychoanalyst who made a number of important contributions to psychoanalytic theory. However, he also has a worldwide reputation as a pioneer of the regeneration of general practice in the 1950s. Like his Hungarian mentor, Sandor Ferenczi, he felt that there was an urgent need to make some of the insights of psychoanalysis available to all doctors and health workers. He did not want them explicitly to learn psychoanalytic theory and language; however, he did want them to learn to listen to their patients with close attention and emotional awareness.²

The case discussion groups that he and wife Enid Balint started at the Tavistock Clinic in London (see Appendix 1) came to be called 'Balint groups' and the phrase 'Balint work' was used by Enid¹⁹ to describe what went on in the groups run by the Balints themselves and their followers. Subsequently the word 'Balint', still capitalised but standing alone, came to be used to refer to various aspects of the phenomenon.

There are a number of ways in which 'Balint' can be defined. The most tangible, and distinctive, is what we might call its *choreography*: how the group works, and the way a group is led. In the group sessions, doctors present current cases from memory that may be puzzling or disturbing to them. The group is run in a participatory and non-directive way, where the aim is to understand the patient's problem rather than find specific solutions to any difficulties. Interruptions from the group are discouraged until the presenter is finished. Then participants are invited to speculate on what might be happening. Great emphasis is laid on the confidentiality and openness of the group. The skills of the group leader are of key importance. His or her job is to facilitate the group, not instruct, and to ensure the safety and progress of each group participant.

The choreography has a history. For example, in the UK, the requirement that group leaders be trained in psychoanalysis (a stipulation that still applies in many European countries) has softened. Currently, leaders should have experience of a Balint group and training in leadership skills. More focus, too, has been placed on understanding the stresses faced by the doctor.²⁰ The longer consultations, more appropriate to psychoanalysis, have also been trimmed to dovetail with the needs of general practice.²¹ Currently, discussion as to whether Balint teaching might also illuminate an understanding of the organisational framework within which GPs work (as a nurse educator outlined at a Balint leaders' group that several of the authors attended) may be salient. How far, too, might the approach be applied to understanding doctors' difficulties with a trainer or hospital administrator, or interpersonal tensions within a practice, without detracting from Balint's focus on the doctor-patient relationship? History cannot be fixed; matters will continue to evolve.

Woven into the choreography are the *hopes and aspirations* of Balint training, many of which resonate with other group work. *Inter alia*, Balint aims to: deepen an awareness of those processes that might hinder doctors' own understanding of their patients; to encourage problem exploration rather than problem solving; to strengthen GPs' ability to tolerate ambiguity and conflict; and to nourish them at a time when general practice is again perceived by some to be at crisis-point. Important, too, is the educational goal of enabling patients to understand any emotional conflicts that may underlie their presenting complaints.

Finally Balint is also a *body of ideas*, variously interpreted. But ideas don't arrive in sealed compartments. Orthodox psychoanalysis since Balint's time is less prevalent and has been to some extent replaced by an array of theories under the influence of feminism, Marxism, behaviourism, structuralism, linguistics and semiotics, many of which allow social factors a more significant role than did the Freudians.²² Contemporary Balint groups for GPs are in any case less tied to theory. Practitioners, 'with mixed intentions and mixed experiences of the approach',²³ have traditionally learned the craft 'by osmosis'. Most Balint groups draw broadly on the role of the unconscious, alternative meanings, symbolism, transference and ambivalence (however such terms are interpreted) in understanding the doctor-patient encounter. Therefore, what Balint 'is' is likely to be neither simple nor self-evident, but a subtle matter of interpretation, depending on the context in which it is employed. Whilst choreography, hopes and ideas are analytically distinct, Balint practitioners experience them holistically; the doing is the being, a way of dancing an attitude to life, as the following short extracts from written vignettes and interviews explain. The Balint approach is a source of pride, commitment and intense loyalty, and the encounter with Balint was often transformative. Yet there are also some concerns about its future, and it is to these multiple possibilities that we shall turn in a subsequent Section.

What Balint means to me: 'you love what you do'

As a single-handed GP I joined a Balint group in the first year . . . it enabled me to learn a whole new language of understanding and to tolerate risk and uncertainty in a completely new way. . . . So now in reflection I can say that Balint work was part of my professional life almost from the start and so, like blood in the veins, I hardly give it a thought but would be dead without it.

(Retired male GP and course organiser)

I found a Balint group was very effective in helping me get on better with ordinary GP patients

whom I found difficult. In particular it helped me to understand why some patients made me feel so angry with them. . . . I enjoy doing Balint with the registrars. It can be very frustrating when they won't risk looking at the patient's feelings, but very rewarding when they decide that the patient is a human being after all.

(Practising male GP and course organiser)

Balint is integral to general practice for me. It is about listening to the real message that patients are bringing and understanding them. . . . But I do have concerns about Balint now. I've been very cross in my time with traditionalists who insist that Balint groups should be exactly as the great man ran them. I disagree, but then worry about how 'modern' you should go and still call it a Balint group. . . . I wonder if we should throw in our lot with everybody who believes in patient-centred medicine and celebrate our similarities and differences, rather than hang on to our tiny piece of territory.

(Practising male academic GP)

With a young family and inadequate child care, the thought of having to delve into my patient's problems was too much: 'I haven't got time for that sort of thing.' What a mistake that was! . . . To say that Balint enriched my professional life is an understatement. It enabled me to enjoy what could have been a gruelling job, and I'm sure prevented the dreaded 'burnout'.

(Retired female GP)

I'm not all that pessimistic about the place of Balint training today. I've heard this story about the Balint Society being in crisis now if not for 50 years then 40! I think a lot of people who are Balint trained are very sad that we seem to be such a small percentage. They would like to spread the joys as it were, but the profession seems unreceptive.

(Retired male GP)

It's developed in my mind as a different way of doing medicine. It's the understanding of what the patient's complaint is: if you really work hard enough to understand that, then the patient has a sense of being understood, which is therapeutic to start with.

(Retired male GP)

It's always been the most important part of my general practice I think. It illuminates everything you do up to a point in general practice.

(Retired female GP)

Balint groups in general practice training

Vocational training for general practice began in a formal way in the United Kingdom in the 1970s. Trainees taking part in the three-year programme were provided with a half-day (or in some cases a whole day) in which they were 'released' from hospital or practice to join their fellow trainees in a weekly education session. The programming of these sessions was in the hands of 'course organisers': experienced GPs who were expected to have group facilitation skills as well as enthusiasm for education. In the London area, a number of these course organisers had been in Balint groups and were keen to introduce Balint to their pupils. As Balint groups for established practitioners waned in Britain, the vocational training groups became the majority. The Balint Society took on the responsibility of helping its course organiser members to train as Balint leaders. Training consisted chiefly of working as co-leader with a more experienced Balint leader (perhaps a psychotherapist) and discussing the group process after each session. The Balint Society Group Leaders' Workshop (led initially by Enid Balint) also provided a forum for leaders of trainee groups to present transcripts of their group sessions for discussion and advice.

The leaders of the 'Highville' group (described in the case studies in Section 4) are both course organisers who had been trained as Balint leaders in this way.