**Introduction**

WHERE DOES BALINT GROUP ORIGINATE FROM?

Michael Balint, a Hungarian born psychiatrist and psychoanalyst, together with his wife Enid, a social worker and psychoanalyst, developed Balint groups in London in the 1950s and 1960s.

The Balints viewed the doctor as part of the treatment offered to the patient, not just the person delivering the treatment. While the method was originally developed for general practitioners, the Balint model has been usefully applied to medical specialties and other helping professions. In Dudley & Walsall Mental Health Partnership NHS Trust, Balint Group is open to all trainee doctors who are on placement in the Trust, and is part of their teaching programme.

WHAT HAPPENS IN BALINT GROUP?

The group usually consists of five to twelve trainee doctors and two or three co leaders. The one hour session begins by one of the participants offering to present an interaction between themselves and a patient who is, for one reason or another, is causing them difficulties or concern. The case is presented briefly and informally without notes, emphasizing the doctor-patient interactions and including the presenter’s feelings and reactions. The group then discusses the situation he/she presents, with an eye to the importance of what the patient is trying to communicate – probably unconsciously – to their care-provider. The group members try to describe how they might feel from both the doctor trainee’s and the patient’s perspective.

Most likely the trainee doctor will come to see what has been his own unconscious participation in the scenario their patient has brought about. He/she perhaps will also become aware of some of their own personal conflicts that have tended to involve them in the enactment, but these remain private and do not usually come to the attention of the group. With this new understanding the presenter is then better able to deal with the difficult clinical situation.

There is no attempt to find the ‘right’ answer, or offer solutions. Instead, the presenting doctor is free to use the group’s reflections in any way and to make their own decisions about their ongoing involvement with the patient. The atmosphere one in which participants may talk freely and spontaneously, without pressure to be theoretical or diagnostic.

Balint group runs weekly and participation in can be between four months to a year of years, dependent on how long each trainee is on placement with the Trust.

**Results**

The Balint Group is evaluated regularly and the outcomes are presented as follows:

**YAKELEY QUESTIONNAIRE**

The Yakeley questionnaire (Yakeley et al., 2011) is a qualitative questionnaire that asks a series of questions about the emotional aspects of the doctor-patient relationship. The questionnaire ascertains whether the participant has become aware of the significance of the relationship between the doctor/student and patient, that they recognise the feelings which were evoked by the interaction with the patient and are able to use these for the benefit of the patient, that they can be aware of the emotional meanings of the patient’s physical symptoms, and are aware of his or her own limitations.

All trainee doctors are asked to complete this questionnaire at baseline (before Balint group) and after.

Twenty two trainee doctors completed the pre and post Yakeley questionnaire (Yakeley et al., 2011) between August 2012 and August 2014, the scores pre and post Balint group participation were analysed and the mean difference in score is reported in Table 1 below.

<table>
<thead>
<tr>
<th>Mean Score</th>
<th>Pre</th>
<th>Post</th>
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<tbody>
<tr>
<td></td>
<td>4.5</td>
<td>6.5</td>
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Table 1: Means scores for pre and post Balint group participation

There was an increase in the average of scores by two points after participating in the Balint group.

**BALINT GROUP EVALUATION FORM**

Participants were asked to complete an evaluation form to determine the efficacy of the Balint group. Feedback was collected in qualitative form. Table 2 below shows a selection of comments collected from the feedback forms regarding the content of the Balint group.

<table>
<thead>
<tr>
<th>Please briefly indicate the most significant (to you) thing you have learnt in the group</th>
<th>To deal with own feelings -Communication skills -Exploring why I feel a certain way with patients -Better understanding of transference and counter transference -Developing therapeutic relationships with patient -The doctor-patient relationship can affect consultation to reflect on my feelings to improve relationship with the patient</th>
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<tr>
<td>Is there anything you have learned about yourself during the group</td>
<td>Identify why a patient is distressed or can’t cope with difficult emotions to help manage the situation more effectively -it has helped me to cope with my own anxieties -build up good therapeutic relationship -Understand the patients feelings and behaviour from their point of view and in context of their background</td>
</tr>
<tr>
<td></td>
<td>-I enjoy exploring how/why patients present in the way that they do -at risk of making assumptions about people -Transference of feelings from patients -it is important to.debride and discuss difficult cases -I have learned how to reflect after consultations with my patients. I need to work more on changing my practice following that reflection</td>
</tr>
</tbody>
</table>

Table 2: Qualitative feedback regarding content of Balint group

**Conclusions**

- Improvement in the overall mean scores on the Yakeley questionnaire by two points, when comparing pre and post scores.
- The participants developed some awareness of the significance of the doctor patient relationship and the impact of the emotional interaction with the patients, as captured by the Yakeley questionnaire (Yakeley et al., 2011).

The qualitative feedback collected about the content of the Balint group suggests:

- Participants did develop learning in the significance of the relationship between the doctor and patient
- They did recognise the feelings which were evoked by the interaction with the patient and are able to use these for the benefit of the patient
- They are aware of the emotional meanings of the patient’s physical symptoms
- Are aware of his or her own limitations.

**LIMITATIONS**

- Assessing the Balint group through a questionnaire is tests knowledge only at an intellectual level.
- Our ideal answers to questions may have assumed a greater potential in students for learning about doctor patient relationship than possible after so short an exposure to psychotherapeutic teaching

**CONCLUSION AND FUTURE DIRECTIONS**

Balint group may help:

- Trainee doctors to learn about the doctor-patient relationship
- Trainee doctors to learn about emotions in medical illness
- Support trainee doctors at time of transition
- Increase recruitment into psychiatry
- Promote more psychotherapeutic psychiatry
- Encourage all medical schools to set up similar teaching methods and evaluate/research them

**References**