Balint groups – helping trainee psychiatrists make even better use of themselves

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Abstract

Objective: The paper presents a pilot study of Balint group work to establish it as a potential training tool in psychiatry. The aim was to test whether, in the training setting, it was possible for a cohesive group to form, such that trainees could make use of a Balint group experience.

Method: Nine psychiatry trainees were offered three 90-minute Balint sessions and provided written feedback.

Results: The trainees reported unanimously that group participation was a positive and worthwhile experience. They began to feel supported by their colleagues and experienced the method as an effective way to manage stress and anxiety. They reported that they experienced doctor–patient interactions in a different way, which appeared to correspond with a greater understanding of the patient’s experience.

Conclusions: The pilot suggested that, within the public health training setting, a cohesive group could form such that trainees were able to make use of a Balint group experience. It suggested that this practice could be beneficial in managing the stresses, isolation and intense feelings of working with patients in this setting. The feedback indicated that the group helped trainees ‘think differently’ by fostering self-awareness and so furthered their development of psychodynamic skills.

Keywords: balint groups, reflective practice, psychiatry, psychological skills

Michael and Enid Balint developed Balint group work in the 1950s with the intention of helping general practitioners gain psychotherapy skills. They discovered that general practitioners could make use of psychological concepts without being psychotherapists. They noted significant changes in the way they felt about and practised their work, with flow-on effects to their patients. We believe the application of this idea represents the development of psychological skills that would be useful to the training of a psychiatrist.

Balint group work is a form of clinical reflective practice that uses group discussion to develop a deeper understanding of the doctor–patient encounter. Under the direction of one or more trained Balint group leaders, one participant presents an account of a perplexing or troubling patient encounter. The presenter is then invited to hand their case over to the group and move out of the discussion circle. The group’s task, directed by the leaders, is to speculate on the experience of both the doctor and the patient. Theoretical models, advice and opinion are all kept out of the discussion. This allows the presenter to observe their interaction with a patient being thought about or imagined from many different angles. Each group member is encouraged to bring their own personal perspective to the discussion as they wonder about the experience of the patient or presenter. The observational position the presenter takes outside the group is an opportunity for a powerful and informative reflective experience. At the leaders’ invitation, the presenter re-joins the discussion before the conclusion of the group and may share some of the experience before the discussion continues. The group experiences group dynamics at work, parallel process, transference–countertransference and various forms of identification.

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In psychiatry, training is usually offered in groups; however, attendance ranges dramatically from week to week, due to work pressures, leave, overtime and other factors. In groups that run weekly, the attendance could be completely different from one week to the next. Punctuality is requested, but lateness is accepted as normal. Because Balint group work requires the members to do the emotional work of understanding the case presented, it is essential that a cohesive group forms that both develops trust and group accountability. This is what is referred to as group formation. There was a concern that in the psychiatry training setting a cohesive, safe group would not be able to form and thus the Balint method might fail.

Recently, the British Royal College of Psychiatry mandated that trainee psychiatrists in the UK partake in a minimum of 30 Balint groups throughout their training. They indicate the aim being:

...to provide a supportive space for doctors in advanced training to think about their emotional experience in relation to the mental and emotional disturbance they encounter. The aim is to foster recognition that a therapeutic attitude to reflection on all psychiatric work can be of value in helping the doctor to manage extreme mental states and anxieties.²

In Australia, Balint groups are not utilised in most psychiatry training settings.

Research on Balint groups is positive, but limited. Much of this is due to barriers in study design and identifying measurable outcomes. A literature review published in January 2015 concluded that ‘indications of the value of Balint group work were found’, but generally the empirical research was ‘diverse, scarce and methodologically weak’.³ A summary of the literature by Mahoney et al. in 2013 indicated: ‘the most frequently reported benefit is an improvement in self-concept as a physician. This is variously reported as improvement in confidence, comfort, professional self-esteem, or competence in the patient encounter’.⁴

Reports of Balint group work in psychiatry training are scant. In the international literature there is only the occasional mention of groups run within psychiatry training. A group of psychiatry trainees in the UK reported their personal reflections on a one-year Balint group that ran as part of psychotherapy training. They reported overwhelming benefits both personally and professionally.⁵

In the public mental health system ‘there is widespread concern about stress and burnout in response to increased exposure to more disturbed patients in smaller, high-stimulus settings’.⁶ Under these pressures it is hard to reflect in order to make the most of clinical experiences. Chazan makes use of Wilfred Bion’s idea that ‘it’s not possible to think when psychically overwhelmed. Thinking can only happen when the mind is “contained”, memory and the reflective function being profoundly influenced by prevailing emotions’.⁷ A skill Bion described as ‘thinking while under fire’.⁸ Balint groups intend to create a reflective space to allow members to deepen their understanding of themselves and their patient. That is, to make better use of the myriad of experiences each clinical encounter brings.

The pilot aimed to address two questions:

1. Could trainees working in this system attend at a regular enough frequency to allow a group to form in which reflective practice could develop?
2. If the above were possible, would trainees find the experience useful in their everyday work and training?

Method

Psychiatry trainees at a busy teaching hospital with community outreach were invited to join a three-session pilot of a Balint group. The groups were co-led by an accredited Balint leader and a psychiatry trainee on the Balint leadership pathway. An essential role of the leaders was to create the atmosphere of safety and predictability essential to facilitate a space for speculation. This was done by:

- Protecting both the presenter and members from cross-examination;
- Respecting all points of views by providing an opportunity for all to speak;
- Avoiding in depth personal psychological probing or self-disclosure;
- Starting and finishing in a set time frame;
- Establishing a firm understanding of the group task with group members.

The group sessions were run over 90 minutes for three consecutive weeks. The inclusion criterion was a commitment to attend all three sessions. There was no exclusion criterion. Each week two participants presented, from memory, a case they felt was difficult or posed a dilemma for them. Following a 10-minute presentation the trainee moved out of the group discussion to observe the ensuing process in the group. The leaders facilitated the discussion in such a way as to focus on aspects of the doctor–patient relationship and to encourage speculation (wondering) rather than problem solving. In the last five minutes the presenting trainee was invited to re-join the group discussion.

Nine trainees out of a total of 19 at the site volunteered to participate. Feedback was obtained from trainees using a form with 13 open-ended questions and analysed using a standard thematic analysis.

The results were presented to the psychiatry department two months after completion and feedback was discussed.
Feedback and discussion

Eight out of nine trainees submitted feedback. The responders reported that being a member of the Balint group was a positive experience that they would like to continue and they would recommend it to others. Two trainees requested the group only run for one hour to make balancing service commitments easier.

Three group members reported the experience to be challenging or confronting. Attendance was 94% for the first two sessions with one trainee missing session two because of hospitalisation. In the last session, four out of nine trainees excused themselves due to work pressures. The group noted this and felt the impact it had as they worked the last two cases. One trainee described his experience of anger and frustration at the missing members in the feedback.

The remaining feedback fell into two main themes outlined below.

Trainees felt less alone in their clinical work

The most powerful and recurrent theme was the group’s realisation that trainees felt overwhelmed, overworked, alone and unsupported in the service. They described feelings of futility about the mental health service’s capacity to help people. This affected the way they thought and the way they interacted with patients. This issue arose in five out of the six cases worked by the group and in the feedback. One member reported, ‘I thought the process was a stark reminder of how alone clinicians can be in their decisions and anxieties around patient care. I found the process of connecting with others through this style of clinical thinking incredibly useful’. On recommendations to other registrars, another member reported:

I don’t think there are many opportunities to debrief about patients who are not necessarily the most unwell or risky but trouble us. I think that the experience can change your perspective, the way you deal with these patients, and remind you that other registrars have similar difficulties to your own.

From a person who presented, ‘It was good to be able to share some of my frustrations about this patient and that other members (of the group) seemed to understand my difficulties’. Another suggested:

I think it would be an excellent way of managing the very complex dynamic of psychiatry and would reduce stress and anxiety. Overall it made me feel more positive about my job, which is a feeling I would like to persist!

Learning to use and understand emotion clinically

The technique of speculating from the doctor or patient’s perspective is helpful in assisting the group to maintain emotional contact with the presenter’s story and allows them the opportunity to view the material from many different angles.

One member said, ‘I did find the structure frustratingly restrictive at times, but it was a good technique to focus on the emotions, rather than the intellectual aspects of the case’. Another added, ‘I found [it] a powerful way of grounding myself in my own emotions’.

In one case, a doctor described treating a patient with treatment resistant schizophrenia. The doctor struggled to maintain interest and emotional contact with this patient. The Balint group initially struggled to maintain interest in the case. A common feature of the Balint method is for the presenter to remain out of the discussion. This enabled the presenter to observe both their own reactions to the material being discussed and those of the group. In one instance, when the presenter re-entered the group discussion, they reported to have felt frustrated at how deadened and disinterested the group was in taking on the story. The doctor saw that this was the group behaving in the same way as she had with the patient. She reported to the group feeling defeated, shocked and angry. The group exploration of these feelings in terms of the doctor–patient relationship was useful to the treating doctor as her empathic awareness was increased.

We conclude that it was the reflective space provided by the Balint process that allowed for these intense and personal emotional experiences to be used by the group to facilitate clinical understanding.
Conclusions

This pilot illustrates that psychiatry trainees were able to make use of Balint group work. The feedback suggests that in a short time period the group did form, evidenced by the way the group members worked the cases. They also described that the process helped them connect with colleagues about aspects of their work that caused stress and anxiety. This suggests a strong sense of group cohesion. This shared experience made them feel more confident and satisfied in their work. We consider that the group forming was an essential element to helping trainees deal with the pressures that lead to burnout and exhaustion.

They described the experience of observing their own work being processed by the group as a helpful way to start to understand their clinical work differently. They were also able to describe the process of getting in touch with personal feelings in the group as useful to developing an understanding of how to make better use of themselves in clinical encounters. This process of using one’s own feelings and emotion is what Fonagy describes as the development of reflective function essential to understanding the mind of another.9 This suggests Balint groups may be an effective tool to deepen reflective function. Balint enthusiasts would suggest this feedback is evidence of the Balint method working.

We consider it significant that despite the nine trainees committing to attending all three sessions, four trainees missed the last session. If we consider that trainees reported feeling overwhelmed and overworked in their jobs, we can understand that getting in touch with these painful feelings might be challenging. This issue of avoidance may be overlooked if we accept service pressure as an explanation of non-attendance. In an ongoing group such issues are not avoided but put to use by the leaders in working with the dynamics of the case presented. The training environment limits the full extent of commitment to ongoing involvement in a group due to rotational changes and competing service demands. Consequently, this limits the extent to which a cohesive group can form. This may reduce the full extent to which a Balint group is effective in this setting. It is unclear if having ongoing sessions would have facilitated greater group formation over time.

There is always a tension between the educational needs of the trainee and the real pressure of service provision. For the future use of Balint group work in psychiatry training, the necessity of encouraging, supporting and protecting trainees’ space to attend these sessions must be considered. The authors believe that these influences are likely to be the factors that disrupt the group process and threaten the effectiveness of any such group.

It is essential that we start to introduce reflective practices, like Balint group work, in order to maximize learning from the wealth of clinical opportunity to which trainees are exposed. The authors believe that Balint groups, if set up well, can assist trainees to make better use of themselves clinically.

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Disclosure

The authors report no conflict of interest. The authors alone are responsible for the content and writing of the paper.

References