DYNAMIC INTERACTIONS IN THE PRIMARY CARE CONSULTATION, AND AN INTRODUCTION TO BALINT GROUPS

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ABSTRACT

Physicians in the primary care setting, such as General Practitioners and doctors working in polyclinics, will encounter patients with varying expectations of the consultation process, especially with regards to their emotional needs. These interactions, shaped by transference and counter-transference, will often induce varying emotional reactions in the physicians, both positive and negative. Understanding the dynamics which drive these interactions, and reflecting upon the physician's own emotional responses, can often lead to a more holistic appreciation of the patient and the therapeutic relationship, and consequently in improved patient care, and enhanced satisfaction for both the patient and physician.

This article highlights the above dynamic interactions, and introduces the Balint Group, a platform whereby such themes and processes can be further explored. The processes of the Balint Group, and its benefit for attending members, are discussed.

Keywords: Balint Groups; Primary Care; General Practitioners; Polyclinics; Transference;

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INTRODUCTION

In the primary care setting, physicians will often find that their patients have varying expectations of how the consultation will turn out, outside of the realm of diagnosis and treatment[1]. Some may expect a lengthy consultation to "get their money's worth", while others expect it to be targeted and concise. One may expect their emotional needs to be taken care of, while another would prefer to focus only on their physical complaints. Some would share their personal lives with their physicians, and even expect them to reciprocate by letting them in on theirs as well.

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This therapeutic relationship is shaped by the cultural and psychological background of both the patient and the physician, and varies greatly from patient to patient, and from physician to physician. Thus, recognizing the meaning behind certain patient behaviours, and understanding how physicians' responses may be perceived by them as individuals, would go some way towards enriching the therapeutic relationship, leading to continued and improved engagement of the patient.

In understanding the dynamics that drive these interactions, it would be helpful to introduce the psychological concepts of Transference and Counter-transference.

Transference[2], first identified by Sigmund Freud, is the process in which individuals displace patterns of behavior and emotional reactions that originated through interactions with significant figures in their childhood onto other persons in their current lives – namely the physician in this case. Counter-transference is the physician's reaction to the patient, based on the patient's transference, the physician's own unique background, and the therapeutic relationship. By being aware of factors in the patient's transference, and moderating his or her own counter-transference, the physician can better understand the patient as a person, and adapt his or her stance to suit the patient.

Patients often seek common interests with their physicians outside of their medical needs[3]. Superficially, this may seem indulgent, frivolous or even a waste of time. For certain patients, these interludes, when judiciously used in more healthy interactions, can create a common bond, fulfilling an important psychological need for physician and patient, and facilitating other goals of the medical encounter. Other patients may however have deeper, unquenchable needs, which may lead to exhaustion and burnout for the physician. Physicians can thus become aware of their counter-transference, through careful self-monitoring of emotional reactions to patients, and peer consultation about difficult cases.

A useful platform, for which such peer consultation can take place, is the Balint Group[4].

Balint Groups are named after the psychoanalyst Michael Balint (1896-1970)[5]. In the late 1950s Michael and his wife Enid began holding psychological training seminars for General Practitioners in London. These consisted of case presentations and discussion in small groups of nine or ten, with a psychoanalyst leader. With time, the focus of the groups evolved into studying the relationship between the physician and his or her patient in the context of every day medical consultations. The groups met once a week for a number of years, so that patients and their progress could be followed up. This continuity and consistency allowed group members to feel at ease with one another. Since those early days, Balint groups have spread across the world, and in 22 countries there are national Balint Societies, whose aim is to foster and develop the Balint approach.

Today, Balint Groups are small group case presentations and discussions led by a leader. The aims of the Balint Groups are to provide a safe and contained environment to understand the physician-patient dynamics, to encourage self-reflection and exploration of meaning with a focus on the aforementioned dynamics, and to allow processing of the emotions triggered by these dynamics, which helps reduce burnout and the feelings of isolation in the physician[6].

What happens in a Balint Group today?[7]

Commonly, group members and the leaders (up to two) sit around in a circle. The leader asks if anyone has a case. No prior preparation is required – group members are then encouraged to talk spontaneously about a patient that has affected him or her significantly on an emotional level – this is often due to an interplay of dynamic interactions, as described above. When the presenter has finished, the leader invites the group to ask if there are any simple questions or facts that need to be clarified, such as the patient's demographic background. Once these questions are answered by the presenter, he or she is then asked to sit back, and refrain from commenting for the next 15-20 minutes.

The group members are then allowed to discuss their thoughts on the case, using their experience, imagination, and most importantly, their own emotional reactions, without asking the presenter any further questions. They are encouraged to empathize with how both the physician and the patient might feel. The focus of the discussion is on the emotions of the physician and the patient, rather than the clinical content, such as the diagnosis or treatment they might prescribe themselves.

The leaders' role[8] would then be to make the group a safe and confidential place, where members are able to feel uninhibited in discussing their patients, and the feelings generated by them. The leaders would also discourage intrusive questions about the presenting physician's personal life, contributing to the safety of the group. Members are, however, allowed to share personal anecdotes if they so choose, provided they do not feel pressured to do so.

The leaders would also steer the discussion towards the physician-patient relationship, and ask how the patient makes the group members feel. Questions that might arise include whether members like or dislike the patient, their emotions generated by the discussion, and how they think the patient might feel.

The presenter will later be invited to rejoin the discussion, and respond to what he or she has heard. Sessions are usually an hour-long, allowing for one or two case presentations.

It must be noted that Balint Groups are not a form of clinical supervision, as the focus is on the physician-patient relationship, and not the patient's medical conditions. Also, the group is not a psychoanalytic therapy group, although its effects are often therapeutic.

With regards to the benefits of Balint Groups, the first and foremost benefit is that members have a safe space to talk about interpersonal aspects of their clinical work with patients. The group, which is consistent and is made up of fellow physicians, will most likely be able to empathize with them. This often serves as a form of relief for them, and facing certain problematic patients again is less intimidating as well. In a qualitative study in Sweden, General Practitioners who participated in Balint Groups described their experience as being beneficial and essential to their working life, by helping them increase their competence in patient encounters and enabling them to find joy and challenge in their relationships with patients. Balint Groups thus helped them handle a demanding work life, and prevented burnout[6].

Secondly, the Balint Group encourages doctors to see their patients as individual people, with their own families and lives outside of the consultation room. They become easier to empathize with, and caring for them becomes a more pleasurable endeavor[9].

Thirdly, group members may gradually be able to better comprehend patients' transference towards them, and consequently their own counter-transference. In doing so, they are able to understand their patients', and their own feelings on a deeper level. In other words, Balint groups help physicians recognize their blind spots, helping them to better understand their reactions to difficult patients, and in so doing equipping them in enriching the therapeutic alliance[10].

In Singapore, to the writer's knowledge, Balint Groups are not being conducted formally on a nationwide basis for physicians. It is an avenue that is worthy of exploration, for the possible benefits described above.

In the United States of America, Balint training is becoming increasingly popular as part of residency training for Family Medicine[11]. A survey in 2001 showed that at least 144 out of 464 training programs in the country has a Balint Group of some sort. Leader training is organised in the form of intensive workshops that take place two or three times a year, and leaders are usually family physicians or psychologists working in family medicine training programs. Balint Groups conducted for mature doctors are relatively few in comparison, but the number of these, too, are increasing.

Germany has probably the most successful Balint movement in the world[11]. There are over 1,000 members, 500 trained leaders, and many groups catering for students and qualified physicians. Apart from Balint training being part of the official scheme of medical education, there is a weekend Balint Group meeting somewhere in Germany at least once a month. Active research revolving around Balint methodology is carried out in medical schools, and a journal dedicated to such research has been started.

As mentioned earlier, the Balint method was initially developed for General Practitioners, and family medicine practitioners are still the most common target group. Given that Family Physicians provide long-term, holistic care to their patients, and over time often get to know their patients and their families on a deeper level compared to physicians in most other sub-specialties of medicine – being aware of the developing

therapeutic alliance, including themes of transference and counter-transference, is especially pertinent. As such, it is unsurprising that Balint Groups are most often found to be particularly useful for Family Physicians and Family Medicine residents.

As part of the writer's involvement in the Health Wellness Program, an initiative from the Department of Psychological Medicine in Changi General Hospital (CGH) which trains and works with Family Physicians in the Eastern sector, Balint Groups have been introduced on a two-monthly basis for interested Family Physicians. Thus far, feedback has been encouraging, with the vast majority of members indicating that their experience has been very positive, and that they are keen on continued participation. The Program team members will also be looking to create awareness of the Balint Group method at various General Practitioner and Family Medicine Symposiums. If there is a sustained level of interest, efforts can be made to hold Balint Groups on a more frequent basis, and to possibly cater to Family Physicians on a nationwide level.

Apart from primary care, the writer is also involved in running monthly Balint Groups for Psychiatry Residents in CGH. Feedback has been positive as well, with members expressing that the groups help widen their viewpoints of cases discussed by the sharing of different perspectives of the case; provide a safe therapeutic space to share their thoughts and feelings related to staff-patient dynamics; and help provide psychological support. The writer is also in the process of eliciting interest from physicians in other sub-specialties in CGH, with a view towards running Balint Groups catering to their needs as well.

In summary, physicians should be aware of what is taking place in the physician-patient relationship, with regards to transference and counter-transference, underlying the medical aspects of the consultation. They should monitor their own emotional reactions and responses and modify their approaches to meet the individual patient's unique needs. This is not always easy to do – and a suitable platform to discuss these issues with like-minded professionals would be in the Balint Group setting, which offers a safe space for members to discuss difficult doctor-patient interactions and share their thoughts and feelings. This often leads to improved self-awareness, enhanced interactions with patients, and even improved psychological well-being for members themselves.

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