Introduction to Balint

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• **Aims**
  – Introduction to the concept of Balint Groups
  – To generate a portfolio reflection:
    • Dealing with medical uncertainty
    • GP resilience
    • Communicating with difficult patients

• **Objectives**
  – Experience a Balint group
  – Transference and countertransference
How do you create GP resilience?
What makes a heart-sink patient?

- ‘the feelings felt in the pit of your stomach when their names are seen on the morning's appointment list’.

- 11% GP workload

O'Dowd TC. Five years of heartsink patients in general practice. BMJ 1988;297:528–30
Clinician factors

• Younger
• Work longer hours
• Anxiety and depression
• Those who sub-specialise
• Higher perceived workloads
• Lower job satisfaction
• Less training
• Experiencing personal anxiety
• ‘Pressured’ type of personality
• Overly critical or judgmental character
• Needing to be constantly liked by patients
• Excessively defensive personality
• Being overly nice

How can Balint help?

- Michael and Enid Balint
- *The Doctor, his Patient and the Illness* (1957)
• Focuses only on doctor/patient relationship
• What are they doing to each other?
• What do they mean to each other?
• Awareness of feelings created in the doctor by the patient
• Mirrors emotions in the consultation room
What happens

• Presentation
• Phase of inquiry
• The “Push-Back” phase
• Conclusion

• Group leader – keep focus on the doctor/patient relationship
Ground rules

• 1. Confidentiality
• 2. Listen and respect everyone’s contribution.
• 3. No unwelcome and intrusive questioning of group members about their own personal qualities or their childhood experiences.
Group 1
NEED COFFEE
NOW!
Transference and countertransference

• Transference
  – (The patient) unconsciously transfer feelings and attitudes from a person or situation in the past on to a person or situation in the present (the therapist)

• Countertransference
  – the response that is elicited in the recipient (therapist) by the other's (patient's) unconscious transference communications
Factors that increase transference

- Vulnerable personality
  - Borderline features
- The patient's anxiety about safety
- Frequent contact with a service or with a keyworker
Dealing with transference

• Recognising the importance of the relationship to the patient
• Reliability
• Maintaining professional boundaries and clear limits in treatment
• Interpretation, but only when the patient can understand and use it
Group 2
Debrief

what?

who?

how?

why?

so what?

when?

where?
Further resources

- The Balint Society
- Facebook
  - Tiko’s GP Group
  - Tea and Empathy
  - Resilient GP
• Five years of heartsink patients in general practice. Tim O Dowd. *BMJ 1988; 297*

• Balint groups and the Balint Method. John Salinsky 2003 [http://balint.co.uk/about/the-balint-method/](http://balint.co.uk/about/the-balint-method/)

• Transference and countertransference in communication between doctor and patient. Patricia Hughes, Ian Kerr. Advances in Psychiatric Treatment Jan 2000, 6 (1) 57-64
Doctor’s support

- **BMA telephone counselling service** (24h service)
  08459 200169

- **National counselling service for sick doctors**
  www.ncssd.org.uk 0870 321 0642

- **Doctor support line anonymous help service**
  www.doctorssupport.org 0870 765 0001

- **Doctors support network for mental illness**
  www.dsn.org.uk 0870 3210642

- **Sick doctor’s trust for drug and alcohol problems**
  01252 345163