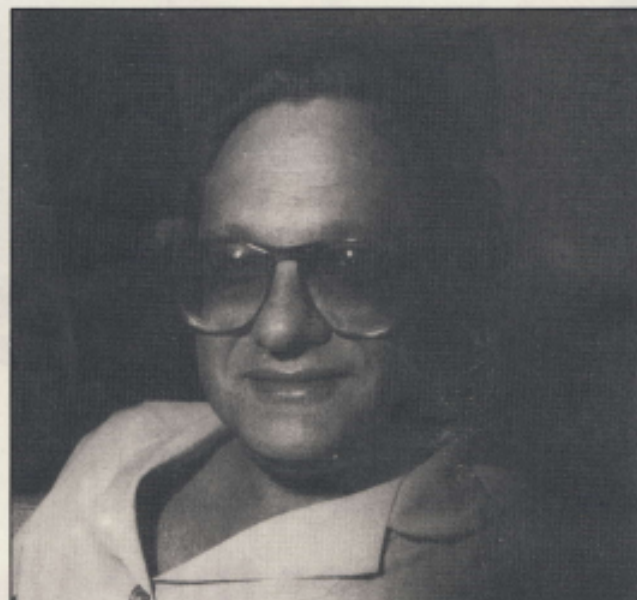


The place of Balint work in medicine —

*past, present and future**

Stanley Levenstein



Curriculum Vitae

Dr Stanley Levenstein has been in general practice since 1972. He is Chairman of the Cape Western Region of the SA Academy of Family Practice/Primary Care and a member of the National Council of the Academy. He is Founder President of SA Balint Society and a member of the Administrative Council of the International Balint Federation. He is active in under- and postgraduate education in general practice. He has authored numerous publications and papers on topics related to general practice, one of which was awarded the Louis Leipoldt Memorial Medal in 1977 and another was the winning entry in the British Balint Society Essay Competition in 1982.

Summary

The author discusses the place of Balint work in general practice world-wide over the past 35 years. He looks at the reasons why it has not become such a numerically strong movement, the problem of group leadership and the practical realities experienced by South African Balint groups.

KEYWORDS: Psychoanalysis; Physicians, Family; Physician-Patient Relations; Family Practice; Teaching; Education, Medical, Graduate; Personality.

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When Michael and Enid Balint began taking seminars with general practitioners at the Tavistock Clinic, London, in 1949, the status of general practice in the United Kingdom and elsewhere was at a very low ebb. The medical world had, like many other branches of science, become fascinated with the technological advances and promise of the first half of the 20th century, and the trend towards increasing specialization and super-specialization in medicine, which began in the United States, seemed certain to spread world-wide before long. However, events were to take a different course. Economic realities in particular dictated the need for a brand of medicine which would not be as

costly as specialist medicine with its emphasis on investigations, hospitalization etc and the public also began to demand a form of patient care which was more personalized and less disease-orientated. The result was that even in the US the pendulum shifted away from specialist medicine from about the mid-70's, since which time over 400 departments of family practice have been founded at medical schools in that country.

Patients ask for personalized and less disease-orientated care.

To return to the United Kingdom in 1950: in spite of the great economic and social need for general practice to entrench itself in that country, it was still struggling to establish itself as an academic discipline, with its own separate body of knowledge, attitude and skills. Problems were experienced in formulating this discipline with its emphasis on holistic patient care, *ie* simultaneous considerations of physical, psychological and social factors and the interaction between them. In this regard, the work done in the Balint seminars and the numerous publications which emanated from them (particularly *The doctor, his patient and the illness* by Michael Balint, 1957) provided an enormous boost to the emerging academic discipline of general practice. It lent it a far greater credibility and substance than would otherwise have been the case. This fact was, and still is, recognised and acknowledged by the majority of the most senior exponents of the academic discipline of general practice, including those who are not and never have been actively involved in Balint work.

Now, 35 years after Balint work first began, general practice has established itself worldwide as a reputable branch of medicine for which under- and postgraduate training is necessary, even though there is still strong resistance from specialist disciplines in many quarters. During this time the Balint movement has also become an international one, having spread to many countries.

Ideas and concepts introduced by psychoanalysis, have found their way into almost every field — literature, education etc . . . except medicine!

It is still enjoying the respect of the leading representatives of academic general practice worldwide. However, it must be acknowledged that this respect has not translated itself in any tangible or widespread way into the training of general practitioners, either on

under- or postgraduate (*ie* vocational training) level. There are several reasons for this. To begin with, by the very nature of Balint work, it will only appeal to a limited number of doctors. Many are too enthralled with the disease-model of medicine which still predominates in medical schools worldwide and/or, more importantly, feel highly threatened by the prospect of what they fear will be a highly exposing and even damaging experience for them. The defences which are erected against this form of learning experience are re-enforced by the authority figures in the medical schools who utilize pseudo-scientific rationalizations to conceal their fear of, and hostility towards this approach to patient care.

Even within the discipline of general practice itself there are many who only pay lip service to Balint work, and are actually highly ambivalent and even antagonistic towards it. Jokes about 'Balint-bashers' are often attempts to conceal feelings of resentful inadequacy among general practitioner academics who have not engaged in Balint work while publicly proclaiming its value and importance. Thus it is that formal Balint training exists in only a few vocational training programmes in general practice worldwide.

Other reasons for the lack of greater numbers of general practitioners becoming involved in Balint work have to be looked for within the Balint movement itself. Foremost amongst these is the question of group leadership, for many years the thorniest issue in the International Balint Movement. Michael Balint held the view that Balint groups should only be led by trained psycho-analysts who had been specially trained to work with general practitioners in Balint groups. His main reason for holding this view was the analyst's well-developed ability (by dint of his training) to observe what is taking place in the doctor-patient relationship, *ie* what is being avoided, hidden, and circumvented, as well as what is being shown; and to understand the apparent confusion and contradictions which so often occur. The analyst's grasp of unconscious process and thus of distortions occurring both in doctor-patient interactions and in group discussions also placed him at an advantage as a group facilitator. However, as the years progressed, particularly after Michael Balint's death in 1970, it soon became clear that there were not enough suitably-trained analysts (at least as far as the English-speaking world was concerned) to lead the groups consisting of the increasing number of GPs who wished to undergo Balint training. It was this situation which prompted Enid Balint to suggest and implement the training of suitable general practitioners who had themselves been members of Balint groups, as group leaders. Her decision to do this was also prompted by the view that certain general practitioners by virtue of their personalities and the fact that they were thoroughly conversant with the setting of general practice may be better suited to the task of Balint group leadership than certain analysts. The latter were not only unfamiliar with the work of general practice, but might feel tempted to 'teach psycho-dynamics' rather than to embark on a joint venture with the participating GPs to understand the nature of their patient's difficulties and the doctor-patient relationship better.

The place of Balint work in medicine

Another factor which necessitated a re-think of the attitude of the insistence on leadership of Balint groups by psycho-analysts was the spread of the influence of the Balint movement worldwide to places where there were no analysts in existence or certainly none available to lead Balint groups. An example of this is South Africa, where there has been an active Balint movement for the past ten years in spite of there having been no psycho-analysts available to lead any of the groups (apart from a short period in Johannesburg). Here, with the assistance of Mrs Enid Balint, a novel form of Balint group-leadership-training was embarked upon, which I will describe briefly.

After discussions and correspondence with Mrs Balint, a new Balint group was formed in 1980 in Cape Town, which was led by Dr F Dornfest and myself, (both of us were general practitioners who had been members of a Balint group for 5 years, which had been led by a psycho-analytically orientated psychiatrist.)

It was decided that Mrs Balint would supervise the two general practitioner group-leaders by scrutinizing transcripts of meetings which were sent to her at regular intervals and then returning her comments, suggestions, and criticisms. (Dr Dornfest left South Africa at the end of 1981 and emigrated to the United States where he took up a position in a Family Practice Unit in Jackson, Mississippi, and engaged in Balint training of vocational trainees in general practice, periodically posting transcripts to Mrs Balint and myself for discussion and supervision). Over the 4-year period that this group existed, it was Mrs Balint's view that appropriate leadership skills had been acquired by the general practitioner group leaders and that the group members had benefitted accordingly. In August 1984, a new group was formed under my leadership with 1 associate leader, a general practitioner, who was a member of the previous Balint group (and also of a student Balint group lead by myself in 1980 and 1981). The same procedure will be adopted here as in the previous group, *ie* the regular submission of transcripts to Mrs Balint for supervision, but it will be seen that in this case she will not only be supervising the leadership of a Balint group but also the training of a new Balint group leader by a non-analyst general practitioner!

I know that to some people the idea of general practitioners leading Balint groups and particularly training Balint group leaders will seem like heresy, but I would like to point out that the alternative was for no Balint work to have been done in that country at all! I may add that Mrs Balint's involvement was not confined to the supervision of transcripts (and to her helpful ongoing correspondence on Balint-matters with myself and others) but that she has also made three visits to South Africa to conduct well-attended Balint workshops with interested general practitioners.

I feel that the South African experience is an illustration of how balance can be achieved between the need to maintain adequate standards in Balint work on the one hand, and the demands of practical realities on the other. It is not being suggested that an 'anything goes'

attitude should be allowed to prevail purely for the sake of flying the Balint banner any- and everywhere. On the contrary, it is appreciated that in cases where non-analysts lead Balint groups, they have a special responsibility to ensure that their work is of a high standard. Suggested measures to be adopted include the supervision of transcripts (such as previously described), the presence of a co-leader, regular peer-group supervision such as in Balint workshops, and personal analysis or at least psycho-analytic psycho-therapy for the non-analyst group leader. It seems to me that these are eminently reasonable safeguards against the danger of the high aims of Balint work being defeated by sub-standard or even harmful groups leadership. On the other hand, over-rigid insistence on analyst group-leadership in situations where this is not practically feasible could, in the course of time, result

There has been an active Balint movement in South Africa for the past 10 years.

in the Balint movement, for all its noble ideals, becoming as extinct as a dinosaur!

The problem of group leadership concerns not only the question of general practitioner groups, but, as already mentioned, has important implications for the training of general practitioners at under- and postgraduate level. In spite of the worldwide resurgence of academic general practice, and the mushrooming of departments of general practice in medical schools in numerous countries, the fact is that Balint training *per se* is a very infrequent phenomenon in any of these vocational training programmes. While it is not being suggested that Balint training could or even should be universally applied to all prospective GPs, there is no doubt in my mind that there is a strong need for this type of training to be introduced at under- and postgraduate level in the training of general practitioners. As long as this is not the case, the place of Balint work in general practice will continue to be on the periphery and regarded by many as a 'lunatic fringe'.

Since psycho-analysts have played such an important part in the evolution of the Balint movement, this brings us to another issue, which is the scarcity (usually absence) of psycho-analysts at medical school. A consideration of the place of Balint work in medicine is necessarily incomplete without discussing the place of psycho-analysis in medicine. It has been said that the

Academic general practice departments should all introduce a Balint training programme.

The place of Balint work in medicine

ideas and concepts of psycho-analysis have found their way into virtually every field (eg literature, education etc) **except** medicine. This seems partly due to the medical profession's obsession with its 'scientific' image in a technological age, as well as being a defence against the anxiety which is evoked by dealing with sick people. Be this as it may, the fact remains that Institutes of Psycho-Analysis worldwide function predominantly **outside** the confines of the medical school and do not exert any significant influence on the training of medical students. While this situation may hold certain advantages from the point of view of the psychoanalytic movement, it carries serious disadvantages from the point of view of Balint training, not only of medical students and vocational trainees, but also, because of their medical school conditioning, of general practitioners in active practice.

Our experience has shown that it is flexible enough to be useful in all situations, even where cultural, racial or socio-economic backgrounds differ.

This latter point prompts me to make a comment about the psycho-analyst-general-practitioner relationship within the Balint movement: the survival or demise of the Balint movement would in no way influence the future of the psycho-analytic movement; the same cannot be said in relation to general practice, for the collapse of the Balint movement would be a body-blow to general practice as a professional discipline. This means that the investment of general practitioners (many of whom are involved in other aspects of academic general practice) in the future of the Balint movement is necessarily greater than that of their psycho-analyst colleagues. It also means a greater responsibility on the part of the general practitioners to ensure the well-being of this great cause. There are several ways in which this can be promoted. One of

them is the establishment of a nucleus of general practitioner Balint group leaders who can in turn train others. Another is the involvement of leaders in national Balint societies in the broader academic general practice set-up in those countries, so as to broaden the influence of Balint work amongst general practitioners as a whole, and to involve more general practitioners in Balint work. (This has happened successfully in South Africa and elsewhere and has also extended to contact with undergraduate medical students). The publication of papers on Balint-related topics is also helpful in increasing general practitioner awareness of Balint work. It is also to be hoped that the Balint movement will continue to produce *research* work in relevant areas in general practice, such as eg the relationship of emotional stress to physical illness, thereby bringing home to many colleagues the point that Balint work is an **integral** part of general practice, and not merely an isolated, esoteric, part of it.

Balint work is an integral part of general practice.

Health needs of the world, and particularly the third world, are receiving close attention these days. It is my belief that the discipline of general practice can provide a highly satisfactory and cost-effective answer to many of these problems. It is also my conviction that Balint work forms an integral part of the discipline of general practice and our South African experience has shown us that it is flexible enough to be useful in situations where there is a shortage of doctors and where doctor and patient are of differing cultural, racial, and socio-economic backgrounds. It remains for us in the International Balint Movement to be flexible enough to meet the medical demands of an increasingly complex and problematical world; to yield neither to the temptation of mass-appeal with its concomitant sacrifice of standards, nor to the rigid adherence to precedent. I believe that we could then look forward to a bright, albeit arduous, future. I hope we will meet the challenge.

Balint essay competition: 1985

The South African Balint Society is offering a prize of R800 for the best essay on the topic "*My troubled patients — do I really help them?*" in the fourth MPS Balint Essay competition.

Essays should \pm 2500 words in length, type-written in double spacing and in triplicate, and should not have been previously published. They should be illustrated by examples from the author's own experience, with the identity of patients being suitably concealed. Entries must be submitted under a nom de plume and be accompanied by a sealed envelope containing the author's name and address. The competition is open to all doctors except the committee of the SA Balint Society.

Entries must be addressed to the Honorary Secretary SA Balint Society, c/o The SA Academy of Family Practice/Primary Care, Medical House, Central Square, Pinelands, 7405 and should reach him **not later than 31 May 1985**.

The Balint Society Committee will act as judges of the competition and their decision is final. The committee reserves the right to publish the winning and any other entries.

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*DR S Furman
President
SA Balint society*