



## **Balint Bulletin No. 5**

**November, 2005**

*Balint groups are a well established and unique approach to training GPs in psychological aspects of general practice. This is an electronic newsletter circulated by the Balint Society of Australia. Its purpose is to disseminate information and news about Balint work to interested people in Australia. Contributions are welcome. If you do not wish to receive this newsletter, please let us know and we will remove you from the mailing list. To contact us, email Dr Marion Lustig<[mlustig@optusnet.com.au](mailto:mlustig@optusnet.com.au)>*

### **Balint Society of Australia**

We are now calling for interested people to become members. Please complete the membership form attached to this Email, join and support our exciting work!

We are now incorporated in the state of Victoria.

Our first general meeting will be held on Monday, November 7, at 7.30 p.m. at 90 Eskdale Rd., Caulfield North, Victoria. The agenda

for this meeting is attached and includes the election of office bearers and plans for our future work. All interested people are welcome, but please RSVP to Marion Lustig [mlustig@optusnet.com.au](mailto:mlustig@optusnet.com.au)

## **RACGP Annual Convention Darwin 2005**

We had several successful Balint related events which involved both overseas and Australian facilitators. Our overseas visitors were Dr John Salinsky, a U.K. GP who has been prominent in the international Balint scene, is a former secretary of the International Balint Federation and edits the Journal of the Balint Society (U.K.); and Dr Albert Lichtenstein, a clinical psychologist from the U.S.A. who is the current secretary of the American Balint Society, teaches in a rural family medicine training program, and for many years has led Balint groups for GP trainees and been on the faculty for leader training workshops.

There was a Balint workshop, in which four groups of participants (a total of 38) met on four occasions during the conference to discuss general practice cases in depth, facilitated by both Australian and overseas leaders.

The half day Balint leaders' workshop, the first ever in Australia, was led by John Salinsky and Albert Lichtenstein. Participants included both GPs and psychotherapists. The workshop included a demonstration Balint group.

John Salinsky delivered a delightful keynote address entitled "A life in general practice".

The Balint workshop delegates included both GPs and psychotherapists who facilitate Balint groups or wish to do so, coming from many areas of Australia and one delegate from New Zealand.

**Comments on Balint workshop at RACGP Convention by**

**Penny Love, Brisbane psychotherapist**

It was very interesting to see the groups, which were run by both Australian leaders and the guest leaders, develop over the four days, to be part of the work, and to see how beneficial each person found the process. Each of the eight patients who were presented to the group of which I was part seemed at first to be impossibly difficult, both doctor and group members feeling locked in by combinations of the patient's psychic and somatic symptoms and life circumstances. However as the Balint process unfolded, and the group was able to think about the patient, alternative ways of viewing the relationship between doctor and patient emerged. Significant benefit was felt by each doctor who presented a patient. Instead of apprehension at the thought of the next consultation, members felt a sense of anticipation at the possibility making a fresh start from a different perspective.

### **Scientific meeting with Albert Lichtenstein**

Dr Albert Lichtenstein was our guest speaker at a very successful meeting attended by 29 people on Saturday morning, October 15 in Melbourne. He spoke about the impact of Balint work on medical decision-making, and the meeting included a demonstration Balint group and lively discussion. A more detailed report appears below.

### **Report on Scientific Meeting with Albert Lichtenstein in Melbourne by Ann-Marie Diggins, Melbourne GP**

This meeting attracted the interest of 29 people who gave up their Saturday morning to hear Albert speak on the impact of Balint work on medical decision making.

The meeting began with an introduction given by Dr Marion Lustig on the history of Balint work in Australia and the lead-up to setting up the Balint Society of Australia. Each participant introduced themselves and spoke of their interest or involvement in Balint Groups. Most present were GPs from around Melbourne, one came from Traralgon, and a psychoanalyst from Sydney came especially for the meeting.

Albert Lichtenstein is a clinical psychologist from Pennsylvania who became involved in Balint work in 1993. He teaches family medicine residents (the equivalent of GP registrars) as well as being the current secretary of the American Balint Society, a leader, supervisor and overseeing supervisor. He uses CBT and systems work as his approach in teaching and treating.

Albert focused on two different approaches to explain how Balint groups work. The first approach is that of ego development by Stanley Greenspan who looked at some of the steps taken in emotional personal development:

1. being able to use self to cope with stimulus overload;
2. being able to connect;
3. being able to communicate one's needs, expectations and wants;
4. being open to others needs, expectations and wants;
5. interpersonal communication;
6. being able to synthesize some rules about dealing with self and other.

He gave examples to explain each of the steps.

In Balint work this approach helps to understand where a block is and why interpersonal development is not occurring. The approach looks at affect and motivation in the doctor-patient interaction. Each person brings something to the group for the group to process, and the group can iron out blind spots.

The second approach is that of information processing developed by Kahneman. This involves three different modes:

0. Perceptual processing- taking in information.
0. Intuitive processing- fast, parallel, emotional, slow learning. This

can be reasonable and work but it is prone to quick judgments and error.

0. Reasoning- slow serial, controlled, flexible, neutral. This should be used to monitor intuitive processing.

Doctors do a lot of information processing. When using intuitive processing, prejudice, stereotypes, emotions and knee-jerk reactions can cause errors in judgment. When something jumps out at us we use the intuitive, emotional system. Intuitive processing needs monitoring by reasoning. Reasoning is slower, and if both intuition and reasoning are used, involves doing two things at once. This can be difficult and many factors can interfere, for example, a morning person will not do so well in the evening and vice versa. People can be prompted to use the rational system.

A Balint group can provide a good holding environment, a safe place to calm down and work out what's going on. There are clear boundaries, confidentiality and mutual respect. Personal discomfort is validated as a tool. Things are reasoned out rather than being reacted to purely intuitively. The group develops awareness and facilitates empathy skills. The group provides varied perspectives about what it is like being the patient and doctor. Medical education focuses on what to do, largely ignoring the interpersonal context within which the actions take place. In a Balint group there can be a shift in the doctor's experience which can then be taken back into the relationship with the patient, allowing a synthesis between intuition and reasoning.

Albert then gave some examples. In the psychoanalytic experience of the transference, unacceptable emotions are projected into the analyst who then interprets what is happening back to the patient. A GP may be angry with a demanding patient. The group can take on and voice all sides of the relationship e.g. the anger towards the patient, the doctor's guilt about being angry, the patient's side. Meanwhile the presenter

listens in safety with no ridicule about any side. The feelings of the presenter and the group are out there in safety. The group coalesces and its members get to know each other. Power is brought to the group itself quickly, and maturation occurs over time—reason is brought to bear and not just emotion. The group is taken into the mind of the GP.

A brief demonstration Balint group was run to illustrate the processes mentioned above, while most people present looked on. A discussion was held afterwards during which Albert pointed out the themes which occurred in the group. As leader, his role was to amplify the group members' experiences and help the group to move more towards the patient's experience. A leader aims to facilitate and not direct, teach or control. The aim is to facilitate participants getting in touch with a sense of their broader capacities, experience and help the group unblock the possibility of shifts in understanding.

The meeting finished on a buzz of many conversations as people continued the discussion.

### **American Balint Society**

The next of the American Balint Society Leadership Intensive workshops, held twice yearly, will be in historic Jonesborough, Tennessee from November 10-November 13. These workshops are invaluable for anyone leading or interested in leading Balint groups. At this stage, one Australian psychoanalyst from Sydney is planning to attend. The next intensive for 2006 will be in Portland, Oregon on March 3-6.

Further information is available on the ABS website:  
<http://famed.musc.edu/balint>

The American Balint Society has prepared an interesting document describing what Balint work offers to family medicine residents (equivalent to our registrars) in relation to the ACGME (Accreditation Council for Graduate Medical Education) competencies - included as an attachment.

## **International Balint Federation**

A successful IBF was held in Stockholm in August. An interesting booklet of proceedings is available from the secretary, Heather Suckling <heathers@doctors.org.uk>

The minutes of the IBF Council meeting held in Stockholm contain some fascinating information about Balint activities overseas and these are also included them as an attachment.

The IBF website is [www.internationalbalint.de](http://www.internationalbalint.de)

The next International Balint Federation Congress (held every two years) will be held in Lisbon, Portugal from September 1-5, 2007.

There will be a Balint leaders meeting in Israel in June, 2006.

## **Publications**

An article entitled "Balint groups: an Australian perspective" by Marion Lustig appeared in the Australian College of Psychological Medicine newsletter in August.

A reminder that the Journal of the Balint Society, published annually and with this year's edition just published, is available from the secretary of the Balint Society (U.K.), David Watt <David.Watt@gp-f84093.nhs.uk>

## **4th National Doctors' Dentists' and Vets' Health Conference**

This conference will be held in Melbourne from November 3-5. Larry Osborne and Marion Lustig will present a paper entitled: "Balint groups can enhance doctors' satisfaction in treating complex patients."

## **What is my client *really* trying to tell me?**

The Victorian Association of Psychoanalytic Psychotherapists

offers a 32 week 'Introduction to Psychoanalytic Psychotherapy' course of readings and case discussions in Richmond (Melbourne), Tuesdays 6-8 p.m. commencing March 28, 2006. Several GPs did this course in 2005 and found it enjoyable and highly relevant to general practice. Enquiries: Marilyn Gross. Tel. 03 5968608 or [mgross@hotmail.com](mailto:mgross@hotmail.com)

### **Balint group opportunities**

There are currently vacancies for groups in Melbourne in Caulfield, Heidelberg, Kew, Western suburbs and a new group forming in the Hawthorn/Richmond area. There are a number of people interested in starting groups in and around Sydney, and an existing group in the Central Coast of N.S.W. There is a new group forming in Hobart, and interest in starting a new group in Brisbane. Please contact us for further details.

### **Marion Lustig**

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