



GOOD PRACTICES 3.2.: stress, burnout and balint groups

It is good practice to use balint groups to manage stress and burnout in psychologists.

Balint groups are named after the psychoanalyst Michael Balint (1896-1970). In the late 1950s, the doctors' education was based on case presentation and discussion in a small group with a psychoanalyst leader. The focus changed to studying the relationship between doctor and patient in the context of every day ordinary-length consultations.

The group members and the leader sit round in a circle and the leader asks 'who has a case?' Someone volunteers to talk about a patient who has been on her mind. The problem may be that the patient has been emotionally disturbing or just difficult to understand or to engage in treatment. The group listens to the story without interrupting. When the presenter has finished, the leader invites the group to respond to what they have heard. Responses take various forms. There may be questions, advice to the doctor, emotional reactions induced by the patient's story and speculations about what else might be going on.

The leader's first aim is to make the group a safe place, where confidentiality is observed and members feel free to talk about their feelings and their work (including their mistakes). The leaders will discourage unwanted and intrusive questions about the presenting doctor's personal life and history. Personal anecdotes are sometimes volunteered and can be helpful. The leaders will allow this provided there is no pressure. The group is not a therapy group although its effects can be therapeutic.

The leaders' second aim is to keep the discussion focused on the doctor patient relationship. They may ask how the patient has made everyone feel. The group may be invited to consider how the patient is feeling or what sort of doctor he wants his doctor to be. A group that dislikes or fears the patient may be unwilling to engage and will try to 'escape' by talking about generalities: 'these patients are always untreatable' or recommending referral to an expert whom somebody knows. In this situation the leaders will try to bring the group back to the work, perhaps by representing the patient.

The session ends, like a therapy session, when time has run out. There may be one or two presentations (including follow-ups) in a ninety-minute session. Often the presenting doctor may be invited to have the last word. The leaders may ask for a follow up and thank everyone.

The first and most easily obtained benefit from Balint group is to have a safe place where you can talk about interpersonal aspects of your work with your patients. The group will be sympathetic and they will all have been in similar situations themselves. This is a great relief and usually means that when a dreaded patient turns up again he or she will seem less gruesome. We believe that the Balint group experience helps to avoid professional 'burnout'.

Secondly, the Balint group encourages doctor to see their patients as human beings who have a life and relationships outside the consulting room. They become more interesting to listen to and easier to help.

Thirdly, the group members may gradually reach a deeper level of understanding of their patients' feelings and their own. They may realise that certain patients or emotions may resonate with what is going on in the own inner and outer lives. This may be causing problems which the doctor can learn to avoid or even to turn to therapeutic advantage.

Source: balint.co.uk