



NEWSLETTER

## HELLENIC BALINT GROUP

---

VOLUME 2      DECEMBER 2014

### **EDITORIAL**

I am delighted to welcome you to the second biannual newsletter of the Hellenic Balint Group. Our group continues to grow and take necessary steps to spread the Balint work in clinical practice in Greece. The group has recently been enriched with more doctors, who, through the Balint setting, examine the relationship with their patients. In the testimonial section of the newsletter, one doctor shares with you her recent experience with the group and a psychologist presents her experience with the mixed groups of doctors-psychologists.

Last November, our group participated in the 2nd Interdisciplinary Congress of Psychiatry & Related Sciences. The symposium which was presented in the context of the congress had the general title *"Balint Groups as a Place for Psychological Support and Training Method for Doctors and Other Health Professionals."* You will get the opportunity to be informed about the congress in our commentary, as well as to read the abstracts of the three speeches which were presented with the following titles: *"Introduction to the theory and practice of Balint groups," "Training the doctor in psychological thinking" and "The group as a 'holding' environment for the clinician."*

In the theoretical section of the newsletter, we present an article about the role of the Health Psychologist. Health psychology aims at a holistic approach to a person's health, which is consistent with the Balint philosophy.

Finally, you can find out about events both in Greece and abroad.

We hope that our newsletter will contribute to the further development of a dialogue between us.

Wishing you happy holidays and a productive 2015!

**Magda Hatzidimitri**

Editor

## **PARTICIPATION IN THE "2ND MULTIDISCIPLINARY CONGRESS ON PSYCHIATRY AND RELATED SCIENCES"**

The Hellenic Balint Group participated in the 2nd Multidisciplinary Congress on Psychiatry & Related Sciences that was held in Athens, at the Divani Caravel Hotel, from 30 October to 2 November 2014. The symposium of the group, which was presented at the congress that had English as its official language, included three speeches under the general title "*Balint groups as a place for psychological support and training method for doctors and other health professionals*".

The first speech was of Mrs. Lida Bitrou, leader of the group, and was entitled "*Introduction to the theory and practice of Balint groups*". The purpose of the speech was to present to the audience the historical context and the health system in which the groups were created and developed, and to put together some thoughts about the reasons why the groups were not established in Greece. The work of Michael Balint with the first groups of general practitioners on which the method was based was also presented, as well as the theoretical contributions that emerged from the findings of his research with the groups. Finally, the main benefits of participating in a Balint group and the possibilities of expansion of the groups in other specialties other than general practitioners were discussed.

Next, Dr. Eugenia Karantoni, neurologist and member of the group, spoke about the educational aspect of Balint groups and the way in which participation in a group extends the doctor's perception of the patient and his psychological condition, while at the same time it helps the doctor to observe himself in relation to his patient. In her speech entitled "*Training the doctor in psychological thinking*", the audience had the opportunity to hear about the case of a patient whose neurological disease affected the prospect of motherhood. From the presentation, the contribution of the group to the elaboration of intense emotions that patients often transfer to their doctor became evident, as did the usefulness of the understanding of the psychological aspect of the doctor-patient relationship.

The third speech of Mrs Magda Hatzidimitri, psychologist-psychotherapist and member of the group, was entitled "*The group as 'holding' environment for the clinician*". The presentation was intended to describe the group as an environment in which clinicians can find support, understanding and acceptance, conditions that help them to cultivate their psychological skills and improve themselves as professionals. On the basis of Winnicott's theory on the "holding environment", the speaker made a parallel between the characteristics of the environment which contribute to ensuring that the baby, and later the child, gain maturity and autonomy, and the characteristics of the Balint group that promote the capacity for thought, self-reflection and free expression, achieving as Balint said "*a limited though considerable change in the doctor's personality*".

**Lida Bitrou**  
Clinical Psychologist  
Accredited Balint group Leader

---

## SPEECH ABSTRACTS

---

### **Introduction to the theory and practice of Balint groups (Lida Bitrou)**

Balint groups, a form of case discussion groups, were created by the psychiatrist and psychoanalyst Michael Balint (1896-1970) and his wife Enid, also a psychoanalyst and social worker, in Great Britain in the 1950s. Originally, the Balints created the groups for social workers who worked with clients that had marital problems and needed a framework in which to discuss and reflect on the problems their clients brought to them, as well as the difficulties they encountered in their relationship with their clients.

Balint, through his psychoanalytic training that involved personal psychoanalysis and supervised treatment of patients, had come to realize that his own personality and unconscious needs and wishes affected his relationship with his patients. Thus, he created a method that combined elements of psychotherapy and case discussion in a group setting. After the application of the method on social workers, he moved on to general practitioners who were often faced with complaints of psychological nature from their patients, and for whom the learning of some psychotherapeutic skills would be very useful in their daily practice. Therefore, the group setting would become a learning environment in which general practitioners would learn these skills by discussing the actual psychological needs and problems of their patients, and would also have the chance to learn more about themselves and the way in which they related with their patients.

Furthermore, through the groups, the Balints sought to educate doctors in the patient-centered approach of which they were first proponents, by bringing into focus the relationship between the doctor and the patient and the way in which the relationship could facilitate or impede the therapeutic outcome. This was one of the main reasons why Balint groups gradually expanded to other medical specialties and health professions, and in some cases, like in psychiatry residency in Great Britain, became a mandatory part of a resident's training.

Today, Balint groups can be a useful tool for the modern clinician who is faced with increased demands from patients and clinical settings that expect him to be effective, fast and inexpensive. An introduction to the theory and practice of Balint groups will be the subject of this presentation. Moreover, we will discuss the opportunity that is given to group participants to reflect on their work and broaden their perspective on how to handle patients that might be "difficult" or demanding, or have come for reasons characterized by distress, grief and anxiety, emotional states that can deeply affect the therapeutic relationship and the two members of the therapeutic dyad, both inside and outside the clinical setting.

### **Training the doctor in psychological thinking (Evgenia Karantoni)**

Medical practitioners are committed to a life of constant training. This training is focused mainly around disease and its treatment. Nevertheless, if we accept that the center of interest in medicine is the patient, then one of the most important medical skills is establishing a good physician-patient relationship. Treating a patient implicates, among other skills, a subtle interaction between the physician and the patient. This applies mainly in medical specialties dealing with chronic, serious, disabling diseases, or with patients needing special handling (demanding patients, psychiatric patients, children, pregnant women).

Participation in Balint groups addresses the physician-patient relationship in a practical, yet psychological way. Their purpose is to support physicians in developing empathy for their patients. The Balint method is based on helping in understanding the dynamics of the physician-patient relationship, the identifications within it, the concepts of transference and countertransference (implicitly or explicitly), disease versus illness, and the importance of empathy. A clinical example will be presented in order to illustrate the effect of the group work on the doctor-patient relationship.

In many cases, physicians participating in Balint groups for some years report improvement in understanding their patients, even the difficult ones, and greater confidence in their role. Furthermore, they report less professional exhaustion, a stronger sense of security and greater job satisfaction.

This presentation aims to underline how the Balint method is a practical way for physicians to improve their empathetic skills in their practice, in order to achieve better outcomes for the patient with less strain for themselves.

### **The group as a “holding environment” for the clinician (Magda Hatzidimitri)**

This discussion will focus on the ways the clinicians are helped psychologically through their participation in the groups, as shown in research findings, reporting greater self awareness, diminishing burnout, increasing work satisfaction and feeling of control as well as a more authentic professional identity.

Although the groups do not offer personal therapy they do foster a “holding environment,” in other words, a safe atmosphere where the clinician is “held” or facilitated to grow and mature professionally over time through the team’s and the leader’s presence, availability, reliability, patience, understanding, acceptance, recognition and respect of the clinician. The conditions created in the group simulate the conditions needed for ego development by infants and children in a good- enough family atmosphere, where the relationship with the mother or the caregiver provides all the needed support. something that does not suit him and is encouraged to recognize the work or approach he himself finds appropriate.

The clinician, just like the infant or the child in the favorable environment, is recognized and understood as he is, avoiding a false identity. In the Balint setting, this means that the clinician is never forced to agree with something that does not suit him and is encouraged to recognize the work or approach he himself finds appropriate.

The group may not offer a direct solution to the clinician's struggles. Nevertheless, it supports him to examine his "regression" towards his patient, i.e. the problematic forms of communication and unconscious feelings he is experiencing. In this way, the clinician is aided to undergo changes in his own personal unconscious dynamics that promote internal growth, self awareness and over time a change in his "professional ego." The change in "professional ego" is related to the ability of the clinician to turn his personal problems and anxiety into therapeutic curiosity that in turn helps him do a better job with his patients. According to Michael Balint, the refinement of the skill to observe and respond sensitively to what is going on in the doctor-patient relationship inevitably also entails a limited, though considerable, change in the doctor's personality.

Analogies will be drawn from the psychoanalytic literature in order to explain the aforementioned themes. These include Balint's theory of the "basic fault" and "regression", Winnicott's "holding environment" as well as their respective theories on infant-parent relationship applied in the Balint group setting. A clinical example will also be cited.



## **RESPONSES TO THE FIRST ISSUE OF OUR NEWSLETTER**

*Congratulations on the success of your first Balint workshop in Greece and on presenting an interesting newsletter! Good luck for your future engagement.*

Best wishes from **Heide Otten**

*Congratulations on this impressive newsletter!*

**Don Nease**

*Thanks and BRAVO!*

**Dr Marie-Anne Puel**

## **The Role of the Health Psychologist**

By **Fay Griva, Ph.D**

Health Psychologist - Psychotherapist

Humans exhibit a remarkably paradoxical behavior. We seek to cure and prevent diseases, while at times we seem to precipitate their appearance. Here, I am referring to a number of everyday behaviors that undermine health. As discomfoting as it may sound, it is the case that high mortality rates are due to factors such as smoking, diet, lack of exercise, substance abuse, and risky driving. And yet, at the same time, that is a positive realization, as these factors can be modified through interventions which aim to raise public awareness and transform attitudes and beliefs about health and illness. On a community level, it is primarily the task of the health psychologist to design and lead such interventions.

The design of interventions to promote health is the basis of primary prevention, guided by a range of theoretical models and research-based frameworks. The establishment of a separate division of Health Psychology was deemed important in the late '70s by the American Psychological Association. Emerging within the field of psychosomatic medicine, it incorporated in the prominent field of behavioral medicine the notion of cognitive functions and emotions. Several years earlier, the World Health Organization was defining health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."

Health psychology provides a holistic approach to a person's health. It takes into account the interaction between physical, psychological and social factors, as part of a theoretical model that tends to replace gradually the biomedical model of disease management in health care. Besides, the scientific developments in the field of psychoneuroimmunology indicate the interaction of the central nervous system, with the endocrine and the immune systems challenging the previously widely accepted notion of autonomy of the immune system.

A health psychologist takes into account not only the nature of the disease and its treatment, but also the patients in their own natural and social environment. A health psychologist takes into account the relationships the patient has formed with others, the existence of a supportive network, the living conditions. At the same time, the psychologist explores the coping skills of the patient and the possible presence of psychopathology that may interact with the organic illness.

An integrated conceptualisation of the patient's state provides a much more appropriate customised care addressing the biological (relaxation, biofeedback), emotional (stress management to reduce anxiety and depression), cognitive (knowledge, modification of dysfunctional beliefs) or behavioural level (time management, communication skills).

Meanwhile, medical interventions that focus mainly to curing or managing the disease often result in changing the physical state of the body. It is therefore important to explore how the patient handles the pain, the discomfort, the altered self-image, the possible sense of inadequacy, the prognosis of the disease or a potentially uncertain future. The restoration of a bodily function does not always amount to the restoration of health.

The notion that medical and technological advancements can address any health problem, often leaves little room for people to take a more participatory and active role in the care of themselves. In addition, the way the patient reacts within the hospital environment and handles the treatment or the relationships with the health staff can lead to various forms of work stress or even exhaustion on the health personnel. An additional role that health psychologists undertake in a clinical context involves the training of the health personnel in communicating with their patients and in exploring conflicting emotions, or managing the tensions in the relations among staff members.

In Greece, until recently the role of a health psychologist in the hospital context, was confined to "breaking the bad news", often associated with the diagnosis of a life-threatening disease or its adverse prognosis. However, in recent years the contribution of health psychologists seems to be recognized and foregrounded in a hospital context. The creation of patient groups suffering from specific diseases in several public hospitals provides a supportive framework and while it has been proven to improve the quality of life of these patients, it sometimes also translates into better prognosis. We are looking forward to enhancing the contribution of health psychology within an interdisciplinary frame of cooperation and mutual support towards an improved level of care to the benefit of both the patient and the health personnel.

---

## **WORKSHOPS FOR DOCTORS AND OTHER HEALTH PROFESSION-**

The Hellenic Balint Group organises workshops for doctors and other health professionals with case presentations from the participants. If you are interested in participating in such a workshop please send us your contact details and profession (including your specialty if you are a doctor) to [info@balintgroupgreece.com](mailto:info@balintgroupgreece.com) so that we will send you an invitation to our events. If we have participants from other countries, the workshops are held in English.

---

## **OUR MEMBER TESTIMONIALS**

I heard about the Balint groups a few months ago, while I was just beginning the fourth year of residency in internal medicine and I have to say I was rather surprised. After many years of hard studies, clinical research and a shorter period in actual clinical practice, I felt I could eventually seek and hopefully complete in that complicated “puzzle” of medical education, the most important pieces: those associated with the doctor-patient relationship. How can a physician handle what s/he feels about the patient or the medical problem? How can s/he be human but professional at the same time? How is trust acquired and consolidated? How far can the physician go? Who else can s/he involve in this process? Endless questions, thoughts and emotions that are neither studied nor analyzed in the medical educational program or any textbook.

All these questions have found a “nest” in the Balint group I joined. The framework of Balint groups creates a solid background to lean on, lie the emotional “burden” of the complicated medical work and talk about all these medical cases that are somewhat difficult to handle. The voices, comments and feelings of the other members create a mirror through which you can become an “objective” observer of yourself. Furthermore, I have found so far particularly interesting the way healthcare professionals of other specialties (i.e. psychologists) approach various cases.

I look forward to our group meetings with particular yearning. Every time I leave the group full of feelings and thoughts. I hope all this process, in combination with my everyday clinical practice, will help me mature medically and be able to reach my patients in a targeted, yet deeper way. Last but not least, I do hope that the Balint group action will not simply inspire other colleagues, but will also influence and-why not- contribute to the restoration of the medical educational framework of our country, particularly during this socially turbulent period, that necessitates radical changes in the health system as well.

**Dr. Claire Arampatzi**

Resident in Internal Medicine

Member of the Hellenic Balint Group



## **OUR MEMBER**

Being familiar with the training of mental health professionals, one knows that the discussion and the analysis of feelings that stem out of the relationship with the patient, and the way these affect the therapy and its prognosis, are the focus all the time. What happens, however, with doctors? In the beginning of my involvement with the Balint groups, I happened to hear from leaders who were doctors about the enrichment of their experience when the groups were combined with psychotherapists; the doctors also wondered what the psychotherapists got out of the group, since they were already accustomed with similar processes. The thought sounded logical and even flattering to me since I am a psychologist who by definition I am used to talking about relationships. Until I realized the enrichment I receive when the doctors of our group present their thoughts.

Through the narration of medical cases I started forming a very different picture about an area in which the spotlight falls on the body that is sick and the hospital setting where the reality factor does not leave much room for psychological working through. I started being able to hear about multiple roles that the doctors are called to assume, without being prepared, since the patients seem to ask a lot more from them, which goes beyond their pure medical identity, such as psychological support, guidance about important life personal decisions etc. I was concerned a lot with the thought that often times the training doctors are the ones to announce difficult diagnosis to the patients and their families, thinking that the choice of words in the event of such announcements plays an important role on the way it influences the patients' images about their bodies and the condition of their health.

During the medical case presentations I feel I am being transferred in the scene where everything is taking place. The images and the feeling this evokes are very lively. I can't forget the time when the group was discussing about a patient with a heavy medical history and bad prognosis who passed away in the end. I felt an intense vitality, maybe because I was trying to get closer to life.

In the end, the enrichment of sharing our experience, to which I am referring to, is what allows us to observe and reexamine the aspects of the relationship with our patients.

### **Daphne-Tatiana Papanicolaou**

Psychologist-Psychoanalytic Psychotherapist

Member of the Hellenic Balint Group

## EVENTS

---

### IN GREECE

#### **Participation of the Hellenic Balint Group in the 2<sup>nd</sup> Pan-Hellenic Congress of Mental Health in Primary Care (18-20 December 2014)**

The Hellenic Balint group participated in the roundtable of the 2<sup>nd</sup> Pan-Hellenic Congress of mental health in primary health care on Friday, December 19 at 16:30-18:00 at the Megaron Athens Concert Hall. The subject of the roundtable was *“Balint groups as a place for training doctors in the psychological approach of patients.”*

A report on the congress will be included in our next newsletter.

#### **2<sup>nd</sup> Athens Balint Weekend, February 20-21, 2015**

On February 20-21, 2015, the second Athens Balint weekend will take place in Kifissia, under the auspices of the British Balint Society. The invited guest of the Hellenic group and representative of the British Balint Society will be **Dr. Gearoid Fitzgerald**, Consultant Psychiatrist in the NHS, Psychoanalyst and Member of the British Psychoanalytical Society, Balint group leader and Member of the Council of the British Balint Society.

### NEWS ABROAD

On **February 6, 2015** the **45th Annual Dinner** of the British Balint Society will take place at the Medical Society of London.

On **February 7, 2015** the Balint Supervision Workshop will take place for Balint group leaders.

The next **Balint weekend** will take place in **Whalley Abbey** on **March 20th to 22nd 2015**.

You can find out about details on the website of the UK Balint Society at <http://balint.co.uk/category/news/>

Visit the International Balint Federation [website](#) for information on upcoming events in more countries.



**19th International  
Balint Congress**  
*5-9 September 2015*  
*Metz, France*

**HELLENIC BALINT GROUP** • Parou 3b, 14562 Kifissia **T** +30 210  
8016431 **E** [info@balintgroupgreece.com](mailto:info@balintgroupgreece.com) **S** [www.balintgroupgreece.com](http://www.balintgroupgreece.com)