

**EDITORIAL**

I am delighted to welcome you to the first biannual newsletter of the Hellenic Balint Group. Michael Balint's work on the relationship between the clinician and the patient continues to inspire clinicians- doctors, psychologists, psychiatrists, healthcare professionals and educators- throughout the world including our country since 2013. The Hellenic group was put under the auspices of the British Balint Society and recently, with the accreditation of the first Balint group leader, the way has been paved for the training of other leaders with the purpose of spreading the Balint work in clinical practice. The goal of our newsletter is to provide you with information about the work of the Hellenic Balint Group as well as to increase awareness around the theory and practice of Balint groups.

Specifically, in this first publication you will get the chance to meet Dr. Sotiris Zalidis, general practitioner with a long clinical experience, accredited Balint group leader and esteemed member of the British Society, who participated in the first training weekend that took place in Athens this past February; you will be able to get informed about the weekend extensively in our report "*Conclusions from the 1st Balint weekend.*" Through their personal testimonies, two of our members will share their experience with the groups and the way in which this influences their clinical practice as well as their personal development. For those interested in enriching their theoretical knowledge, we present Jonathan Sklar's article *Regression and new beginnings: Michael, Alice and Enid Balint and the circulation of ideas.*" Sklar, who is a training psychoanalyst and a Balint group leader, offers a new evaluation of the work of Michael Balint. Finally, you will get the chance to learn about our news and events both in Greece and abroad.

I hope that you will enjoy the newsletter and we look forward to the development of a fruitful dialogue between us.

Magda Hadjidemetri

Editor

INTERVIEW WITH DR. SOTIRIS ZALIDIS, GENERAL PRACTITIONER AND ACCREDITED BALINT GROUP LEADER OF THE BRITISH SOCIETY, TO DAPHNE-TATIANA PAPANIKOLAOU, MEMBER OF THE HELLENIC BALINT GROUP



DP: How did your involvement with Balint start? What aspects of Balint work moved you the most? Tell us your story.

SZ: I first became interested in Michael Balint when I read his book "The doctor his patient and the illness". When I first read it, Greece was still ruled by the military junta. I entered the medical school of Athens in 1967, at the start of the dictatorship and graduated in 1973. I was one of those students who were against the oppression. I was a member of a group that were against the authoritarian rule of the dictatorship and wanted to find a way to oppose it. I thought that as medical students we had to find a way of resisting that was appropriate to the work we were doing. When I first read Michael Balint's book I was very impressed by the antiauthoritarian spirit of his work that I thought was revolutionary. He talked about doctors treating patients with respect; doctors who did not force the patients to comply with whatever they were advocating, but who actually tried to understand what was exactly going on with their patients. For me it was a revelation. So I started reading Balint's books that were exploring the application of psychoanalytic ideas to medical practice before I even graduated and this knowledge resided within me.

I went to London in 1974 in order to become a psychoanalyst. I started my personal training analysis and I gradually realised that my heart belonged to medicine. Psychoanalysts can only listen to their patients but cannot examine their bodies..So i gradually started to change my mind and decided that psychosomatics was an area that interested me much more. I therefore left the field of psychiatry and psychoanalysis and switched to medicine. But after I started working as a doctor I soon realised that I was still very interested in psychoanalysis (laughter) and I did not want to abandon it altogether. Besides, I had invested a lot of energy in psychoanalysis.

I wanted to find a branch of medicine that would allow me to combine my interest in psychoanalysis and medicine. In 1986 I went for advice to Michael Courtenay, one of Balint's closest associates, who suggested that General Practice would be the specialty that would satisfy mydouble interest. With his support, I applied for a job in 1986 to a group practice where the senior doctor was a member of the Balint society and my application was successful. I have been a general practitioner since then and a member of the Balint society and have been attending regularly the annual Balint weekends organised by the society. Initially there was only one Balint Weekend a year but recently the interest in Balint work is increasing and at present there are four. In Oxford, Newcastle, Manchester, Ireland.

I have also been involved in co-leading (with the Director of the Psychiatric Clinic) Balint groups for third year medical students at University College Hospital.

This is one of the few hospitals in the UK that has a student psychotherapy scheme. This training is part of the student's psychiatric training and encourages interested students to take a suitable patient for psychotherapeutic treatment for a year under supervision from senior psychotherapists of the department. This scheme proved so successful that more and more students declared their interest to participate until there were not enough suitable patients for every interested student (laughter).

So the Balint groups were introduced in order to give these students the opportunity to recognize the idea that emotions are very important for sick patients and that doctors had to be able to talk about these feelings.

DP: *Balint work is an established part of medical training in UK hospitals. What do you think is the greatest contribution of Balint to doctors?*

SZ: Is not established in all medical schools yet. Medical education in the UK is based on teaching hospitals and not all teaching hospitals have Balint groups for their students. As far as I know, there are three hospitals in the UK that have a student psychotherapy scheme that involves Balint work (University College Hospital, King's College Hospital and Bristol). However, there is an increasing attempt to include teaching of emotional aspects of patient care in medical schools. This trend has been driven by reports of poor patient satisfaction with the doctor's attitudes to patients. Some doctors behave like mechanics of the flesh and ignore the emotional impact their behaviour has on the patients. Balint work helps doctors appreciate the importance of emotions in shaping the outcome of the medical treatment.

DP: *Is my understanding true that in the UK individual doctors are also interested in Balint work, beyond the hospital requirements?*

SZ: Yes, it is true. But the doctors who are interested have a certain psychological mindedness. Traditionally, it is the general practitioners who are seeking participation in Balint groups because they are in contact with the same patients over a long period of time and very often it is not the medical difficulty that creates a problem but rather their difficult relationship to the patient can be problematic. Another group of doctors who are introduced to Balint work in their training is psychiatric trainees. And of course, any doctor from any speciality who is interested to discuss the difficulties in his relationships to his patients can join a Balint group. It is not compulsory to attend Balint groups but it is recommended as a constructive experience that can increase the understanding of the emotional communication between patient and doctor and of course protect against burn out in the doctor.

DP: *In your opinion, what are the greatest difficulties encountered in Balint work?*

SZ: When Balint groups first begun, the doctors met weekly. Gradually the frequency of meetings became less and at present most regular Balint groups meet once a month.

DP: *Why so infrequently?*

SZ: Because doctors are so busy. This is the greatest practical difficulty. The difficulty during the group work concerns the psychological defences of the doctors. They feel guilty when patients arouse negative feelings in them. Michael Balint taught that the doctor's feelings can become a guide for the understanding of the patient if they are viewed as symptoms

INTERVIEW WITH DR. ZALIDIS CONTINUED

of the patient's illness. However, this is a difficult notion to understand and accept. Doctors can feel exposed if they admit that sometimes patients can arouse violent feelings in them. They need to develop awareness before they are able to open up.

DP: *I imagine how difficult the role of the co-leaders must be if the members of the group are not used to talk openly about the way they feel. They must not only protect the members of the group from criticism and create a safe environment but must also encourage them to talk. A double role therefore.*

SZ: You are right; one needs to be very careful.

DP: *We would be very interested to hear an experience from your journey that was very important in your development as a Balint doctor.*

SZ: Do you mean an individual case or a group experience?

DP: *It could be both. When I was composing the question I had in mind an individual case, judging from my own experience that some cases move me more than others. However, for a co-leader it may be a group that stands out more than others.*

SZ: In my case it is neither. I am very grateful to the Balint Society for recognizing my interest in psychosomatic work, especially the way I manage the hyperventilation syndrome. This is a condition that is characterised by a cluster of frightening physical symptoms that occur when the breathing pattern of the patient changes from the calm diaphragmatic pattern to an upper thoracic pattern that represents a posture of mobilisation. The patient feels that she cannot take a deep enough breath. I have a lot of patients who suffer from this syndrome when they are stressed. I wrote and presented a paper on this topic at the Balint Society that proved to be very successful. This success established me as a Balint doctor and encouraged me to continue with the Balint work. For me it is not only the discussion in the group that matters but also the way I deal with patients who present with psychosomatic problems. I am very interested in the way some physical symptoms can be understood as related to the physiological mechanisms that mediate emotional arousal. Instead of attributing every symptom to a medical disease, the patient can be helped to recognise, understand and modulate the emotions that can bring about an amelioration of the symptoms.

DP: *We have just started Balint groups in Greece but in Europe Balint groups are fairly common. As a Greek who works in England do you have an explanation as to why Balint groups did not become established in our country?*

SZ: Balint work is established in countries that have a strong tradition of primary health care. In particular, they have taken root in the UK, Sweden, France, Holland and Italy. In Greece we never had a tradition of primary health care. In London for instance, every neighbourhood has its own primary health care centre where groups of doctors work and who are responsible for the health of the population throughout their life cycle from the cradle to the grave. I have been working in the same group practice since 1986. I have had an ongoing relationship with most of my patients for nearly thirty years, and some of these relationships can be intense and I need to discuss them in Balint groups in order to take a new perspective and tolerate the stress they cause me.

DP: *All this sounds very interesting. A whole network of primary health care centres in every neighbourhood! We are envious (laughter). What kind of training do you need to have in order to become an accredited leader?*

SZ: The details of the training are laid out in the website of the British Balint Society. But essentially to become an accredited leader you must be a member of a helping profession such as a doctor, a psychologist, a psychotherapist, a social worker, or a nurse. You must have attended a certain number of Balint groups as a member and you must have co-led a certain number of Balint groups with an accredited leader.

DP: *Is supervision compulsory?*

SZ: It is recommended. In London we have Balint Leaders Workshops that meet four times a year. In these groups the leaders present their groups and the work is discussed among the experienced group leaders. The work we did during this first Athens Balint Weekend will be presented in one of those weekends.

DP: Will you present the work jointly with Lida Bitrou, your co-leader?

SZ: Yes. Ideally both leaders need to be present during the presentation so that the views of both can be heard. It is not always possible for both to attend but it is advantageous for both leaders to be present so that we can learn from any difference of opinion that may occur.

DP: *Thank you very much*

SZ: I am honoured.

CONCLUSIONS FROM THE 1ST ATHENS BALINT WEEKEND

“Perhaps the essence of Balint Groups has always been to share experiences and enable people to observe and rethink aspects of their relationships with patients and their work as doctors.”

Enid Balint (1992) The Doctor, the Patient and the Group

From the 21st to the 23rd of February 2014, the Hellenic Balint Group organized the 1st Athens Balint weekend that took place for the first time in Greece under the auspices of the British Balint Society. Official guest of the Hellenic group and representative of the Balint Society was Dr. Sotiris Zalidis, general practitioner with a long clinical experience, accredited Balint group leader and esteemed member of the British Society. With the participation of Dr Zalidis a partnership was sealed between the Balint Society and the Hellenic group in the training of doctors, psychologists and other healthcare professionals in Balint groups. Founded in 1969, and having a long educational tradition and expertise, the Balint Society has heartily supported the efforts of the Hellenic Balint group members towards the development and diffusion of Balint groups in Greece. Thus, the implementation of this training weekend was crowned with success and marked the formal establishment of the educational “Balint weekends” –an institution which is part of the Balint tradition internationally- in Greece.

The training weekend had been structured according to the method usually followed in Balint weekends in most countries, i.e. several case discussions, a theoretical-empirical presentation on the Balint method followed by discussion and a closing evaluation of the weekend. During the evaluation stage, the leaders and members had the opportunity to talk about the points they felt more satisfying about the work they did during the weekend, and also the ones they would like to change or be corrected in future events. Both the debate which followed the speech on the topic "*Difficulties and challenges in Balint work*" and the closing of the weekend, gave rise to an open discussion between the members and leaders of the group, which highlighted the expectations from the participation in the group and the benefits they draw from it, which are visible in their clinical work and on a personal emotional level.

The participation of doctors and psychologists in the group, brought diversity and pluralism to the teamwork, which are typical of mixed Balint groups. The special feature of these groups is that during the case discussions, the psychologists contribute with their psychologically centered thinking to the understanding of the mental processes that occur between the two members of the therapeutic relationship, while the doctors, by approaching the matter more practically and rationally, limit the psychological analysis to the level and the extent that this is useful for the group. Thus the discussion is not allowed to stray into an excessive “deepening” and theoretical talk that would deflect the group from its original task, that is the understanding of the clinical relationship and its possible problems.

As a consequence, the medical cases that were presented during the weekend highlighted the psychological consequences of the disease for the patient and the way in which they affected his/her relationship with the doctor. the patient presented.

This creative dialectic between the psychological and the pragmatic, the emotional and the rational, as well as the work with a leader of a different style and approach that enhances the diversity and contributes to the development of the synthetic and selective capacity of the group, were some of the main contributions of the training weekend for the fledgling group and its leaders. This became evident during the closing discussion, where all participants highlighted the usefulness of the interaction between different clinical disciplines and approaches which, by means of "polyphony" and pluralism of thought enriches and broadens the work of the group.

Certainly, the proper functioning of mixed groups, such as the one carried out in the weekend, presupposes the mutual respect between the members and the compliance with the rules laid down in the groups, in order to ensure the equality and freedom of expression of each member, regardless of their specialty and theoretical approach. In fact, the common goal of the participants was, like in every Balint group, the understanding of the therapeutic relationship and the feelings of the clinician and the patient. For this purpose, each member tried to contribute with his/her own unique skills and capabilities (knowledge, experience, insight) and subjective understanding and perspective, to the cases discussed. In addition to the above, as it was pointed out by participants during the weekend, it is always important for the leaders to be familiar with each other's way of working and to have formed beforehand a common framework they both agree on, so that there are no disagreements or contradictions in the coordination of the group, which may hinder significantly the group's task.

The training weekend, which was rather intensive as many cases were presented by group members, concluded with lunch. During lunch, the participants had the opportunity to get more acquainted with each other, exchange impressions about the groups that took place and plan the future steps of their collaboration. The expectation of all of us at the Hellenic Balint group, with the establishment of these clinically and psychologically "dense" educational activities, is to introduce more healthcare professionals to the Balint method and the benefits of participating in a group. In fact, the one thing that is almost always noticeable by any participant in a Balint weekend is that the group work provides a frame of support and solidarity and raises awareness on the therapeutic relationship, which is so important for achieving a good therapeutic result regardless of one's specialty or approach.

Lida Bitrou

Clinical Psychologist

Accredited Leader & Member of the British Balint Society and the Hellenic Balint Group

OUR MEMBER TESTIMONIALS

Having spent 20 years in medicine, as a student, researcher, intern, fellow and clinician, I have finally become a young neurologist. As such, I realize every day how unique the therapeutic relationship between the care-giver and the patient is. This relationship is even more important in cases of chronic and/or handicapping and/or end-stage disease. But even in cases of less threatening or curable surgical disease, the bond between the therapist and the patient remains very important. In the Greek health care system, this bond relies mostly on the eagerness and the personality of the therapist. The therapist has to be aware of his personal growth and maturity as a health care provider, as well as to be able to deal with his insecurities, vulnerabilities or high expectations. At the same time, he has to confront his patients' fears, suspicions and stereotypes in dealing with their difficult disease. All this takes place within the degrading Greek health system that leads to exhaustion in both patients and therapists.

Having said that, when I have first heard about groups that focus on the therapeutic relationship, the Balint groups, I became really curious: how could a group influence such a particular relationship? I was pleasantly surprised to realize that the Balint group technique focuses on aspects of the therapeutic relationship that the therapist is not trained to deal with nor has the time to address. These aspects are nevertheless sometimes very important for the patient in order to trust his therapist. When I started attending to these aspects, it became easier for me to understand the expectations, wishes or disappointments of my patients. In several instances, when I met them after having presented their case anonymously in the Balint group, communication was more direct and understanding their particularities became easier. Consequently, the therapeutic relationship was more trustful; the patients were more relieved and consenting to treatment, perhaps leading to better results.

The Balint group that I have joined consists of health care professionals, and particularly mental health professionals, who are characterized by their professionalism, their willingness to broaden their working field, love for their work, their mature interventions, and exceptional therapeutic approach even to very troubled cases. Being part of such a group I receive a lot of support in handling difficult patients and furthermore in becoming a better doctor.

It is an honor and a pleasure to be part of such a group.

Evgenia Karantoni

Neurologist

Member of the Hellenic Balint Group

*"TO BENEFIT FROM
A GROUP YOU NEED
AT LEAST TWO
YEARS OF
TREATMENT - I
MEAN TRAINING."*

MICHAL BALINT

OUR MEMBER TESTIMONIALS

I am writing this testament in order to share my experience about Balint groups with other colleagues who have had a similar experience, even though participation in a Balint group can be experienced in various ways by different people. I would also like to share my thoughts with professionals who do not quite know what a Balint group is, emphasizing how helpful and enlightening participating in such a group could be in helping our clinical practice and personal development.

First, the more acquainted I became with the group's work, the closer I felt I was reaching the group's main goal, which is the understanding of the therapeutic relationship between the therapist and the patient. I have become more sensitive in recognizing and making use of the countertransference, i.e. the feelings I develop for the person I am treating. It was sometimes hard for me to avoid getting into theoretical analysis about the case and staying focused on the actual feelings and the relationship. However, I came to realize that there is a lot to gain from understanding the communication between the therapist and the patient.

A Balint group is not considered as an official form of supervising clinical work. However, for me it could also serve this purpose in a way. When I present a case, I need to bear to abstain from participating in the discussion that follows, and this enables me to pinpoint the tricky issues which concern the therapeutic relationship and my therapeutic interventions. Many different and often contradictory ideas are heard in a Balint group discussion, showing that there is no absolute truth and that any issue can be viewed from different perspectives. As a result, I have felt more confident and flexible in my clinical work. Finally, the group offers a climate of acceptance and trust; this has enabled me to share my anxieties about certain patients and also reveal my weaknesses, as I am certain that the group will support me emotionally as well as shed light on how to move forward in my clinical practice.

Lida Semidala-Avramopoulou

Child Psychologist - Psychotherapist

Member of the Hellenic Balint Group

*"THE DOCTOR IS
THE DRUG"*

MICHAEL BALINT

JONATHAN SKLAR'S ARTICLE PRESENTATION



Enid and Michael Balint, Balint Groups founders and creators of the patient-centered approach

Jonathan Sklar's article *Regression and new beginnings: Michael, Alice and Enid Balint and the circulation of ideas*, which was published in the *International Journal of Psychoanalysis* in 2012, offers a new evaluation of the work of the initiator of the Balint groups, the psychoanalyst Michael Balint. Sklar pays attention to the milestones of Balint's personal history, which he relates to the development of his theory. He focuses on four basic theoretical concepts: the analytic pair, regression, the basic fault and creativity. The writer talks about the influence of Alice Balint (first wife of Balint) and Enid Balint (third wife of Balint) in the development of Balint's thought. In addition, he gives an extensive account on the formation of Balint groups, their history, setting, purpose, and present relevance today. He concludes with Balint's thoughts on psychoanalytic training.

Sklar mentions the landmarks of Balint's life as well as Balint's personal traumas which have influenced his theoretical views and interests, such as his hand being marked during the World War I, the change of his name (from Bergmann Mihaly to Michael Balint) against his father's wishes, his escape from home due to the historical events of his time, the sudden death of his first wife Alice and his parents' suicide. The writer of the article indicates Balint's psychoanalytic influences including his central collaboration with Ferenczi and the continuation of the latter's research work on the analytic setting and the role the analyst plays in the environment of the analysis, concepts which he examines closely in his book *"The Basic Fault-Therapeutic Aspects of Regression."* Sklar talks about the way Balint applied the psychoanalytic theory to the practice of general practitioners, where the focus shifts to the relationship that is developed between the doctor and his patient, in his renowned book *"The Doctor, His Patient and the Illness."*



Balint's famous book cover
The Basic Fault

In relation to Balint groups, Sklar explains that the basic concepts of Balint's theory, such as the "basic fault" and "regression," are applied in order to understand the patient- doctor relationship. The basic fault is a concept Balint uses to describe the scar which results from the primal two- person relationship (either because something went wrong or because something was missing), which is carried over into the Oedipal period. The resolution of the basic fault takes place in the analytic setting where the analyst cultivates the right atmosphere to encourage the patient's "regression," in other words the revival of the primitive experience (the basic fault). According to the writer, Balint groups are "an extension of understanding regressed states of mind into ordinary medical practice." Balint helped the doctors understand their regression under the impact of their patients.

Michael and Enid Balint created a group setting that helps doctors understand in a deeper way the emotional relationship between their patients and themselves as well as to recognize the basic fault in their communication and the unconscious dynamics that dominate the therapeutic pair.

Forty years after their founder's death, the groups exist all over the world and not only are they addressed to general practitioners but also speak to psychiatrists, nurses, the clergy, occupational therapists and schoolteachers. What strikes the writer- who has been working with Balint groups for the past twenty years- is how the most basic unconscious processes are manifested both in the group participants' ability to listen to each other and in the doctor's ability to listen to the patient.

Sklar's article is addressed to the modern psychoanalytic audience. His purpose is to offer the reader a deeper understanding of the history of Balint's concept development and the subsequent controversies over psychoanalytic training and therapeutic technique this brought about in the psychoanalytic community, as for example, the encouragement of regression during the analytic setting. In addition, the present article, could communicate its ideas lucidly to professionals of other disciplines, such as healthcare professionals, doctors or educators, who wish to deepen their knowledge in the work of Balint and his groups.

Magda Hadjidemetri

Psychologist- Psychotherapist

Member of the British Balint Society and the Hellenic Balint Group

NEWS FROM GREECE

On 10 May 2014 the Council of the British Balint Society granted the accreditation of Balint group leader to Mrs. Lida Bitrou after the completion of her training. This is the first case in which a leader is trained by a foreign Balint society for the sole purpose of organizing and coordinating groups in Greece, thus paving the way to the training of other group leaders. The training addressed to doctors, psychologists and other health professionals, is based on the participation of the trainee in a Balint group as a member, leading of groups and supervision of his/her work with an accredited group leader.

Those interested in training can contact the Hellenic Balint Group at 210 8016431 and info@balintgroupgreece.com

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VISIT OUR WEBSITE

WWW.BALINTGROUPGREECE.COM

Balint groups are based on case discussion and aim to the improvement of the therapeutic relationship through the understanding of its emotional content and the way in which it influences therapy itself. The groups are mainly addressed to doctors, but they can also include other specialties such as psychologists, nurses, social workers and generally any other professions whose setting involves the creation of a care relationship.

The Hellenic Balint Group was created with the purpose of developing and spreading the Balint Groups in Greece.

EVENTS

2nd Fishbowl Group, September 20th, Athens

On September 20th 2014, the 2nd "fishbowl*" group from the Hellenic Balint Group will take place in Kefalari.

The schedule will be announced on the Hellenic Balint Group website shortly.

*Fishbowl group: Balint group which can be observed by participants in the external circle, followed by a discussion from everyone on the process

News Abroad

The next educational Balint weekends will take place in Newcastle between 6-8 June and at Oxford between 26-28 September 2014. You can find out about details on the website of the UK Balint Society at <http://balint.co.uk/category/news/>



**19th International
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