



EDITORIAL

Welcome to the third bi-annual newsletter of the Hellenic Balint Group.

We continue to work and grow and as a result, next September another group of doctors and psychologists will be formed. It is very important for us to include doctors of different specialties in our groups, being true to the goal of their founder, who initiated them in order to provide psychological support to doctors in their clinical practice and at the same time to draw their attention to the dynamics of the doctor- patient relationship. In this issue, you will get the opportunity to read the experience of a psychiatrist, at a department of psychiatry for adolescents, who delineates the difficulties and the peculiarities of the clinical practice and the way the Balint group influences his work. At the same time, in the testimonial section of the newsletter, two psychologists share their thoughts and feelings that emerge in Balint work.

In the context of the second Balint weekend in Athens, we had the honor and pleasure to have Dr Gearoid Fitzgerald over, psychiatrist and psychoanalyst, member of the Council of the British Balint Society, whom you can get to know in the interesting interview he gave us. We also include an article with thoughts and impressions of the educational weekend in which you can find useful information on the process and coordination of our groups.

You can also be informed about our participation in the 2nd National Conference on Mental Health in Primary Care, where our group presented a roundtable on "Balint groups as a method in training doctors in the psychological treatment of the patient".

We look forward to the development of our dialogue , which we deem even more important in the difficult times our country is going through.

Magda Hatzidimitri
Editor

THOUGHTS AND IMPRESSIONS FROM THE 2ND ATHENS BALINT

Last year in February the Hellenic Balint Group organized for the first time an educational weekend following the model of the Balint weekends that are organized by the British Balint Society three times a year in three different cities of Great Britain (Manchester, Newcastle and Oxford) and recently in Ireland (Sligo). Balint weekends are a concentrated form of training in Balint groups and they attract doctors and mental health professionals from across the UK who are interested in the therapeutic relationship and the psychological aspects of their work with patients. These weekends give the opportunity to the doctors who have heard of the groups to gain a personal experience of the group work for the first time, and to those who are already participating in a group to enrich their experience and meet other colleagues with whom they share an interest in the therapeutic relationship. Also through the social part of the weekends that includes music nights, dinners and excursions, they also give the opportunity for friendships and collaborations to develop between the participants and to strengthen the feeling of solidarity that usually exists in the groups.

In our Balint weekends that were held this year and the year before in Athens, the aim was slightly different as in Greece we don't have many group leaders yet and therefore we couldn't have several groups running in parallel as it is done in England. Nevertheless, in the context of the members' training and my own further development as a leader, we organized the Balint weekends for our ongoing group of doctors and psychologists by inviting group leaders from England who transmitted their knowledge and experience from the groups to us. So, last year we had the honor and pleasure to invite Dr Sotiris Zalidis, a general practitioner with a very successful career in London who is involved in Balint groups as a leader and trainer in parallel with his general practice, and this year Dr Gearoid Fitzgerald, psychiatrist and psychoanalyst, member of the Council of the British Balint Society and first educator of Balint groups in Ireland where he trained psychiatrists of the Irish College of Psychiatrists in the Balint method. In addition, Dr. Fitzgerald made a valuable contribution to the set-up and development of the first Greek Balint group as he was my supervisor during my leadership training in the Balint Society, during which he offered me very generously his assistance and guidance. So, when I invited him to come to Athens and lead with me for the weekend the group that he already knew through our supervision, I think that he accepted my invitation with great pleasure.

In general, Balint groups may have one or two leaders who are usually doctors or psychologists. When Michael Balint started the groups the leaders were psychoanalysts, as was he and his wife Enid with whom he ran the first groups, but along the way this changed. Now any doctor or psychologist who has some experience as a member in a group can be trained as a leader and obtain the corresponding accreditation.

I think that the positive thing about the co-existence of two leaders in a Balint group is the sharing of responsibility regarding the good functioning of the group, something that becomes even more necessary as the number of the group members increases. If we drew an analogy between the group and a family and between the leaders and the parents of the family, we could say that in the case of one leader all the responsibilities and concerns fall upon the only leader-"parent", whereas when there are two leaders the concerns are shared, facilitating this way their work and also offering to the members-"children" the opportunity for an identification with two different ways of thinking and approach of the cases presented in the group. This is exactly what I felt while leading the group with Gearoid and I think that what really helped us to create this ambiance was the fact that having worked together in supervision we already knew each other well and we were familiar with the way of thinking of each other. Also, the psychoanalytic "gaze" that we share due to our psychoanalytic training, I think helped us to better comprehend not only the dynamics of the therapeutic relationship in the cases that were presented, but also the dynamics between the members of the group, the way in which each participant functioned and interacted with the group, as well as our own communication as leaders.

Another important element in the co-leading of the 2nd Athens Balint weekend was Gearoid's contribution in emphasizing the value of the Balint method for doctors. The group that we were expected to lead has the particular feature of being a mixed group which however began as a psychologists' group that most doctors joined later. As a result the presence of the psychologists has been quite strong and in conjunction with the fact that they outnumber the doctors, there is a tendency for them to present cases more often and for the doctors to remain in the role of the listeners. Also, the fact that psychologists usually form long-term therapeutic relationships with their patients whereas doctors may see a patient only once creates a misleading impression in doctors that in order to present a patient, one must have an ongoing relationship with him and a consistent perception of the psychological difficulties encountered with him in analogy with their psychologists colleagues. Gearoid therefore made it clear to the group through his style of leading and interventions that all the members should present the patients about whom they have concerns regardless of the duration of the therapeutic relationship, and that it is important for the doctors to make use of the group as they carry a heavy emotional load in their demanding work in which they are asked to take care not only of the body that hurts but also the soul that suffers. Wanting therefore to encourage the presentation by the doctors of our group, on Sunday I addressed the group saying "Today we hope to hear two medical cases". My direct prompt was followed by two very interesting case presentations, one from the internal medicine and one from the child psychiatry clinical practice, in which I think that both doctors and psychologists worked with the aim to help presenting doctors to understand what was happening to their patients which led them to behave in an odd or problematic way creating problems to the doctor or the hospital setting, and what could the doctors expect from themselves in their effort to help their patients while protecting at the same time their own physical or emotional safety.

THOUGHTS AND IMPRESSIONS FROM THE 2ND ATHENS BALINT

One of the main functions of the leaders in Balint groups is to promote the creation of an ambience of security in which the members will feel that they can speak freely and that their thoughts will be heard by others with interest and respect. Of course, this doesn't mean that everyone agrees with everyone, rather that even disagreements or judgments are expressed in a way that doesn't offend or affect the personal and professional status of anyone in the group. And I think that that is what distinguishes Balint groups from other case discussion or supervision groups. My feeling from this Balint weekend was that my co-leader and I managed to create this kind of ambience that formed the basis for a good "balintian" work.

Our goal for next year is for the 3rd Athens Balint weekend to be bigger than the previous two and have more healthcare professionals as participants who will get acquainted with Balint groups for the first time. Our goal is to have the "classic" structure of a Balint weekend with more groups that will be carried out in parallel, a plenary group session with all the participants, as well as a social event that will give the opportunity to people to become acquainted with each other and exchange their impressions from the group work. So this time we intend to invite more leaders from Great Britain in order to make it possible to run more groups which will give the opportunity to new participants to experience this method of training in the therapeutic relationship that at the same time helps the doctor and the healthcare professional to feel better at their work. We hope that the financial circumstances that will be formed by then in our country will allow the realisation of our project.

Lida Bitrou

Clinical psychologist- Psychoanalytic candidate

Accredited Balint group leader & Member of the British Balint Society

INTERVIEW WITH GEAROID FITZGERALD PSYCHIATRIST AND PSYCHOANALYST, MEMBER OF THE COUNCIL OF THE BRITISH BALINT SOCIETY to Magda Hatzidimitri, Psychologist, Psychotherapist and a member of the Hellenic Balint Group

MH: *You have been a Balint group leader for 23 years. What first interested you in the Balint groups? How did you get involved? We would be very interested to hear an experience from your long journey that was very important in your development in the Balint field.*

GF: Good question. When I was training in the UK there was a change in the curriculum for junior doctors and suddenly as a new consultant I had to do case discussion groups and looked around for something that might be useful. I went to a Balint weekend in Oxford and really liked it. It was held in an old Oxford college, all series and gardens and beauty. There were nice interesting people who had done unusual things. I remember one general practitioner who had worked in Papua New Guinea with head hunters for years. That led me to think about training as an analyst so I worked at doing that and it took a lot of time and money. I kept going to weekends and doing groups as they had always seemed to me a civilized way of exploring the relationship between the clinician and the patient. They assume competency and that something is getting in the way of a creative or therapeutic relationship and explore without telling you what to do. What has kept me involved are the people but also the theory of Balint groups: "What is going now? What am I doing as a leader?" I like the idea that one can never get it right and I am simultaneously irritated by it and the multiple viewpoints of the group, I think.

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

GF: I think the greatest contribution is that it is so analytic without the usual off-putting trap-pings of analytic theory. Michael Balint introduced the unconscious into the relationship with the clinician in the consulting room. I think it is subversive. You see, it gets into areas that more formal psychoanalysis can't and wouldn't be allowed to get into.

MH: *In your opinion, what are the greatest difficulties encountered in Balint work from the Leader's point of view? What about the difficulties encountered by the participants?*

GF: I think for me as a leader the greatest difficulty is not imposing my view of what is going on. I am by nature a bit certain and bossy so the discipline of the Balint group structure stops me turning it into teaching or formulating which I think destroys the essence of a group. From a participant's point of view when I am in a group, my biggest difficulty is my irritation and impatience with the points of view of others and then my surprise and shame when the presenter says one of the things I had dismissed as nonsense, really struck a chord for them.

MH: *In this cost-effective era of healthcare, do you think there is a place for the human-cantered approach Balint is proposing?*

GF: Yes, I do, as intelligent people don't need the groups after a while to learn new competencies and skills. It is the patients who are outside of those norms that usually "come" to Balint groups as they don't fit in with our patterns and we need to work to explore it, not force them into a package as it is. So many protocols in the UK are about doing something about risk but not about understanding the patient, which I think contains and settles them more. Like in the group with the neurological case that was presented at the 2nd Athens Balint weekend, it was in part about bearing the absolute unknown knowingly with the patient, I thought.

MH: *You are a psychoanalyst as well as a psychiatrist. How are these roles contributing in your Balint work?*

GF: Again, I think it is important with groups that one has to integrate both of those and subsume them into being a Balint group leader. Being a psychoanalyst in a group by which I mean functioning as a psychoanalyst usually would, I think would be unhelpful. But using the way of listening, formulating and then translating them into Balint work and using it in the service of the group does help. The same with being a psychiatrist or any core profession.

MH: *Could you please share your experience from co- leading the Greek Balint group in the second Balint weekend?*

GF: I thought it was great. I felt it was lovely to see a group of motivated thoughtful young people all engaged in proper Balint work. I thought the hospitable open nature of the culture and the group was very impressive. I don't know if I mentioned this, but one night on a walk from my hotel, I heard these pipes and drums coming from a narrow road leading from the Acropolis. Suddenly a group of men with furry suits on their lower legs and playing pipes with scary masks ran past followed by a huge crowd. It was linked with something to do with Bacchus and I was completely thunderstruck by actually being in the place where so many myths that underlie psychoanalysis come from. That colored my view of the weekend where there was something about the roots of psychoanalytic thinking and culture that was all around me. You are all used to it I guess. It was really striking the work in the group with a stranger essentially and the layers of culture all around. Maybe a bit romantic but that is how I felt.

MH: *You trained a number of members of the Irish College of Psychiatrists when they were setting up Balint groups in Ireland. How was this experience? In your opinion, what steps could the Greek group take in order to disseminate the work in Greece?*

GF: That was a strangely moving and disturbing experience as I have just come back from another weekend in the northwest of Ireland. It is odd to be both an outsider (trained as a psychiatrist in the UK) and an insider (Irish) compared to the other Balint leaders in the groups. It was like Greece, references to books and films and people talked. Silence is a big problem in English Balint groups. I loved meeting all these colleagues with a totally different system to work in and such similar ways of expressing themselves to mine. I wondered why I stayed in the UK at times. I don't know what it is like in Greece but Irish people find it easier to admire someone from another culture who has something they don't, but if it's the guy from the next town they can be a bit competitive and want to put him down.

So it was strange and very moving. I saw more of Ireland than I had in years and loved the driving about. I think linking is really important in developments. I would think about setting up a Balint society that is multi-disciplinary from the start in a way that reflects your group so it doesn't have to be owned by one profession. I think training leaders is essential as otherwise you can't expand and I know the UK society is happy to help.

I would say do not feel you *have* to do anything but being in a group until you feel ready. That is a huge contribution to the culture of your professions as I think culture changes with small groups of people in rooms talking. All the leaders that have stuck in the society are those who had a lot of time in groups and then moved when they felt ready. I would not rush yourselves. I felt your group was unique in its composition and a small group with young people with children, being on call, in private practice can only ask itself to do what it can do. I would stick with it, enjoy yourselves first and develop when you feel you want to do some more, move forward realizing that things take ages to sort out and get going (the Irish are all very disheartened as how difficult it is to get groups going outside of psychiatry training groups despite loads of enthusiasm and energy).

MH: *Thank you very much!*

GF: My pleasure.

OUR MEMBER TESTIMONIALS

When asked to express my experience as a member of the Greek Balint group, the first feeling I recall and partially revive is the pleasure offered by the collective effort of understanding the therapeutic relationship.

Presenting a clinical case, where something has posed a difficulty on me, I usually feel this mental relief offered by the sharing of the experience and the caring I receive from the other group members.

Initially, the role of the narrator, offers the opportunity to tell my experience in terms of the therapeutic relationship and to freely express feelings and concerns. Usually at this stage, I am surprised by the points that emerge through the free associations which bring to light additional concerns.

As the reflective practice of the group begins around the narrative, I discover most of the time parts of me that have identified with my patient, difficulties, concerns, my feelings and those of my patient's. The distance being obtained at the moment through my non-verbal participation, as well as the way the team reflects, depicts, represents and meditates the narrative (without criticism, negative descriptions and advice), helps me realize something of what is being exchanged in my relationship with my patient and opens ways to cultivate and develop a more effective interaction - communication with him. Through this position I feel like I become an observer of my own narrative - experience.

In the final phase of the process, when I return to the group in a more active way, I share my experience from observing the reflection of the group and every time I understand how new thinking seeds of understanding and interactivity have been engrafted in my professional thinking and conscious reflection, which I can use in my work as I see fit.

Finally, I would like to thank the members of my group, consisting of psychologists, psychoanalysts and doctors, for their valuable contribution of thoughts, concerns and feelings. This contribution is the one that each time leads a practitioner to investigate and understand the therapeutic relationship through a different light, with many shades and different routes.

Ntina Bezioula

Educational Psychologist, Psychotherapist

Member of the Hellenic Balint Group

OUR MEMBER TESTIMONIALS

When I first heard about the existence of Balint groups in Greece it sounded extremely interesting and I promptly signed up for one. I never expected the experience to be so fascinating though.

Many group members talk about how enriching the exchange of opinions, reactions and feelings between participants of different specialties in the health sector is. Whether mental health professionals or doctors of other medical sectors, the process opens many new “gateways” to the way a therapist or medical practitioner approaches her patient. To me, an equally interesting part is hearing myself recount spontaneously and in retrospect a clinical encounter which has stayed with me for some time, for whatever reason. In the Balint group meetings, I’ve had the chance to better understand my feelings and the way I approach and relate to my patients, often speaking of things that I hadn’t even realized were happening. By mentally taking myself to the “here and now” of the encounter with my patient, I can focus from the necessary distance on facts and snapshots of that meeting which often paint a different picture to the one I had in mind.

All of this is, of course, enriched by the other members’ commentaries in the general discussion section. Free associations from all sides often reenact part of the clinical material within the group on both a verbal and a non-verbal level thereby illuminating it from the many viewpoints of the members of the Balint circle, something extremely useful since in our work we usually stand at a particular, linear position in regard to our patient. My feelings, amplified by the silence imposed by the Balint procedure while the rest of the participants discuss the material, also help me grasp what is at risk in my clinical sessions.

So what are Balint groups in the end? Many of us feel they bear a close resemblance to group supervision while at the same time they seem to also act therapeutically... My personal experience is that the group embraces its members, «holds» them as we say, allows for the human side of the therapist while at the same time boosts her professionalism by supporting her in the difficult role to in turn support her patients.

Sophia Hassou

Psychologist

Member of the Hellenic Balint Group

ADOLESCENT PSYCHIATRIC SETTING: CHALLENGES AND ANSWERS

I had my first experience with a Balint group when I just started working in a department of psychiatry for adolescents, as an intern of child and adolescent psychiatry. Due to the economic crisis, many similar institutions face financial difficulties, while others are forced to minimize their operations or close down completely. As a consequence, there is a significantly increased workload and also a fear of diminishing the quality of services being offered.

Nevertheless the true difficulties arising in such a work setting are associated to the adolescents themselves, adolescents flooded with emotions, positive and negative, who desperately need help and “redemption” from their everyday impasses. Teenagers are being torn between childhood, the starting point of their journey, and adulthood, their final destination. The child-adolescent desires guidance, safety and stability whereas the adult-adolescent is furious with his insecurities, struggling for his independence while flirting with his first love feelings. Even his body seems alien and hostile as it is beyond his control, a body that changes day by day. This volatile combination becomes even more unstable if psychopathology coexists and possibly an inadequate family environment. Usually, every attempt to approach the teenager in a rational manner, is ineffective while appealing to the sentiment results in exposing the therapist in an uncontrollable gale of disappointment, anger, rage, hopelessness and despair coming from the teenager. In the case that the therapist endures these emotions, the adolescent rewards him with his trust and the feeling that things can change. This emotional roller coaster was extremely difficult for me to bear, especially after four or five consecutive sessions with adolescents during the same day. Teenagers’ temperamental way of dealing with reality surprised and left me unprepared, making it difficult for me to manage not only the current session, but the therapeutic intervention in total. As a result, I needed some kind of training that would help me during the therapeutic process and support me as a professional.

During one of my meetings with the Balint group, where both doctors and psychologists were present, I talked about a female adolescent and the session we had had earlier that day. The patient was under medication for bipolar disorder, which had started several years earlier at about the same time when she begun treatment in our department. That day, I informed her that I would soon stop working at the facility and therefore someone else would be her therapist. I was disappointed that I had to leave and it was extremely difficult for me to “let go” of my patient. I was thinking of ways to delay this separation while I was worrying about the teenager’s reaction. After my presentation, I withdrew symbolically from the circle (staying quiet) and the participants started talking about the relationship with the patient and the aspects each thought were more important.

As the process continued, various notions emerged that I had never thought about. I realized my difficulty in letting go not only my patient but also the department I was currently working for and “allowing” myself to move on professionally. The fear of what I would encounter in my new workplace identified with my patients’ fear of the new therapist. The group, during the conversation, started to feel the emotions I had during the session I had described. The alternation of feelings was amazing as disappointment was followed by affection, anger and compassion making me think that everybody was present mentally in the session, feeling the whole range of emotions; both mine and the patient’s. I felt that the group embraced me in a way, sharing my difficulty and need. I realized then, the importance of the Balint groups for improving my doctor-patient relationship, better understanding it and also for supporting me in a difficult and risk taking road.

I have been participating in a Balint group for a year now and hopefully for more to come. Through the process, in particular with regards to adolescents, I feel that every member of the team expresses a different aspect of the teenager. It is as if I am listening my patient verbalize his overflowing emotions, illuminating each and every one of them, using the voice of the participants. Thus I manage to limit my “blind spots” , taking into account the food for thought my colleagues offer me in this safe environment.

Anastasios Stavrou

Child Psychiatry Resident

Member of the Hellenic Balint Group

REPORT FROM THE SECOND NATIONAL CONGRESS OF MENTAL HEALTH IN PRIMARY CARE

The Greek Balint Group participated in the 2nd National Congress on Mental Health in Primary Care, held on December 18-20, 2014 at the Megaron Athens International Conference Centre. The group presented a roundtable on "Balint groups as a method in training doctors in the psychological treatment of the patient". The presentation consisted of a theoretical part, where the team coordinator, Mrs Lida Bitrou, talked about the theory and practice of Balint groups and Mrs Lida Semidala-Avramopoulou spoke about the connection of psychosomatic medicine with Balint groups. In the second part, they formed a group ad hoc with the participation of the public, aiming at presenting the philosophy and methodology of Balint groups.

More specifically, Mrs Lida Bitrou, clinical psychologist- trainee psychoanalyst and coordinator of the Greek Balint Group, in her speech titled "Introduction to the theory and practice of Balint groups", presented to the audience the way the Greek group functions. She also described the historical context in which Michael Balint developed the first groups in Great Britain with the participation of GPs. She referred to the doctor- patient relationship in the British health system and presented the contribution of Michael Balint in the patient-centered education of doctors. Finally, Mrs Bitrou highlighted the benefits doctors of various specialties can gain from their participation in a Balint group and, also, underlined the usefulness of introducing Balint groups in the Greek health system.

Next, Mrs Lida Semidala, developmental psychologist- psychotherapist and member of the Greek Balint group, in her speech titled "The psychosomatic medicine and Balint groups", referred to research and clinical data confirming the link between the mental and the physical components and highlighted the connection of psychosomatic medicine as a holistic approach to Balint groups. She referred to the decisive contribution of Michael Balint, with the introduction of the concept of "total" diagnosis, which takes into account the psychological factors before determining the treatment. She presented the way Balint groups cultivate psychological thinking of doctors and encourage the examination of the relationship with their patients. Finally, Mrs Semidala highlighted the utility of doctors' training in psychosomatic medicine and the need to introduce this approach into the Greek primary care.

In the last part, the speakers invited volunteers from the audience to form a Balint group ad hoc, coordinated by Mrs Bitrou and Mrs Semidala. In the group formed, a general practitioner from the province presented a patient with constant physical complaints. The group discussion highlighted the psychological dimension behind the somatic complaints and the patient's feelings of dissatisfaction. It also emphasized the difficulty of the physician, who was called to take care of the patient in a way that exceeded the firm boundaries of medical practice, which was related to the understanding of the doctor- patient relationship. Finally, public comments highlighted the interest in the new perspective in the doctor - patient relationship introduced by Balint groups.

Lida Semidala- Avramopoulou

Developmental Psychologist- Psychotherapist

Member of the Hellenic Balint Group

NEWS AND EVENTS FROM GREECE AND ABROAD

New Balint group in Greece

The new Balint group will begin working in **September 2015**. The participants will both be **doctors and psychologists**. We **now accept applications from doctors (the places allocated for psychologists have been filled)**. **If you are interested** in a patient centered approach in your medical practice and you want to share the difficult aspects of your work with a group of colleagues and psychologists, please contact us by phone +30 210 8016431 or email info@balintgroupgreece.com to apply.

19th International Balint Congress in France

The 19th International Balint Congress will be held in Metz, France between 5th to 9th September 2015 You can find more information at <http://www.ibfevents.org/en/>

3rd Educational Balint Weekend in Athens

The third **Educational Balint weekend** of Athens will take place in **spring of 2016**. The groups will be leaded by group leaders from Greece and the British Balint Society. You can find details in our website in the upcoming months.

Next Balint Weekends Abroad

The next Balint Weekends of the British Balint Society will take place as follows:

2 – 4 October 2015: Corpus Christi College, in Oxford

13 – 15 November 2015: Weetwood Hall, in Leeds

11th – 13th March 2016: Whalley Abbey, in Lancashire

To obtain information about other **Balint events internationally** please visit the site <http://www.balintinternational.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.

THANK YOU

The Hellenic Balint Group send their thanks to the International Balint Federation and the Medical Balint Society of France for the special participation fee they have provided for the members of the Greek group at the Balint International Congress that will take place in Metz, France on 5-9 September 2015.



**19th International
Balint Congress**

5-9 September 2015

Metz, France