

# Balint Groups as a Driving Force of Ego Development

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## ABSTRACT

*This paper gives an overview of one of the main components in the process of Balint groups. The paper is based on the authors' research on the work of Balint groups and the study of literature which deals with the development of ego and the role of Balint groups in the development of participants' ego. This field is of great interest to the Balint movement and education in medicine. The special place in the discussions on the Balint method is given to the issue of benefit and the nature of influence of the Balint groups on participants. The Balint movement is of special interest for Croatia since it was perhaps among the first in the world to introduce Balint seminars as an official part of education of family doctors. The Croatian Society of Balint Groups as early as in 1970's became a part of the International Federation of Balint Groups. Professor Bettheim was Michael Balint's friend and his followers introduced the method not only in medicine but also in other professions: social work, pedagogy, psychology, sociology etc. The Balint's method is also very interesting and useful to stomatologists, orthopedists and physiotherapists. Croatian dentists joined the Balint Groups in 1983 and orthopaedists in 1987. These were the unique cases in the European context. The Balint groups are very efficient and necessary in the process of strengthening ego and self-awareness of these professionals. The paper also discusses the increase of the doctor's self-awareness and self-consciousness during the process of training in the Balint Groups. The Balint Groups only insist on the doctor-patient relationship and do not interfere with the unconscious of the doctor's preoccupations. The approach of Enid Balint strives to find harmony between the Balint's approach and the psychoanalytic approach to the object of the research. According to her understanding, the development of the group atmosphere is similar to the one in the family. The authors reach a similar conclusion in their research.*

Over the last few decades much has been written<sup>1,2</sup> about the nature and effect of Balint groups. A special place in these discussions belongs to the question of the use and nature of the impact of Balint seminars onto their participants who act in accordance with the Balint's method. We were first faced with this question a few decades ago and, as we were growing older, these questions imposed themselves ever more intensively. Our teachers in Croatia were closely connected with Balint. They were perhaps the first in the world to introduce Balint seminars as an official part of education of family doctors (Prof. Betlheim and Prof. Blažević with their associates). Our investigations and observations are quite relevant to the psychoanalytic training as well. At our Clinic everything has been oriented towards psychoanalytic approach and acquisition of theoretical knowledge<sup>3-5</sup>. However, on this occasion, the interest will be on the changes in doctors and their reactions towards examining and reconsidering their relationship with their patients during the training in Balint seminars.

This process has made many educators and leaders of Balint groups ask certain questions, together with Enid Balint<sup>6</sup>, and look for the answers on the basis of their own investigations and experiences in Balint groups:

- What is happening at the seminars that brings about changes in some doctors and not in the others?
- What type of a doctor is prone to changes and what kind of changes occurs?
- Which activity on the part of the leader facilitates the changes?

If we want to discuss these questions, then it is necessary to describe Balint groups of family doctors in which our main goal is to study the doctor-patient relationship, rather than, of course, the interactions between the participants in

the seminar. In this work, we believe, all those who follow Balint's ideas do not try to teach theory in Balint groups, but to help family doctors to be more flexible observers of both themselves and their patients until the end of the therapy and to make their therapy more efficient and reliable. Our presentation emphasizes the doctor-patient relationship during the specific process of treatment. We wish to find out how can understanding of the relationship help a doctor to understand the patient's illness and the patient himself, and in which way this can explain the difficulties in the therapy and also in other relationships in the patient's life<sup>7-8</sup> (we do not have to mention that this is the way phenomena are discussed in psychoanalysis).

We all know that the course of any treatment is determined by the patient's illness and his personality as well as by the doctor's knowledge and skill, and less by the doctor's personality. However, we should not forget that medical practice of a physician is an expression of his/her personality that, on the other hand, defines his/her attitudes and approaches in his professional work. The participants in Balint groups present their cases only when they themselves choose to do it; they usually present the cases with explicit emotional and psychological problems, asking for help and discussion in the safe atmosphere of the seminar. Through observation and presentation of the cases the doctor finds some solutions which are much more important for him/her than fruitless and mechanical use of theoretical knowledge. Thus, in fact, his/her knowledge about the patient's life is gradually developed and completed.

We do not intend to study each individual profession and its manifestation in the process of the Balint groups' work. Still, we have to stress that dentists and facial surgeons due to their specific and sophisticated work which primarily de-

mands an aesthetic approach have to make very difficult decisions. They have to be very conscientious, critical and realistic about the object of their study. This puts them in a specific position and calls for their greater participation in the Balint Groups' work.

Michael Balint called this process »overall diagnosis« as early as in 1961<sup>9</sup>.

The adequate training method of the Balint seminar gives doctors an opportunity, in a specific atmosphere, to increase and study their awareness of these issues. This refers especially to their interaction with the patients. In the childhood, certain ego functions are frustrated in the development if there is no adequate interaction between the child and its environment; similarly, throughout one's life, and perhaps particularly through professional and working relationships, one's professional ego functions can be so frustrated in the development that one is likely to feel used and stupid.

What a human being can do in such a world that has offered him so little satisfaction and his relationships with his environment have been essentially unsuccessful? Enid Balint<sup>10</sup> in her work about psychoanalysis showed that the environment reflects back to the individual his/her activity in a very reliable and trustworthy way. Here, the Balint method avoids in a group seminar any forcing of improper relationship and, consequently, a false identity of its members. A seminar or a Balint group must avoid presumptions to make a doctor agree with something that does not suit him and the doctor himself must be able to recognize the work he finds suitable.

In order to keep and increase the doctor's self-awareness each doctor must be recognized and understood as he is in the setting of the seminar. Enid Balint, on the basis of her own thorough investigations, states that if the Balint method is

used in training, then the doctor does not risk losing the feeling of control in his own practice. We will use the considerations and knowledge that Enid Balint acquired in her seminars with the doctors, which represent a valuable contribution to our knowledge of the seminar process and the doctors' experiences in the group dynamics<sup>11</sup>.

The doctor's own conflicts, which may be echoed by those of his/her patients, are never discussed. The seminar concentrates on observations of the patient's problem and of the doctor's way of reacting to and dealing with it. The emphasis is on the doctor's difficulties in handling the case and sometimes on the reason he chooses to report it. There is a tacit agreement that the doctor can deal with his own problems intrapsychically. If he cannot and asks, or shows the need for help, he is referred for consultation.

Applying the Erikson's<sup>12</sup> concept, the seminar can be thought of as providing a phase-specific psychosocial crisis in which new identity and opportunity for ego development can occur. This dynamics is observable in the following phases, which occur fairly regularly during the life of any one training seminar:

1. *Over-Idealisation Phase*: The members of a new group tend to admire the ideas expressed by the seminar and its leader. Some doctors imitate the leader or other members of the group with varying results, some of which seem effective and impressive – for a time. It seems that the doctors' introjected seminar ideas are superego introjects, unassimilated and not really identified with.

2. *Compliance and Rebellion Phase*: Now the doctor feels threatened in his professional identity and sets up various defences – mainly compliance or rebelliousness or other false solutions such as pretence or an attempt to remain perpetually in the first admiring phase. During

this time no real use can be made of the ideas of the seminar and no real changes occur.

3. *Temporary Withdrawal Phase*: The doctors who enter this phase seem to ponder the ideas of the seminar for varying lengths of time. They attend, talk very little, and rarely present cases. Their own and the group's acceptance of their reticence reinforces the feeling of membership. The seminar, so to speak, merges, and all the members make use of this freedom to merge without having any need to participate actively. They seem to identify as part of the attending professional family but not with the work of the seminar.

4. *Assimilation Phase*: Some of the doctors become more active, and it is clear from their diffident reporting that they have changed in their self-awareness<sup>13</sup>.

5. *Swings from Compliance to Rebellion Phase*: Doctors who have experienced the previous phases and have changed in their attitudes toward work and patients may revert to periods of compliance, as they again become over-impressed by what they have learnt. These disturbing swings often lead to rebelliousness and seeming rejection of the seminar and its leader, as if to prove that the learning is useless, burdensome, and time-consuming. There are two ways to explain this: (a) the ego identifies with bits of the new superego introjects; (b) the ego assimilates bits of the new superego introjects. The result in both versions is an ego change, but perhaps its structure is different<sup>14–16</sup>.

6. *Self-Awareness Phase*: In this phase the doctor becomes aware of the changes in him. He feels he is one with the group and is tolerant of the other seminar members. He is able to become self-assertive and work out his own individual way of relating to patients and practicing medicine. Perhaps fifteen to twenty per cent of

our doctors achieve this, and although the gains are never lost, there is always more to learn and each doctor will probably repeat some of the phases of growth again and again: thus »better« doctors – those who change most often – may report in a teasing way; the leader is not an equal but a parent and is treated as such.

Of all these phases Enid Balint thinks that the phase of compliance and rebellion is one of the most interesting – and the most dangerous – in our training programme. Compliance can be described as rebellion gone underground and is deliberately resorted to when the doctor wishes to hide his real identity in order not to lose it. He may ignore the seminar's ideas or else use them to ensure bad results when he next sees his patient. A doctor who is capable of change can resort to another form of compliance without intention. Confused by the seminar, he senses he will be submerged if he cannot go along with the ideas other doctors seem to understand and which make no sense to him. He does not feel he is not understood. He feels he does not understand. He may lose touch with himself but does not know how to regain his equilibrium without admitting to what he feels is unique stupidity. If he has what Michael Balint calls »the courage of his own stupidity« and admits his confusion, the whole seminar – and he, too – may become alive. Then one and all breathe a sigh of relief, and a step forward is made.

Observations and experiences of the Balint group members suggest, then, that the ego development, seen in the acquisition of new skills, may occur in doctors attending training seminars under the following conditions:

1. If the individual doctor can, without loss of personal privacy or professional authority, become a member of and identify with, a small working group or team, the aims of which are limited to a discussion of the doctors' professional activity.

2. When the team, and the leader in particular, can accept the individual doctor whether he actively works in the seminar or not and whether he openly identifies with the ideas current in the seminar or not.

3. When the team, and the leader in particular, recognise and respect the individual's professional activity and reflects it back to him in a selective, reliable way – which Enid Balint have not yet managed to clarify – but which enables him to gain some new professional self-awareness. The individual is not spared or protected in relation to the work he reports, but is spared and protected in relation to his personal unconscious motives.

It is obvious that the conditions needed for ego development in a training seminar and those needed by children and adolescents for ego development in a family setting are similar<sup>17–23</sup>. Enid Balint wonders, then, whether such conditions may be integral to the training of psychoanalytic candidates, too. It is her conviction that seminars of this kind do give an opportunity for ego changes in certain doctors and that the seminars, therefore, are good and valid examples on which to base a study of some aspects of psychoanalytic training, mainly of changes in the ego.

No doubt that the Budapest psychoanalytic school or, more precisely, psychoanalytic training formed Michael Balint both as a doctor and as a psychoanalyst. Also, there is no doubt that his education in psychoanalysis is reflected in Balint groups as a method, but this time conceived in an entirely new way and with another aim. Enid Balint in her work in seminars – of course she does not call them Balint groups – acts in exactly the same way and strives always to find harmony between the Balint's approach and psychoanalytic approach to the object of the research.

The questions from the beginning of this presentation also deserve a psychoanalytic interpretation, which again was given by Enid Balint in her book »Before I was I«<sup>6</sup>, but we will leave this for another occasion. Also, thorough differences and similarities between the Balint orientation and other psychoanalytic orientations in groups are presented in the works of Balint, Robert Gosling and Peter Hildebrand<sup>24–29</sup>.

We think that we should consider this phenomenon, because it represents an essential component of the Balint group process and, of course, not only of it.

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## BALINTOVE GRUPE KAO POKRETAČ RAZVOJA EGA

### SAŽETAK

Uradak predstavlja pregledni rad o jednoj od bitnih sastavnica u procesu Balintovih grupa. Rad se temelji na osobnim istraživanjima autora u radu Balintovih grupa i na izučavanju literature koja obrađuje razvoj ega s jedne strane i uloge Balintovih grupa u razvoju ega edukata s druge strane. Ovo je područje od velikog interesa za Balintov pokret i edukaciju u medicini. Posebno mjesto u raspravama o Balintovom metodu ima pitanje koristi i prirode uticaja Balintovih grupa na učesnike. Balintov pokret je posebno zanimljiv za Hrvatsku jer je njegova metoda možda po prvi put u svijetu institucionalizirana kao obvezan dio edukacije liječnika obiteljske medicine. Isto tako, Hrvatsko društvo Balintovih grupa je postalo dio Svjetske Federacije Balintovih grupa već u 70-im godinama. Prof. dr. Betlheim bio je prijatelj Michaela Balinta, a njegovi sljedbenici uveli su ovu metodu ne samo u medicinu nego i u druge profesije: socijalni rad, pedagogiju, psihologiju, sociologiju i dr. Balintova metoda također je veoma zanimljiva i korisna za stomatologe kao i za ortopede i fizijatre. Prvi puta u Hrvatskoj stomatolozi su stupili u Balintove grupe 1983. godine, a fizijatri i ortopedi 1987. To su jedinstveni slučajevi u europskom kontekstu. Balintove grupe pokazale su se veoma djelotvornim i potrebnim u procesu jačanja ega i samosvijesti učesnika iz ovih profesija. Rad predstavlja raspravu o porastu liječnikove samosvijesti i samobitnosti u procesu treninga u Balintovim grupama. Autori u skladu s Enid Balint smatraju da su uočljive sličnosti u edukaciji između psihoanalize i Balintovih grupa. Izuzev što Balintove grupe insistiraju na odnosu između liječnika i pacijenta i ne diraju nesvjesno liječnikovih preokupacija. Pristup Enid Balint teži uvijek skladu balintovih i psihoanalitičkih stavova prema objektu istraživanja. I prema njenom shvaćanju razvoj grupnog ozračja jednak je onome u obitelji. Autori u svojim istraživanjima došli su do podudarnih stavova.