A RESPONSE TO THE "CONSULTATION" SECTION OF THE RCGP DRAFT CURRICULUM FOR GP TRAINING, FROM THE COUNCIL OF THE BALINT SOCIETY

On behalf of the Balint Society and John Salinsky, Editor, The Journal of the Balint Society
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1. We welcome the draft curriculum as a very thoughtful setting out of the personal qualities, educational background, responsibilities and competencies which make up the kind of doctor that all general practitioners at the present time should aspire to become.
2. We were pleased by the recognition in the curriculum statement of the importance of the emotions in medicine and the consultation. In the words of Ian McWhinney: "There are good reasons for patients to pay attention to the emotions... Once we learn to listen our clinical method requires us to listen to the emotions in every case. It cannot do otherwise. We will no longer be able to live with the affect-denying clinical method that dominates our medical schools.'[1] In the draft curriculum the importance of the emotions is underlined in the following sentences: 'Patients have strong feelings when they are ill and consult a doctor". "A sick patient is not a broken machine". The doctor should show a constant willingness to enter the patients 'life world' and to see the issues of health and disease from a patient's perspective.
3. We would like to see some space in the curriculum devoted to the teaching of "emotional intelligence'. It seems to us that, while we have become expert at teaching behavioural skills in the consultation, we are neglecting (at our peril) the powerful emotional component of the doctor patient relationship. This is important not just to provide good single consultations but to achieve good continuity of psychological care.
4. Consultation skills may enable a GP to recognise distress in a patient, but the recognition may be purely intellectual. The doctor's own emotions may switch off as an automatic defence.'
5. To respond effectively, the doctor needs to have an emotional response himself but one that does not get out of control and disable him e.g. by making him feel overwhelmed by the patient's grief, or too angry with him to function properly.
6. The doctor needs to listen but also to hear and to absorb the emotions without breaking down or reacting negatively. The doctor must be able to act as "a container' for powerful feelings such as distress, grief, anxiety or anger, much as a mother is able to contain the crying of her baby.
7. To meet these needs which occur frequently in general practice, GPs need education in emotional intelligence, that is the ability to be aware of emotions in oneself and others, to contain them safe and to respond in ways that are empathetic and constructive.
8. We do not believe that the present system of teaching consultation skills teaching is sufficient because it is essentially behavioural i.e. it teaches behaviours rather than the awareness and management of emotions. How might these more subtle qualities and skills be taught?
9. The curriculum already acknowledges the value of small group work in the vocational training release course. These groups are already in place in most VTS schemes and they provide a ready- made setting and structure for this kind of education.4 But the small groups need to be led in a way that focuses at least some of the time on emotional education. Educators need the necessary skills.
10. The Balint group is a highly developed and tested method of small group consultation

analysis which aims specifically to focus on the emotional content, not just of single consultations but of ongoing doctor-patient relationships.

11. We would recommend that the Balint group or something like it has an important part to play in teaching the new curriculum.

Michael Balint was a psychoanalyst and the first Balint groups were led by psychoanalysts or psychotherapists. Many group leaders in the UK are now experienced GPs. We would be very willing to help with training for small group facilitators including VTS course organisers which will equip them to lead a group according to the principles and practices developed by the Balint Society.

The aims of a Balint group (as recognised by the Society) are:

- To provide a sale environment where group members are able to t a l k in confidence about the feelings aroused in them by their patients.
- To encourage the doctors to see their patients as human beings with a life and relationships outside the surgery and a history going back to childhood which has helped to determine what they have become.
- To help the doctors to explore in detail the emotional content of their interaction with a particular patient: to understand how their behaviour and reactions have been unconsciously affected by the feelings projected by t h e patient and resonating with those of the doctor.
- To help them to learn how to contain a patient's feelings even when these arc uncomfortable and to tolerate feelings such as helplessness and anxiety.
- To help them to understand how a distressed patient may need to be held and supported in ongoing therapeutic relationship in a series of consultations with the same doctor over a period of time.
- Doctors who have had the experience of Balint training will attest to the life long benefits that it can bring in terms of interest in patients' lives, self knowledge, job satisfaction and prevention of 'burn out'. A growing body of research evidence supports the effectiveness of Balint training in many countries.

Objections to Balint:

Some educators seem to dismiss or distrust the Balint method in spite of its obvious advantages. Some acknowledge Balint's important historical role but regard it as too time consuming and impracticable. There is a widespread view that it has been 'replaced' by the analysis of recorded consultations. A more extreme view is that the Balint group can be psychologically damaging. This view holds that the group and especially its leaders may be too intrusive in doctors' personal world, upsetting their stability and damaging their defences.

Some people recall incidents' in which a group member was pressed into a personal disclosure which he or she found upsetting and had cause to regret. In any case, too much introspection and 'navel-gazing' is seen as self indulgent or even unhealthy. The influence of psychoanalysis is seen to be harmful. It is not 'evidence-based' and its practitioners are thought to be reliant on outmoded theories.

The reality of Balint groups today is somewhat different, (groups are organised and regulated by the Balint Society whose founder members were GPs trained by the Michael and Enid Balint. They also contributed to the ranks of the first generation of GP course organisers and helped to establish the tradition of small group work in Vocational Training Schemes.

Balint Society leaders are trained to respect the emotional safety and integrity of all group

members. They do not go in for psychological intrusiveness and they protect the group from any activities of this sort from group members. They establish a culture of confidentiality, safety and respect. The focus is always on the doctor patient relationship and not on the doctors' personal lives. Everyone is free to use their imagination to explore the meaning of the clinical material presented. Interpretations based on a particular theory are rarely heard. Jargon is discouraged. Everything is very down to earth.

Nevertheless the discoveries of psychoanalysis remain an important influence as they do in psychotherapy, counseling, social work and teaching. Not all of Freud's ideas are out of fashion. Most psychologists and educators would agree that:

- Parts of the human mind are active below the surface of consciousness with a capacity to t r i p us up by betraying our true feelings.
- Truths may be expressed as metaphors
- We often attribute our own unacceptable thoughts and feelings to other people.
- One person's emotions may affect another more powerfully than is realised at first
- We can all hold opposing desires or attitudes at t h e same time.
- Patients will frequently respond to the concerned attention of a c l i n i c i a n by transferring to him or her, some powerful emotions which o r i g i n a l l y belong to parents or other important figures form childhood.

To summarise we believe that:

- Emotional Intelligence needs to be taught and provision for its teaching should be included in the new GP curriculum.
- The Balint group method provides an excellent method for teaching emotional intelligence to JPs in training.
- There is good evidence both from personal experience and research of the beneficial effects of Balint group participation.
- Balint work can be fitted in to the existing structure of small group work in VTS courses
- Course organisers and others can be trained in the principles of Balint group leadership with the help of the Balint Society.
- The objections to the Balint method that it is too rooted in out dated psychological ideas are misguided and unfounded.

We would like the curriculum group to consider including a recommendation that Balint group experience should be included, where possible, in the small group work provided in vocational training for general practice.

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