BALINT WORK AND HEALING RELATIONSHIPS

Andre Matalon, MD
Dept. of Family Medicine, Clalit Health Services, Dan - Petach Tikva Districts, Rabin Medical Center; Petach Tikva, and Tel Aviv University, Israel
E-mail: matalon@netvision.net.il

Contemporary society has entered a postmodern era in which economic, philosophical, and technological advances have transformed medicine, doctoring, and the doctor-patient relationship. The growing and globalized capitalistic economy turned physicians into "providers," patients were transformed into "customers," and medicine is now a "product."

Technological medicine is seen as the top of medical achievement. The cold Dr. House who rescues his patients from death by the use of ultra-modern technology substituted the compassionate Dr. Axel Munthe in the story of San Michele, as the modern medical hero. Doctors are confronted with medical information gathered from the Internet, often of dubious quality and often unrelated to the patient's clinical condition.

Other characteristics of modern society are well described by Petr Strabanek in his book: "Death of Humane Medicine":

- Obsession with health
- Marketing Health is good business
- Tanathophobia – the fear of death (and the response is anti-ageing, fitness craze)
- Medicalisation of sex (do you have good erections? if not, you can have a pill...)
- Medicalisation of food (everything must be labeled as healthy food)
- Medicalisation of beauty (the overwhelming growth of plastic surgeries)
- Coercive Healthism (new Paternalism)

Also in the last decade, influenced by the industry and new schools of management, everyone speaks quality: quality of the product, quality outcome, quality management. Occidental Medicine adopted this principle and now we all are dealing with.

- Quality in disease management (HbA1C of diabetic patients; are they receiving ACE inhibitors? how many of them have their weight measured? have their blood pressure recorded?)

- Quality of medical record (but can we record the human touch that relieves suffering and say that I am here for you?)

- Quality medical service – how long a patient waits to see a doctor, satisfaction surveys through telephone answering, politeness of the clerks, etc.- Quality in preventive medicine (how many patients are referred to mammography or to fecal occult blood for screening of Colon Ca.)

With growing computerization of medicine including patients' files, the entire process of treating diseases can now be measured, and with the implementation of "quality measures", doctors are dichotomized and being labeled as good or bad, according to their achievements in these quality measures.

Unfortunately, values such as compassion and the ability to calm a panic attack cannot be measured, and nobody speaks of suffering or healing. This is delegated to alternative or complementary medicine or to spiritual healing of the religions

Maybe the crisis and growing frustration with modern medicine, reflects this split between body and mind and the split with humane suffering. In a recent study at Princeton University the investigators planned an examination for the fourth year medical students in a room at the end of a corridor of the Internal medicine department. In the middle of this corridor there was an open

door with a fictitious patient in the room, an old actor crying in agony. They were called one by one to the last room of the corridor, where the examiners were waiting for them and checking if they would stop at the patient in pain. Of the 40 students, only 16 stopped to help the crying man. They called this examination: the "Good Samaritan" test.

The dominant unspoken philosophical basis of modern medical care is a form of Cartesian reductionism that views the body as a machine and medical professionals as technicians, whose job is to repair that machine. But this goes against the reasons we initially wanted to study medicine since most of us turned to study medicine or any other helping profession to transform suffering, not to fix machines.

Modern medicine didn't find good "quality measures" to manage suffering, heart feelings, loss of hope, sadness, moral dilemmas, compassion as if they don't exist!

We learned to give insulin to treat hyperglycemia but not to treat the distress that follows the diagnosis. We learned to prolong the life of cancer patients but we didn't learn to contain his or her anguish. Cancer patients report their treatment in the oncological department after their diagnosis, as a traumatic experience.

So, what are the qualities of a good medicine provided by a good doctor?

I think that the answer is the practice of Humanistic Medicine, a medicine that is rooted in a concern for fellow humans, their body and their emotions, their wholeness and uniqueness, their suffering and their peace of mind; respecting their autonomy and having in mind the ultimate goal of releasing them from suffering.

It prescribes compassion, caring, kindness, deep listening, patience, tolerance, commitment, trust and loyalty and all the values that are part of virtue-based ethics. It is the merging of the Homo sapiens with the Homo Empathicus, the merging of knowledge and caring, the doing and the being, the drug and the human touch, and we will see in the next few lines how Balint work can encourage this wisdom.

The purpose of this presentation is to advocate for an alternative philosophy of medicine based on the concept of healing relationships between clinicians and patients and to understand the place of Balint work in the development of these relationships. We need a common basis for understanding and defining suffering, healing, relationships and how Balint work is essential for healing relationships.

What is suffering?

What is healing?

How relationships heal?

SUFFERING:

Suffering is an intrinsically disagreeable experience that is distress of an order different from pain, though it may involve pain.

It arises from perceptions of impending destruction of an individual’s personhood and continues until the threat of disintegration has passed or the integrity of the person is restored in some other manner. As such, suffering includes nonphysical dimensions — social, psychological, cultural, spiritual.

Suffering is personal, individual, and commonly expressed as a narrative and arises from the meaning ascribed to events.

We find suffering everywhere: in war, in terrorism, in the Holocaust, in drugs, in sexual abuse, in domestic violence, in modern slavery, in exile, in immigration, in disease and in disability.

Suffering is frequently related to loss: death of a beloved person, the heartbreak of termination of love, in abandonment, loss of fertility, loss of potency, loss of respect, loss of a vital bodily function, ageing.

Suffering can also be often related to bodily pain.

Suffering lives in the unconscious, sometimes for the entire life and may even be transferred to the second generation (the well-known syndrome of the second generation of the Holocaust survivors or sexually abused children).

But suffering may be resolved if the threat to integrity is removed, distress relieved, and integrity of personhood reconstituted. Not all suffering can be resolved, and some of them are beyond medicine.

Still, suffering can be healed through acceptance, through the creation of new connections with the world, and through finding meaning in the experience of suffering. It reflects a change in the patient's relationships to the illness, to others, and to the world.

Cure does not equate to healing. Transcendence of suffering through healing can occur regardless of cure, restoration of health, continued illness or impairment, or even at impending death.

HEALING

Healing is "the personal experience of the transcendence of suffering".

To heal is to cure when possible, to reduce suffering when cure is not possible and finding meaning beyond the illness experience.

HEALING RELATIONSHIPS

Sickness separates persons from wholeness with the world. To ameliorate isolation, the physician-healer becomes a "therapeutic instrument" (Balint's concept of the doctor as a drug), providing a relationship to "reconnect sick persons to the world of the well." Toward this end, continuity of caring relationships through time and the patient's feeling of being known are very important aspects of healing.

Healing relationships involve a therapeutic alliance which is facilitated by empathy, warmth, and genuineness. Being "heard and accepted" goes beyond an intellectual understanding of the sufferer's troubles. Suchman and Matthews describe the therapeutic relationship as having a "connexional," transpersonal dimension that connects physician and patient in "a sensation of wholeness". Sharing vulnerability also opens the possibility of a healing connection around the commonality of human woundedness (the wounded healer). Balint work is the laboratory where doctors can train in exposing their vulnerability in an atmosphere of reception and empathy.

The compassion that promotes a therapeutic alliance and enhances knowledge of another's suffering is aided by empathy, which requires a willingness to suffer some of the patient's pain and this sharing of suffering is vital to healing.

If you have compassion for the sufferer, you treat your patients with your presence, with your listening and understanding, with love and hope. From birth we need love to heal. Even for a simple bruise, wound or fever, the healing process includes the mothers' kiss, her caring and love. Babies that grow up without a mother or a loving mother substitute are more prone to diseases, their recovery from illness takes longer and even their mortality is greater.

Also, when we are grown up, we don't heal alone. We either have an internalized mother who soothes our anxieties, or we have another person to help us in this healing process. The healing process is a joint venture, and the second person in the process may be a spouse, a parent, or our

children. For religious people, the belief in God, in His presence, can also be very comforting and healing. But for many, the second person that accompanies the ill in the healing process is the doctor. It is the doctor that gives to the ill his presence, the feeling that he is not alone. This doctor-friend knows him, respects his wishes and beliefs and cares for him. In this environment, the body and the mind will eventually find and recruit all the neuro-immuno-humoral elements necessary for the healing process to unfold. This is essentially the philosophy of healing relationships.

The encounter between a patient and doctor follows the same process as the mother and infant attachment in the very beginning first years of life: there is a development of a basic trust for the fulfillment of the basic needs; there is a mutual learning of the responses one of the other; there is a motivation of the parent (the doctor) to diminish suffering and frustration for the infant (the patient) and there is a consistency in the responses, prompt availability and easy accessibility of the parents (the doctor) to the infant (the patient). Both persons involved in the relationship learn from each other and if the doctor is aware of his own feelings and behavior there is growth and development. This is Balint's concept of the mutual investment company when both patient and doctor grow together into a better knowledge of each other.

This emotional knowledge is the difference between a good doctor and a true healer. Intellectual knowledge leads to "doing", while emotional learning leads to "being"; both are essentials in the art of doctoring, and the merging of both are the real wisdom.

Balint groups are the way to learn this emotional learning. Through the repeated observation and reflections on the doctors' emotions and behavior there is an increasing possibility to change their habitual rejection of a difficult non-rewarding patient, or a dependent clinger. The emotional learning achieved in Balint groups permits to calibrate the exact closeness or distance with each patient, leading to an optimal therapeutic relationship.

According to John Scott, Deborah Cohen, Barbara DiCicco-Bloom, William Miller, Kurt Stange and Benjamin Crabtree, in their beautiful paper in the Annals of Family Medicine in 2008, there are three essential processes necessary to create and sustain healing relationships and all three are important issues raised and discussed in Balint groups:

- Understanding the emotional dimension of relationships,
- Understanding the power balance dimension in relationships
- Understanding the continuity dimension of relationships

The first dimension, the understanding of the emotional bonds that forms between clinician and patient, is the very central issue in Balint groups. This is characterized by a non-judgmental stance, finding resonance and being fully present in the moment with the patient, while always keeping professionalism in mind.

Understanding the power balance dimension in relationships is the recognition that the clinician-patient relationship is inherently asymmetrical, and that the clinician's task is to use that asymmetry for the patient's benefit.

Understanding the continuity dimension of relationships refers to the time dimension of the clinician-patient relationship and is characterized by personal continuity, the accumulation of caring actions, and a commitment not to abandon the patient.

These processes lead to three relational outcomes: trust, hope and uniqueness (the feeling of been known). Trust develops when there is willingness to be vulnerable, a feeling of being well taken care of and knowing that promises will be kept. Hope is the belief that some better future beyond the present suffering is possible. Uniqueness is the accumulated sense that the clinician knows the patient as a person and he is unique.

There are some competencies necessary for clinicians to participate in healing relationships: self-confidence (projection of confidence to the patient of the healer's ability to heal); emotional competence, mindfulness and clinical knowledge. Balint groups, promoting emotional competence and boosting self-confidence are the foundation of a strong therapeutic alliance which, in turn, helps patients into finding their own alternative narrative to sickness, finding meaning beyond illness, and experience healing. If we want to foster Humanistic Medicine and healing relationship, Balint groups are a must.