

The Empowerment Concept and Balint Groups

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Abstract: The process of empowerment involves changing from a feeling of helplessness to one of control over one's life, of one's destiny (Sadan, 1997). It is very interesting to note that the empowerment concept has been looked at mainly by professions in the social sciences, such as social work. However the concept has not been sufficiently investigated by physicians and other health professionals. By the latter, the term has been primarily looked at from the vantage point of the patients' empowerment, with little work done in the area of the health professional's own personal empowerment. This may be due to the mainly paternalistic approach in medicine, whereby professionals are busy treating patients, not necessarily empowering themselves. This particular professional stance may deny/ignore their right to investigate clinicians' own empowerment.

The language of empowerment: Parallel process for the patient and the clinician

Empowerment assumes that it is possible to help people who have failed in social situations, to help inject in them a sense of personal regard. Empowerment involves a slow, personal, system of change and growth for all groups and communities in order to find personal satisfaction and provide freedom of choice. From a philosophical perspective, it involves the right of every person to feel empowered and an important condition for individuals' very being. The language of empowerment, we maintain, involves both the patient and the clinician being in a parallel process of change, from helplessness to empowerment.

We hypothesize that in treatment, the clinician tries to guide the patient through specific steps by reducing disempowerment or overcoming barriers to empowerment, when the patient may have appraised situations negatively, or solved problems inadequately. The process of discovering empowerment involves looking for empowerment barriers, like negative stigmatization, prejudices and discrimination, non-realistic ideals that may lead to isolation and loneliness or other difficult system issues. The clinician may also find him/herself in similar individual and professional situations of disempowerment.

Research related to empowerment

Foucault (1979) looks at the close relationship between knowledge and power, features that are found in systems, communities and in medicine too. The psychiatrist has the power of medical-psychiatric knowledge, his/her professional skill which enables him/her to diagnose and treat emotional problems. However, this knowledge may not necessarily help patients (or doctors themselves) to feel empowered.

In studying empowerment in Balint groups, we listen to stories which are in themselves evidence of the subjective experiences of others. This is like investigating evidence in the archives of life narratives, or in the laboratory. This is the way that a social scientist investigates things. From a philosophical perspective this is different from the biological investigation, which assumes that we have to look at deeper elements in order to understand the structure as a whole. The empowerment approach looks at the meaning people give through their narrative structures (White & Epston (1990). Knowledge, in itself, may not only give power but may be seen as

empowering. In this perspective, feelings and cognitions create a personal evidence-based process, which supplements medical scientific investigations.

The process of empowerment

The aim of the empowerment is to change three basic processes:

Empowerment of the individual

A person is shaped not just by genetics and environment, but also by opportunities to change his/her surrounding world. In this respect, the person's ability to make decisions, to act, to take responsibility, to fulfill his/her aims is the expression of empowerment. It is an interactive process that develops between the individual and his/her surroundings, whereby a change takes place.

For example, the person with a low self-esteem becomes more assertive. Specifically, empowerment involves change and choice, to make decisions from a wide range of possible options and possibilities, and by so doing, enabling the person to influence his/her environment. It involves self-efficacy, which is confidence in one's ability to carry out a task, and internal locus of control involving one's ability to be controlled by oneself, and not by external forces. Empowerment also requires comprehending a situation. This means having the access to relevant information in order to make the appropriate decisions.

The community aspect of empowerment

This aspect of empowerment encompasses the expression of the need individuals feel for being and acting together, for trusting and communicating. In fact these two terms have a common root. Empowerment involves being part of a system or part of the community. This raises the question of how much the individual brings empowerment into the system, or how much does the system itself empower the individual? The answer to this question may be that empowerment develops only relative to 'others'. The latter may involve a group, an organization or a team, which interactively work together.

The professional aspect of empowerment

The concept of empowerment was born out of the professional dialogue concerning the ways social problems are created. This dialogue developed because of the professional disappointment in existing social solutions. It was assumed that empowerment itself could take place without professionals, but the discussion about empowerment is professional and academic by its very nature.

The discussion about empowerment then is seen to be practised within groups of professionals who aim at working in the mode of empowerment, practising dialogue, and discussing principles governing the professional practices of empowerment. According to this concept, the professional might act as a resource advisor, instructor and advocate. The discussion about different identification/ role models is also part of empowerment practices.

Balint groups and empowerment

Balint groups have a long tradition in family medicine training in helping doctors and other health professionals improve their sensitivity, knowledge and skills in patient-physician relationships and problems involved in this process. Furthermore, the group helps doctors to reduce stress and burnout caused by patient care and/or the system.

The group itself can be very effective, often empowering the presenter, allowing him/her to feel more at ease, freer in his/her relationship with the patient. This involves coming to terms with uncertainty and knowing that there are no clear answers or definite solutions, but that

solutions lie many times in the paradoxes and vicissitudes of the human, complex interaction in the doctor-patient dialogue.

Historically, Balint groups have been patient and disease orientated, although recently they have moved from the patient-illness aspects, to the doctors themselves as well as their professional lives. This includes bringing up issues related to doctors' helplessness, loneliness, stress and burnout. In this context we assume that the group helps the presenter to become more empowered within him/her as well as in the team and organization in which he/she works. By gaining empowerment, this can lead to a reduction in professional stress thus preventing burnout, enabling the doctor to become a better clinician and therapist.

Balint members often talk of special cultural groups suffering from prejudices and stigmatization by the general population. For example: a Balint group of immigrant doctors spoke about the specific issues involved in the acculturation processes of their same immigrant group. The group process enabled these doctors themselves to feel empowered, helping them in turn to treat their immigrant patients' specific problems in a more professional way, without over-identification with their problems. This led to more appropriate and effective treatment by this group.

It has been noted (Maoz, Rabin, Katz, Matalon 2004, 2006), that attending Balint groups help participants to develop new ways for change in that it provides the doctor with an additional tool-a common language, a new approach to treatment and a greater sensitivity and awareness towards the system. One of these "new languages" might be the language of empowerment.

The Group

We should now like to present the results of a weekly half a year Balint group that we ran (Y.S. and S.R.) for occupational therapists (OTs) working in a general hospital setting in the Occupational Therapy Unit. The group consisted of ten professionals who worked with patients, adults and children with physical, neurological and cognitive limitations. The OTs were also consultants to the neurological, neuro-surgery, orthopaedic and geriatric departments. The head of the unit also participated in the group after the group members unanimously and confidentially gave their permission for her to participate. This is unusual in Balint work but we were convinced that this head was an exceptional person, warmly liked, admired, respected and even loved by the other participants. The aims of Balint activity were outlined to the group who became fascinated by possible open group involvement. The group took place in the same setting in which the members worked.

Methods

Verbatim reports of the sessions were taken by one of the leaders with the permission of the participants. These were then analyzed for process and linguistic characters that concerned the empowerment language. The leaders considered first recording the sessions but this practice might have been understood by participants as a barrier to openness and empowerment. It was rejected. A follow-up group session up was carried out five months after the group ended

The group process

The introductory phase of our Balint group was short since the members belonged to the same hospital-unit and therefore knew one another. The group gathered in the O.T ward towards the end of working day, which allowed participants the time and place for themselves in their workplace.

An interesting feature of this stage was to hear them talk about the diverse work environments, since each member worked on different wards and units with diverse age groups. This affected their conception and perspective of their profession, which often lead to lively discussions. For example, feelings of loneliness were found across the board, which proved to be most comforting for the group members who had never openly discussed these feelings before. Their openness and honest expression brought much relief, as later reported by many of the participants.

In the group process, the members often saw the connection between their patients' conflicts and their own, as well as problems inherent in the specific work environments. They also took note of the development of an empowerment language and their sensitivity to empowerment barriers. This process could be achieved in the group when a place was made for an integrative discussion of the patients' problems, the problems encountered in specific system in which the participants worked, as well as the difficulties found in the wider medical system.

Examples

Presenter: I started to share at home dilemmas that we spoke of in the group. I have a problem: I find myself talking with the family about the prognosis for the child; doctors escape from this, but since we treat the child and see the family for long hours for years, we talk. What should I say?

Members: We feel the same. We feel that families depend on our professional opinion, who are we to know the exact prognosis, Is it our job to tell?! Doctors throw on to us the dilemmas about which they don't have time to speak with the families. I feel a heavy burden put on me, do you feel the same?

The diagnosis is physical but also cognitive. The burden is emotional but also professional – who knows when to stop treating a child?

Leader: You seem to be expressing both the professional and the parental voice. Can we further discuss the different 'hats' that you take upon yourselves?

Table and description of subjects and issues raised in the group and their empowerment components

Follow Up

This took place five months after completion of the group. Its aim was to see the effects of the group process on the group, and the impact of the content areas discussed in the group on the members ongoing daily work. We looked at the treatment changes, their attitudes towards their place of work and their outlook towards the broader health system in which they functioned.

In order to make the group interaction more relevant one of the group leaders gave a very brief talk about the language of empowerment and the empowerment concept.

The language of empowerment

Below are some of the direct quotations of the participants during the follow-up session which express their use of the language of empowerment:

- The process of change is due to me, my thoughts, my feelings and my functioning.
- Part of my change is due to the system in which I treat the patient.
- The process of change is undoubtedly due to the discussion of conflicts between me and my patients and between me and my co-workers.

- I feel that I received a lot of support, strength and encouragement from the group, from the narratives they presented in it many of which were often related directly to me.
 - There is a lot of stigma related to my profession, perhaps the same stigma I have for my patients.
 - Sometimes I cause myself to fail in my work.
 - Now I realize that this maybe due not only to me, but the difficulties inherent in the system in which I work.
 - My professional role, my knowledge and skills as a professional give me much strength but it can also limit me when the system in which I work cause barriers to my functioning (for example families).
 - I always thought that my professional language was adequate and it explained things adequately for me, but I now realize that added concepts and language from the emotional area can help me to understand processes and maybe help me to solve issues better'
- Empowerment is a slow process confounded by internal conflicts which are worthwhile discussing openly in the group.

Discussion

As has been mentioned earlier, empowerment can enrich our understanding of Balint activity. Many aspects of Balint activity related to empowerment can be seen in this paper. We should however like to note two particular points which emerge out of our presentation:

1. The concept of empowerment is not only relevant to poor or deprived groups who feel helpless and powerless to break the cycle for change. We maintain that the concept is of great importance for doctors and health professionals generally, and for our Balint activity in particular. The system aspect of empowerment for the doctor indicates that the doctor patient relationship is not only what transpires in the doctor's office alone. Doctors bring into the consultation and treatment their own personalities and personal attributes, their professions and the wider system in which they work.

In Balint groups too the 'other' is also brought into the group which may have its effects on the group process .The 'other' can be the presented patient, the doctor's specific working environment, as well as the wider system in which he/she functions. The implication of this observation requires us, as Balint leaders, not only to be attuned to the case presented but also tune in to the 'other', which may play an important part in the underlying problems brought to the group.

2. We Balint professionals are currently dealing with the question of process and outcome measurements' of Balint groups. Measuring empowerment operatively is problematic since it is an all encompassing, integrative concept, which makes it difficult to measure and quantify. It usually is measured by the particular professional interested in measurement e.g. personal variables of empowerment. But, as Sadan (1997) says, 'If we take into account that every person needs to be empowered and that empowerment is found in every person but is also affected by the system, then the personal attributes of the individual alone is not the only component of the various levels that may influence the process.' This then makes quantitative measurement almost impossible.

Therefore in Balint groups we should see empowerment as a process (gradual and dynamic) of change, a process of gaining control, power and strength, influenced by multi-varied factors. This is a basic issue which we should all think about in our Balint work.

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