

Balint vs. Support Groups

Frank Dornfest and Ritch Addison wrote about differences between Balint and support groups in the Newsletter some years back. We have also explored this topic and would like to present some ideas both from the literature and from discussion groups we held with family medicine educators. Deciding what kind of group to have in a Residency depends on having a clear understanding of this dichotomy, and our experience is that thinking is often blurred in this area.

Most residencies in family medicine offer a group experience, more often labeled a support group than a Balint group. Support groups are offered to give residents the opportunity to discuss the stressors of residency, to deal with marital or relationship problems, difficult attendings, substance abuse, and any other stressors that are identified. These groups can have flexible rules, and can change over time. There is often no other forum for the residents to address these issues. Safety for the group members is one problem that these groups can run into because the topics of the group are not predictable and the emotional intensity can be threatening. Residents may come from culturally diverse backgrounds, and often have different levels of comfort dealing with personal issues in a diverse group. It is hard to avoid the support group becoming a therapy group. There is a general consensus among educators that a residents' group should not be a therapy group. However, some group leaders advocate a "personal exploration group" that is different from a therapy group, although the dividing line can be very thin. Another issue is whether a support group can be mandated, especially if the expectation is that there will be a focus on personal exploration. In addition support groups can degenerate into gripe sessions, and in fact avoid important issues the residents are facing.

Balint groups, on the other hand, are patient focussed, and "get personal" to the extent that participants look at their reactions to patients. Group rules are more stringent, which may make the group feel more safe and predictable. This format gives residents a chance to explore the psychosocial aspects of a case in depth, an opportunity not easily available in any other setting. The group also is a supportive experience since residents are able to listen and respond to each others' difficulties with their patients. Although the support is focussed on the material of the case, not the life problems of the residents, the experience is helpful, and makes for more open relationships between the residents out of the group. This may make the need to choose between support groups and Balint groups less worrisome.

Making the Balint group mandatory stresses the importance of psychosocial issues by putting them on a par with other mandatory lectures. If the group is not mandatory, alternative ways need to be developed to give residents an intense understanding of psychosocial issues in practice, and an opportunity to explore their own professional growth. Balint groups are not necessarily

for everyone, but most family medicine educators agree that the educational goals of the experience are important.

Group activities in general give the residents a place to get together, and to debrief in the broadest sense. Some faculty have suggested that it is possible to have a blended group in which both case discussions and support topics are mixed. Many educators we spoke with preferred this model to choosing between Balint or support groups. However, when pressed to choose one or the other, they preferred Balint groups. They felt that residents need more direct support, and the chance to talk about problems that are not case-based. We feel that modifying the Balint group to this extent waters down the Balint experience, but the question of how best to meet our teaching goals, and the our perception of residents' needs is still an open question.

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