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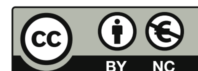

ORIGINAL PAPER

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The role of intra- and interpersonal relations in the process of diagnosis and treatment

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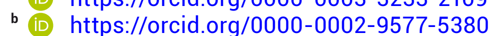
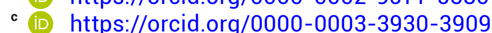
[b]  https://orcid.org/0000-0002-9577-5380
[c]  https://orcid.org/0000-0003-3930-3909
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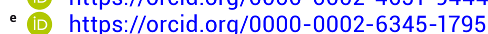
[e]  https://orcid.org/0000-0002-6345-1795

ABSTRACT

Introduction. There is an increasing tendency to adopt biopsychosocial approach to teaching how to care for patients. Participation in Balint's groups is used to train students in communication and building relations with patients.
Aim. To identify positive and negative aspects of participation in Balint's groups, which are a part of compulsory training for students.
Material and Methods. 70 medical students, who took part in the study, filled in a questionnaire specifically developed for students participating in Balint's group. The questionnaire consisted of three open questions. The answers were collected and then analyzed by way of qualitative analysis of text and factorial analysis
Results. The results suggest that Balint's method can be difficult for medical students because they have not practiced building therapeutic relations with patients. Nevertheless, most students benefit from training in terms of personal development, awareness of mechanisms influencing patients — doctor communication and satisfaction with participation in classes.
Conclusion. Balint's Workshops is a useful method of teaching which influences medical student's self — reflection because they become aware of the necessity of personality development.

Keywords: Balint's groups, interpersonal relations, treatment.

Introduction

Medical doctors have to work on their competence and ability to make right decisions although at the same time they have to cut up on examination and treatment costs. Participation in Balint workshops may let them develop their professional skills and increase their job satisfaction. This method was created by psychiatrist Michael Balint in 1950 in order to support doctors working with psychosomatic patients. Balint believed that patient — physician relation could have an ability to heal by nature but only if the doctor had necessary interpersonal competence to see patient's psychosocial situation. Since expertise in diagnostics and treatment methods is necessary but not sufficient to good medical practice, Balint designed a system of training in groups which was destined primarily for medical doctors. He was mainly interested in building relation between a patient and a doctor, the emotions and attitudes it evoked as well as its consequences [1].

Several years' experience in Balint workshop method of training have shown that it is difficult

to translate this method into clinical and theoretical framework because it may mean something else to everyone. In the beginning patient — doctor relation may be disturbing for students because they find it senseless to make in — depth analyses of this interaction, they try to treat it in a humorous way but then they discover the real value and true meaning of participation in Balint's workshops. Balint believed that building interpersonal skills is one of the priorities of academic medical training because in his opinion physician's personality, mood and reactions remain an important diagnostic and therapeutic tool [1].

In order to improve his/her communication with patients a doctor must recognize his/her behavioral model, a pattern of typical reactions which may influence his /her relation with a patient.

Group work is a way not only to acquire knowledge but also to make participants aware of their own influence on patient — doctor relation and their responsibility for this interaction. The participant may also gain the ability to dissociate oneself from the emotions which may be imposed by some patients, reduce the tension and cope with his/her own or patient's aggression, particularly with psychosomatic patients. Psychosomatic disorders are poorly understood thought to be a "blind spot of medicine [2]. These conditions are often neglected by psychiatrists although they are closely related to functional disorders. To add, somatization disorders create economic burden because they lead to long-term treatment and make additional medical tests necessary. The diagnosis of psychosomatic or somatization disorders could be difficult both for the doctor and for the patient, who may become frustrated [3]. Psychosomatic patients may present with general health problems or illnesses. Psychosomatization in itself remains an illness process, which could be understood in a number of ways e.g. as a reaction to stress. It seems to be common in medicine but not all psychosomatic patients manifest somatoform disorders. A lot of patients suffer from transient disorders or may somatize due to significant stress. Additionally, factors which interfere with patient's view of the world or their self-image may cause anxiety or fear. Humiliation, a sense of limited freedom, loneliness, losing job, financial problems, death or loss of a loved one, feeling unaccepted, guilty feelings, misery, chronic despondency or low self — esteem trigger permanent internal conflicts, which may in turn be manifested as psychosomatic disorders, intellectual deterioration, decreased resilience or negative, pessimistic attitude to one's existence. Psychosomatic illnesses could be caused by inadequate processing of negative emotions such as animosity, aggression or depression [4].

Here, it is important to note that treatment of psychosomatic patients may be challenging for young doctors, who can react to them with fear or defense, believe the patient is malingering or think the symptoms are patient's fault [5]. They often believe their reactions to these patients such as impatience, embarrassment, anger, helplessness, sadness or surprise are patient's fault. To add, they often use "militant" vocabulary for example they believe these patients should be "harnessed", "mastered", "pacified", "humbled", "put in his/her place", referred for an unpleasant examination, sent to a psychologist/psychiatrist to punish them or sign off if they do not appreciate the treatment they receive.

Material and Methods

The study involved seventy 3rd year medical students of Poznan University of Medical Sciences who participated in three-day Balint group meetings. The training consisted of three meetings. The initial theoretical meeting was devoted to communication with a psychosomatic patient and the mechanism of transference and countertransference. The next two meetings included practical workshops in groups of 10–14 students which focused on student's relation with patients. Their individual case reports were based on students' experience achieved during obligatory summer practices in nursing and in a general practitioner's office. During each three — hour class students were able to discuss two or three case reports on average. Group meetings, which were tutored by certified Balint group leaders, focused on interaction between a medical student and a patient. To reduce students' initial tension and anxiety tutors stressed that a Balint's group is not therapeutic in character and its goals are not related to solving personal problems but to psychological relation between a patient and a doctor without in — depth analysis of participants' personality. The meetings do not involve moral or professional evaluations,

diagnosis or "good advice". moreover, each participant of a group has to formulate his/her own conclusions [1]. To estimate the effectiveness of group work a questionnaire for Balint group participants was used. The questionnaire focused on:

1. Each student's knowledge about group work (e.g. functioning of social groups, individual functioning in a group, each participant's relation with a patient or the role of the leader of a social group);
2. The quality of patient — doctor relation, the causes of any difficulties in patient — doctor relation such as excessive sense of responsibility, differences in patient's and doctor's hierarchy of values, attempts to create a partnership, doctor's inability to accept failure in therapy, empathy, projecting one's problems or perceived failure.
3. Awareness of the changes taking place (i.e. changing knowledge, patient's, patient's family's or other worker's changing attitude to cooperation),
4. The emotions that arise.

Additionally, there were three open questions which were related to 1. most important emotions evoked during workshops; 2. the value of group work for each student and 3. negative consequences of this work. Students participating in the study were informed that the results of the study will be published and gave their full consent for the publication.

Results

All students participating in the study completed the questionnaires.

1. Almost 90% of the subjects reported that they gained knowledge on social interactions, particularly with reference to group functioning and their relations with patients (**Figure 1**).
2. Participants of the study reported major difficulties related to a sense of excess responsibility and corresponding problems in accepting therapeutic failure (**Figure 2**). Interestingly, their answers to subjects answered negatively to the other items of the questionnaire were negative. One may conclude here that respondents either found it easy to deal with or could not admit their difficulties related to projection of their own problems, striving for dominance and partnership.
3. Almost all students participating in the study agreed that during the workshop they gained insight into psychological aspects of patient — doctor relationship and their attitude to patient has changed. Students especially emphasized that presently they were able to understand their behavior much better (86,57%).

Additionally students answered three open questions. Their answers to these questions are presented below.

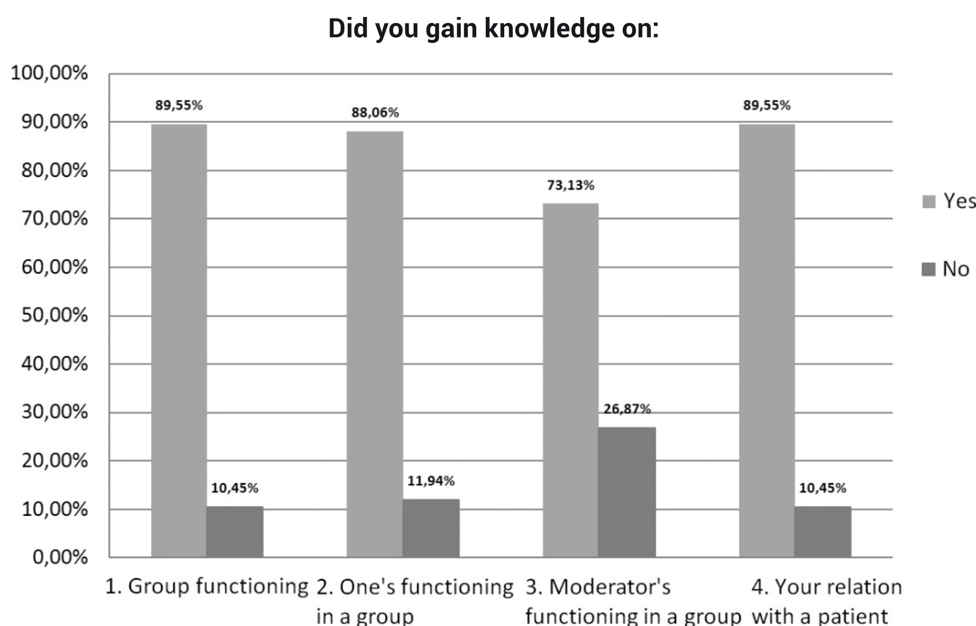


Figure 1. Student's knowledge about the group process

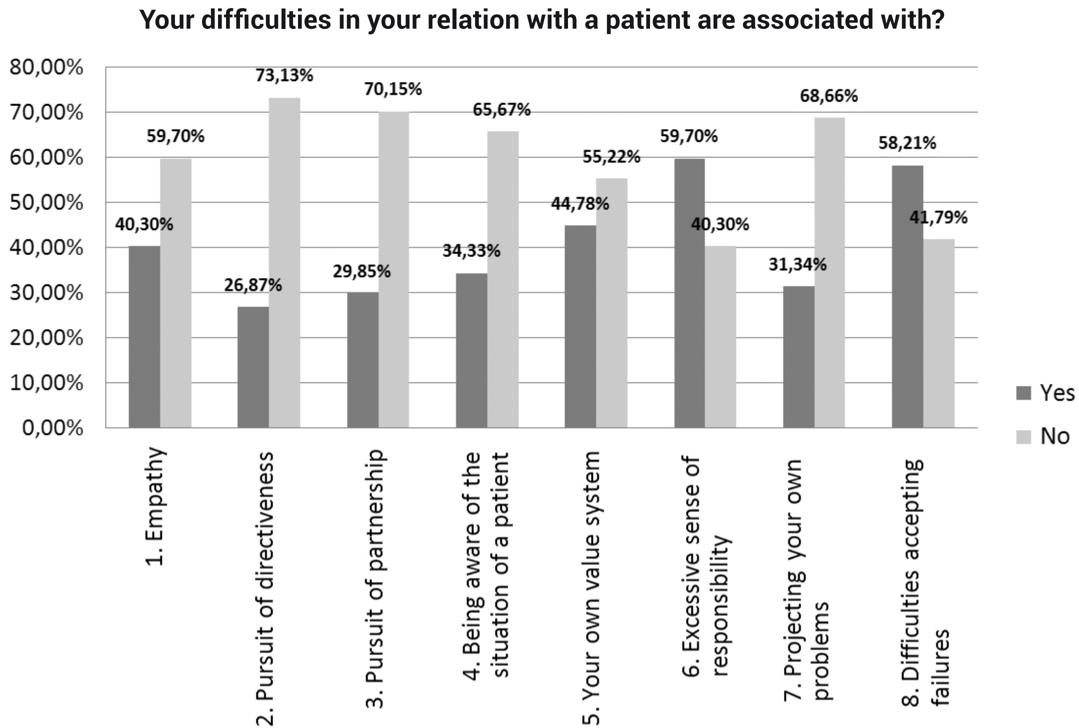


Figure 2. Quality of medical student – patient relationship and their insight into difficulties in this relationship

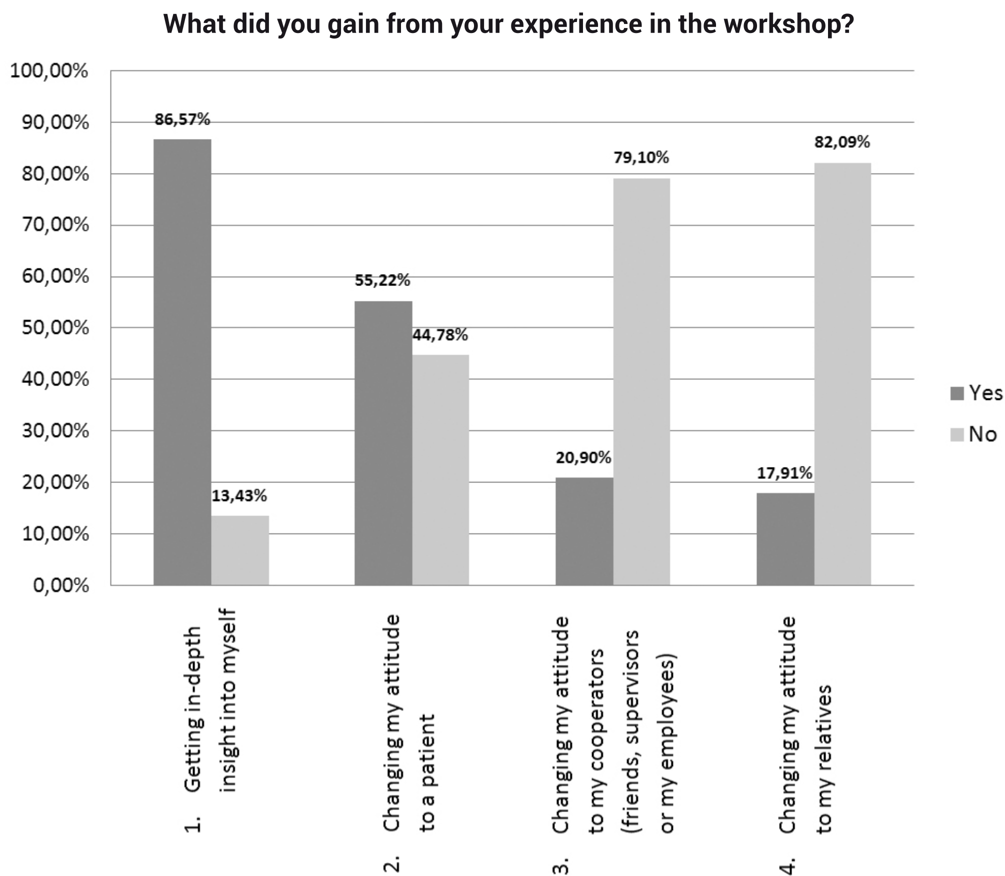


Figure 3. Student's awareness into changes following Balint's group workshops

What was your greatest emotional experience during the workshop?

- Analysis of a seemingly easy case report, which had a lot of aspects. Setting clear borders in the doctor — patient and doctor — nurse relation.
- Listening to someone else's opinions on the case report i presented.
- Discovering that sometimes it is enough to think a little to help the patient.
- Uneasiness due to lack of one's own case for presentation, i know that the relation with a patient may be difficult but i don't remember anything, i think that my relation with patients is "shallow".
- Awareness that patients do not come to us to irritate us and it is not their goal to trigger doctor's negative emotions.
- A sense of powerlessness (there are so many patients whom we cannot help).
- Adopting patient's point of view, finding a way to understand the patient's situation better ("getting into patient's shoes").
- Finding new solutions to the same problem.
- Finding one's heart to talk in public and to present one's point of view.
- An opportunity to pay attention to a patient — doctor relation if the patient is a person with a disability.
- Empathising with the patient, seeing the patient from a different perspective.
- Helplessness in the face of discussed problems.
- An opportunity to describe my patient and my changing perception of my patient.
- Participating in a discussion.
- A conversation on "getting to know" the patient better.
- Being able to understand that each patient's or doctor's behavior is adequate for the situation and explicable
- An attempt to empathize with a doctor whose patient died.
- Feeling unable to influence emotions of parents of chronically ill children.
- A conversation on pathological situation in a patient's family.
- Being able to notice one's emotional problems.
- Being able to understand the importance of talking to a patient and getting to know him/her better.

What was important for you in group work?

- The fact that everyone could talk openly about difficult and painful issues.
- Everyone was committed, no one avoided difficult themes, everybody showed respect to other points of view.
- Mutual kindness and openness.
- The fact that each group member could share their opinions, thoughts or observations.
- Cooperation, an opportunity to share feelings and emotions, being able to recognize how others perceive the relation with a patient.
- Changing attitude to a patient and patient — doctor relation; the emotions changed completely after the case report had been discussed in a group and after each stage of work at a balint's group meeting.
- Being able to see other's point of view and willingness to realize my own point of view.
- Presenting one's opinion on patient's emotional and psychological status.
- Having an opportunity to obtain answers to bothering questions.
- Confronting my point of view with other opinions.
- Group cooperation to solve patient's.
- Group activity, diversity of ideas.
- Openness, straightforwardness, looking for patient's best interest.
- An opportunity to learn someone else's attitude to patients.
- Listening to other opinions without making any evaluations.
- A right to have one's own opinion and to make one's individual interpretation.
- Sharing one's emotions with others.
- Learning about the mechanism of transference and countertransference.
- The fact that everything was secret as a rule, we could tell about our experiences, share opinions and open ourselves to others.
- We could broaden our minds by learning other opinions.
- Being able to understand that our interpretation of patient's behavior does not always reflect what the patient feels.

What were the negative consequences of participation in a workshop you were able to observe?

- Exhaustion, too long meetings.

- Inclination to complain or to gossip.
- I was irritated by the fact that not everyone understood the idea of meetings.
- I related the situation to myselftoofrequently.
- I had difficulties formulating the problem.
- Nervousness.
- It was pretty stressful to analyze one's.
- Letting off steam.
- I probably confessed to much in the heat of the moment, people who are strangers do not have to know my feelings and experiences to such a high extent. I could have said more than others and then i felt a little silly.
- Being withdrawn and uptight, feeling embarrassed.
- High emotionality.

Discussion

There are relatively few studies on Balint groups in Poland apart from the results of Jugowar and Skommer's presented at International Balint congress in Stockholm in 2005, which showed that the workshops are advantageous for students and their future patients [6]. Interestingly, students need time to ascertain the value of workshops because the longer the workshops the higher their level of satisfaction [7]. The effectiveness of Balint's workshops was confirmed by several studies globally [8, 9], e.g. in groups of Finnish medical students [10], in Argentina [11] or in Germany, where all medical doctors participate in Balint's workshops [12, 13]. Workshops seem necessary because sheer knowledge on psychosomatic illnesses does not reduce powerlessness in the face of patient's symptoms and complaints. Medicine and psychotherapy are a craft which can be mastered while practicing or observing mentors. Balint developed a system of training for doctors, which was based on group work. Workshop participants are doctors of diverse specializations therefore group members differ in their ways of patient management. Additionally, exchange of experience may point to new aspects of the discussed cases. Group participants are encouraged to discuss cases where aspects of patient — doctor relation do not go as expected. The main value of this method relates to the fact that group participants have to understand patient's and doctor's feelings and thoughts and learn alternative behaviors. The atmosphere is usually undisturbed, friendly and characterized by solidarity.

Consequently, the following skills which are useful in building adequate patient- doctor relations can be developed:

- better understanding of patient's situation or his social and family problems,
- the knowledge of patient's behavioral patterns,
- the ability to recognize patient's resistance,
- conflict situations and related emotions,
- awareness of the importance of symptoms presented by patients and his /her expectations about doctor
- the ability to recognize difficulties in the patient — doctor relation.

The results of the study and the observed changes may be considered remarkable because they followed participation in a 10-hour workshop training. Specific skills which improve patient — doctor relationship may play a significant role not only in building and maintaining contact with the patient but can also assure correct diagnosis. This can be particularly important for psychosomatic patients, who make 20–25% of all patients who seek advice of a general practitioner thus generating high costs of treatment [14]. Rapid benefits for students should be taken into consideration in the medical student education because this method is a common or even obligatory part of curriculum in many countries.

Physicians need to understand mechanisms leading to health disorders in order to be able to reconize the relation between patient's emotions and their somatic functioning. The advantages of participating In Balint's workshops are mainly related to increasing ability to solve characteristic problems in the patient — doctor relation, which arise in three areas i.e. difficulties related to patient's current health status. Patients with illnesses that are difficult to diagnose or with a bad prognosis are more likely to poorly communicate with their doctors. As a result, doctor's appointments may become shorter or physicians try to avoid seeing these patients. Paradoxically, doctors try to explain the situation by patient's good or patient's right to intimacy. In fact, these patients are perceived as difficult because they are likely to ask difficult questions and may trigger difficult emotions. The same rule applies to

pediatric patients i.e. seriously ill patients less cared for by medical personnel.

The second type of difficulties lies with the patient. We have to bear in mind that patients remain human beings who can be anxious, depressive, demanding, competitive. They may read also too much about their illness, are non — compliant or refuse to participate in treatment. The third type of difficulties lies with the doctor, who may have a perfectionist attitude to treatment or diagnosis, may react with anxiety or remain non-emphatic and directive to patients. These problems are analyzed during Balint's workshops. The benefits for the doctor, which include insight into one's feelings and their analysis, increasing empathy and ability to recognize and control transference and counter-transference, lead to more comfortable work and increasing job satisfaction. These new competences should be treated as instrumental as they increase the quality of service to the patient thus smoothing over any difficulties.

Implications for practice

Balint group participants learn to look at the world with their patient's eyes. As a result, students are more inclined to more elastically change their point of view and are able to see patient's situation and their relation in a wider context. Students are taught about mechanisms and processes of contact so they are able to understand by acknowledging their own emotions and by shaping new behaviors based on theoretical principles of group dynamics. To add, students are not given ready — made answers on how to behave with a particular patient but they learn what other group participants and the group leader think about the situation. Consequently, the classes may sometimes evoke extreme opinions

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Conflict of interest statement
The authors declare no conflict of interest.

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