A New World Address

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When I met Frank for the first time, I immediately thought that he would be an excellent President of the IBF. When I received the invitation to speak here for you, although I was very honored and happy to come here, my first reaction was epidermic and European; we know that he comes from the new world, South Africa and the U.S. . . . . Then in a flash of a second, I understood that we would be dealing with A NEW WORLD, our world in complete transformation. Does the Balint training still have its place in this new world?

Immediately, I liked this title, me the old GP, having studied on another planet or was it at the end of the ICE AGE, between 1946 and 1954. Without speaking about my experience due to my age, am I still the GP that I was when I started practicing? Of course, I've changed, but the world around me has also changed, and how! . . . . The social conditions of my patients (social crisis, economic crisis, a quicker knowledge of events brought to us by the media) have considerably changed, as well as the economic restraints within the practice of each GP. (I am not aware of what is going on in the U.S. in this field.) However, when Michael Balint started to work with GP's, it was at the end of World War II and at the beginning of the National Health Service in England, also a kind of revolution in the practice of medicine in that country.

In November 1994, all has been said and written about the work done by Michael and Enid Balint. Please permit me, an old GP Balintised from head to toe, to simply say a few words about my experiences and my thoughts rather than about my readings and theories. I read Michael Balint's first book, which hadn't at that period been translated into French, and I had the impression of finding what I had been looking for for a long time concerning medical training and practice. It took me quite a long time before participating in my first Balint meeting. Unfortunately it was only a few months after his death, and I felt a bit frustrated that I had never had the opportunity of meeting him. As a result, I found myself a bit excluded from what seemed to be a chapel or a center of initiation. Two years later, I had the opportunity of participating in the foundation of a group in Lausanne. What a joy it was to present a case, but there were ten other colleagues who also wanted to present their cases.

I had to learn to listen to others. They had the same problems as I in their relationship with their patients. They often had the same emotional reactions as I. As time passed, I was able to accept these emotions and let them show through, while during all the time of my studies and post-graduate formation, I was taught to control them. Fortunately, there was a leader, and ex-GP who became a psychoanalyst, who encouraged us and at the same time protected us.

He is the one who can point out a sentence or just one word, or an attitude in each member of the group. What does this word, this sentence, or this attitude signify to you or to your patient. What place does it take within your relationship with this patient or with your patients in general?

During the first months, how many times did I ask myself why I was sad or why I felt as if I was being attacked? With what right did my equals treat me as they did, me the GP, so good and kind with my patients, and the leader is in agreement with them. Little by little I was able to say things that seemed to be important without being afraid of showing my emotions. The analyst next to us in a group will help us to look beyond the appearances, and in time, we will also be able to understand above and beyond the symptoms and words of our patients, that which they do not want to tell us or are unable to tell us, that which is in their subconscious.

To gain this objective, one must learn to observe beyond the physical symptoms that the patients present and decode their complaints by taking the time to listen even when one doesn't have the time. . . . The leader does not have the same notion of time as GP's do, he isn't obliged or doesn't feel obliged to ACT, and here too it is important to underline this essential aspect of the analyst's role within the Balint group. It is not my intention to talk about "flash" because all has already been said on this subject (c.f. Courtenay in Budapest, 1986. . . .). But as each day goes by, a word, a sentence, or an attitude is inscribed in a part of our memory and perhaps in a future conversation, this certain word, sentence or attitude could be recalled to put us on the same wave length as our patient, perhaps surprised to feel understood or to have his secrets revealed. Another type of relationship or another story could begin between him and me, even after several months or

several years, but this isn't always the case.

Twice a year a small group of young students pass a day with me at my office. I've often been disappointed when I see how medical studies have become unhumanized. They learn a medicine purely scientific and technical; they are instructed to economize their time and that all time passed talking with their patients, except the time strictly needed for diagnosis and the beginning of a treatment, is a waste of time and non-profitable. In the "new medicine" it is out of the question to simply spend time listening to patients, giving them an opportunity to express their feelings. We here all know how important these moments of sympathy and exchange can be.

Each day cannot be a perfect day, and there are days when the Balint GP's, like everyone, can be tired, in a bad mood, or have too many urgent cases to treat. He isn't a superman and especially not a better GP. These reproaches have often been made—you Balintiens think that you are better than others. It is true that we would say that we are bastards . . . different from other GP's—neither psychiatrist nor analyst and this is quite evident when we start a verbal therapy, even within a precise framework and even more so if we call this psychotherapy.

I've always said and written that each good Balintien GP should have an excellent scientific and technical formation, keep this formation up to date, and in addition, through his participation in Balint, be able to accept to be questioned. Why is my speech as it is—is it understood by my patients; can I exchange with them the message I would like to transmit. . .?? and so on . . . .

As I've said before, the Balintien is no better than other GP's, but he is different because of his ability to establish a communication with his patients which helps to strengthen his relationship with them. This dialogue should never take the place of science and technology, but be a complement to it.

With whatever type of society—medical, political, economic, cultural—which awaits us at the turning point of the century, the family doctor will always find himself face-to-face with persons who continue to suffer physically, mentally, those who are afraid of dying, afraid of suffering, those who are anguished without a visible reason. The Balint formation will always remain, according to my experience, the (best way, most direct way) super highway to maintain a physical and emotional contact with our patients.

When I accepted with as much pleasure as fear to come and speak for you today concerning Balint training in a changing world, many souvenirs came to mind of the years passed as President of the IBF, that is to say, from October 1984 until August 1989. In the beginning, the country family GP that I was and continue to be often was paralyzed in the company of those who knew Michael Balint and many distinguished analysts. I solidly hung onto the strict image of the Balint groups. I've already mentioned the importance I give to the role of the Balint group leader.

But during the years that followed, I often heard that the medical years of 1980 were so different from those of 1950 that most likely Michael Balint would not have proposed the same things. In addition, the role of psychoanalysis in the world has been considerably modified, even diluted.

We here are right in the heart of the Balint experience and we will continue these discussions during the next few days.

We could perfectly imagine Balint groups without a psychoanalyst, any psychiatrist, practicing only dynamical family therapy, behaviorism, cognitism, Gestalt, and so on . . . . To my objection, I received the answer that know-how taught and learned could also be as valid as what I believed only to be possible through experience and a prolonged practice of communication between GP and psychoanalyst.

Later, other experiences occurred which seemed to me to be more valid or at least more objective. During the preparation of the International Balint Conference in 1989 in Stockholm, which was remarkably organized by a very young Swedish Balint Society, we were confronted with the Balint groups in Sweden, approximately 70 but with less than 20 psychiatrists or analysts.

In 1986, during the 90-year memorial in Budapest organized by the Hungarian Balint Society and the IBF, still under the Communist system, even if a bit watered down, our Hungarian

friends were pleased to see Michael Balint's name in two of Budapest's big political newspapers and the Hungarian psychoanalysts felt themselves to be at last recognized, in a small way, because of us. Later, several Balint groups made their appearance, but then again, few analysts to animate them.

In 1988, our annual IBF meeting was held in Berlin, a city still surrounded by its horrible and ridiculous wall. Who would have thought that, just a short time later, everything would be turned upside down and that the wall along with the whole Communist system would fall. The GP's of all these countries found themselves, within a few weeks' time, confronted with a complete upheaval in their way of life, including their medical practice. . . . . All the medical culture and the scientific ideas that were imposed up them during approximately 70 years suddenly disappeared.

For several amongst them, the Balint formation appeared as being the bearer of liberty of thought and expression. As a result, many groups were created in Poland, East Germany, Hungary, etc. . . . . Most of these groups work without leaders because as we can imagine there exist very few psychoanalysts in all of these countries. Should we refuse them the trade name of a Balint group? I don't think so.

Unfortunately, we must mention such countries as Great Britain, France and others where very few analysts are interested in Balint group practice. All our English friends here present maintain Balint at a very high standard.

Will we flow with the current and accept that each GP who would like to join any training group, more or less similar to the group we are familiar with, can do so. Or, will we try to keep our model as the only valid model—a research between GP's and psychoanalysts, permitting us to discover the hidden face of our patients and go beyond their physical and emotional symptoms, our own emotions, and the management of our time? This is my wish, in spite of all that I might have said or implied during these past few minutes.

We have four days before us to discuss this subject. Thank you.