

The Effect of Balint Work on Our Patients

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I do not know what is harder, to be a doctor or to be a patient - of course you might say a doctor chose to be one, the patient as a rule did not choose to be one, or at least if so he doesn't know it. But they both need each other, in order to assert their specificity, and assume their roles. The one makes the other, they both depend on each other, and they may even confuse their places sometimes, playing games, from hide and seek to musical chairs, to the harsh drums of sick organs or to the fine tuning of soul-music.

Did not Balint himself encourage us to dance with our patients?

We all experienced those times where personal troubles make life difficult to cope with, and where we feel we cannot go through the motions nor do our everyday, doctor job. And suddenly, with the first patient of the day, we easily slip into our doctor-person, almost as we were to be healed before becoming the healer.

But why on earth did we decide to protect humanity from sickness and death? Why did we not only accept but chose such a tremendous responsibility? Did we really believe we could find ways and means to fight pain and suffering, did we think we could bear not to win those fights, did we feel we were capable of witnessing the death of a child, the decaying of mind and body? And if we wanted to be part of life's dramas and maybe even deflect some of life's arrows, how did we imagine we could survive boredom when things seem to be petrified from one consultation to another?

Well, let us be honest, it may not be easy but it can be extraordinary. And not only when we have been "good doctors", when we feel we made the right decisions and gave the good treatments, but even more when we did not do anything but simply were there at the right time and the exact place where the patient needed us. The problem, as Balint wrote, is to know when and how to prescribe ourselves. No book gives the formula, the exact dose at which the drug is to be given, but as with all drugs, too much for that person is too little for this one, and allergy as well as addiction way well occur. But pleasure is a potent drug and a happy doctor certainly is a bonus to most of his patients. The hermeneutic circulation is quite visible here, as we all know that part of that pleasure is also a gift from the patient to the doctor.

Some patients may need us, on the contrary, to vent their aggressivity, and not tolerate too much equanimity on our side. Our way of reacting to those solicitations is quite visible in Balint groups, and by accepting what we cannot change in ourselves and changing what we cannot accept in them, we do often arrive to a solution, at "majorem patient's gloriam."

It is of course much easier, and somewhat tempting for us to hide behind the screens and our other sophisticated tools rather than add to our own doubts and anxieties those of our patient. But we cannot, and we should not exclude the patient from what is happening in his or her body, or from what we are trying to do with and in that body. True, his or her representations of that body are quite different from ours, but what's the difference and does it really matter?

What he thinks and what he feels, his way of life and ideas about it, that is what really matters, that is food for our thoughts, of the same value as the body temperature or the blood pressure. It is only a question of time and timing, and it is also part of what Balint work does to help us help our patients.

Sickness and suffering are the object of our concern, the sick and suffering person is our partner, the subject of our concern. Although we are well aware we sometimes inflict discomfort, hurt and wounds - all for our patient's own good as we all know!- we must not fall into that modern trap: the opposition, the duality, between high-tech medicine and relational medicine, the one being totally alien to the other, thus creating the cleft into which our patient cannot but fall, a void which might suck him in if we did not pull him out and hold him, at least metaphorically in our Balint arms.

Our encounter is not a contest, it is the weaving of a complex tissue of emotions where both protagonists try to join forces against that third partner, the illness itself. Don't you think or rather have the feeling that Balint groups are - or could be - the laboratory where we can work on that astonishing chemistry, the patient doctor relationship, which is, or rather gives us, our daily bread?

It is through that double-bind that Balint-training brings more to the patient and not only to the doctor, it is that feed-back which is the R.N.A-messenger that patient's and doctor's cells alike recognize.

So how can we build that bridge, when we don't even know what length it should have, if it has to be of thick rope or of thin air? Maybe it is more of a line that we throw whenever we open our door and our ears - what about our heart? - to that person, long known or yet unknown, who paid a pound of flesh for the dubious privilege of becoming our patient. Because, let us face it, to become a patient one has to fall ill...

The patient-doctor relationship, like any interhuman relation, is made of what is said, what can be said and what cannot, of words and attitudes, but also of symptoms offered, accepted or refused, of exchange and barter. It is anything but static and monolithic, but one thing is never modified: we and we only have the right to unveil the other's body, to invade the other's mind, in a word, to have access to the other's innermost privacy. Exorbitant though it may be, that is what that famous medical power is about.

Such a potency, such a power, earned through teaching absorbed at the university, can if topped by Balint training, turn into a fairy's wand instead of enuring the risk of being a witch's needle. It can be turned into an asset, as well as a guarantee of quality. Naturally we are the doctors, we know we are the ones who always keep our clothes on, even put something else over them, an uniform or a protection, we are in an upright position, whereas the other is often lying down and half-naked.

Those images, those emotions, if we can recognize them, if we can feel their impact on both patient and doctor, then we can use them instead of ignoring them in our patient and hiding them from ourselves. We have been taught during our studies and trained in our contacts with the patient to wear a mask, our doctor-face, where real feelings should be blotted out and erased. Why should we not be allowed, or should we not allow ourselves, to share something as precious as joy or sorrow with our patient? What is the benefit of not showing we care, not as a mother or a sister, not as a grand-father or a best friend, but as a doctor, in our place, in our role, at the good distance. The distance where we, patient and doctor, hear each other well enough to learn from one another. That therapeutic distance is not always easy to find, and can vary for the same

patient from one consultation to another. Keeping a certain neutrality is sometimes hard, but is a necessity. The best evidence for that is the difficulty we all experience when we have to treat those we love, who are too near or from which we are too far.

"It is never the same person who thinks and who cries" said Mallarme the French poet, when writing about his child's death... But keeping a cool head does not imply icy bed manners, and trying to warm your hands before putting them on an abdomen cannot but give better results, a better assessment of the situation and of the relationship. Such small attentions. . .but that is pure courtesy and simply the necessary oil to all human contacts. Certainly, but it makes the patient whole again, not reduced to the slice of himself he brought us, not reduced to that sick part of herself, not only a uterus or a breast, but woman as a person, with a heart and a head up there, at the other end of the bed or the table.

As we speak in French of the "travail," the work, of giving birth, one could speak in the same terms of the work of the relationship. Patient and doctor together are engaged in creating something which is theirs while moving toward a better mutual understanding. It is not a simple process which can evolve either in a right or in a wrong direction. Both partners must prepare themselves for a certain dose of frustration. Quoting Balint, it is on that basis of satisfaction and frustration on both sides that a unique contact will establish itself between the physician and those of his or her patients who keep coming to him. We are hard put to describe that bond in psychological terms. It is not only love, trust, mutual respect, identification and friendship, although all these parameters exist at one moment or another but a "company for mutual investment." Balint means that the doctor is at the head of a precious capital invested in his patient, and that the reciprocity is true, the patient having made a precious deposit at his doctor's too. But he goes on stressing the point that this double asset should not be squandered away, but used or made to fructify so that both doctor and patient may receive their rightful dividends.

Balint work gives our patient more than a guarantee of quality, it is an insurance: we assure him of our full attention, of our deepest interest for his interests, during all the time we share with him, a time which is his in the space of the consultation.

Preparing this paper, I fell on those lines of Toni Morrison, that wonderful writer, addressed to an adult by a child:

"They do not talk to us - they give us directions. They issue orders without providing information. When we trip and fall down, they glance at us."

Well, the respect, the insight and the courage and the flexibility we talked about yesterday may well be what Balint work helps us to acquire or to enhance. I like to think that along with the right word, the gesture expected or not, the handful of science, the headful of imagination, even the taste of a tear as quickly dried as the ink of our prescription, that is what we hope to offer to our patients, not forgetting of course the cherry on the cake, that is a zest of our own personal magic.