Balint groups were developed by Michael Balint and his wife Enid in the 1950s and acted as one of the earliest methods of clinical supervision to be provided for GPs. Balint groups are now used by doctors in a wide range of specialties and they have been trialled with medical students in several countries, producing some encouraging results.

These small group sessions involve case presentation and discussion centred on the emotional component of a consultation rather than the clinical content. They aim to develop an understanding of the human interaction involved in the patient-doctor relationship using psychoanalytic techniques. The group provides a safe, supportive environment for a presenter to describe emotional, puzzling or even frustrating interactions with patients. As the remainder of the group discusses the case with guidance from a psychoanalyst leader, invaluable insight can be gained by allowing the presenter to assume a reflective position. ¹

There are a number of similarities between Balint groups and Schwartz rounds. For example, both groups use case presentation and discussion as a format. In addition, Schwartz rounds can also act as a container for anxiety and are a safe space in which emotions can be discussed without judgement. Some fundamental differences to note between Balint groups and Schwartz rounds include the group size – Schwartz rounds are much bigger and rely less heavily on contribution from all group members. Schwartz rounds also place less emphasis on increasing awareness of the unconscious, the group is less analytic and more a safe environment to share anxieties. Finally, the themes of discussion are broader and can apply to many different healthcare professionals.

In a 2015 literature review, Roy et al. highlights some of the potential benefits to clinicians of Balint groups. Four studies included used semi-structured interviews to describe participants’ perception of the effect of BG participation. Some of the benefits found included understanding of case dynamics, awareness of one’s own and patients’ feelings, using a new perspective/conceptual framework, competence in the physician-patient
encounter, recognizing different aspects of professional identity, increased self-awareness and interacting with patients differently. 

Research has shown that Balint groups may also be beneficial to students. Findings suggest that these groups act as a safe space for discussion and can improve empathy and emotional insight of medical students. In addition, students have showed increased insight into how their own personality can impact upon a consultation and upon patients. Other findings suggest that Balint groups can increase awareness of the relationship between patient and student.

In summary, research suggests that Balint groups can help clinicians and students to develop a better understanding of their relationships with patients and the role of emotion in these interactions. Despite the constantly evolving nature of the healthcare system, Balint groups are still extremely relevant to modern medical practice. As Balint said, ‘at the centre of medicine there is always a human relationship between a patient and a doctor’.

1. Society TB. A very short introduction to Balint groups. 2012. [http://balint.co.uk/about/introduction/]