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IMPROVING THE DOCTOR-PATIENT RELATIONSHIP IN CHINA: THE ROLE OF BALINT GROUPS

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ABSTRACT

Objective: Doctor-patient relationships in China have been deteriorating for the past 10 years. Many Chinese doctors are involved in tense and conflictual doctor-patient relationships. Most patients do not trust doctors or other medical staff and physical attacks on these professionals have become a common event. The Balint group offers a better understanding of the doctor-patient relationship in a safe environment and relieves the doctors from the daily stress. *Method:* This article (1) describes the specifics of Balint work in China, (2) reports experiences from the first International Balint Conference in China, and (3) compares these experiences with the doctor-patient relationship described by Michael and Enid Balint in the 1950s. *Results:* Chinese doctors have a great need to communicate, to share their own

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feelings of powerlessness, helplessness, frustration, and anger. The Balint method is highly appreciated in China. All participants experienced the 2½-day meeting as very helpful. Also, in China, Balint work as relationship work in the analytical group process fosters the ability for introspection alongside openness, unconscious processes, "thinking outside the box," "courage of one's own stupidity," and "beginner's spirit," thus promoting the individuation, the "small but significant change in the personality of the doctor." *Conclusions:* Perhaps Balint work in China is a contribution to the integration of traditional Chinese virtues: benevolence, tolerance, magnanimity, and prudence with modern medicine. Balint work could be an alternative to the outcome-oriented pressure to perform and to the machine paradigm of biomedicine.

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Key Words: difficult doctor-patient relationship, Balint group, sculpture work, China

INTRODUCTION

In the early 1990s, state subsidies for hospitals in China were withdrawn as part of the liberalization of the economy. Hospitals were given the right to generate their own revenues in order to guarantee their survival. As a result, during the following decades hospitals developed into commercial enterprises. These days, too often purely economic considerations, rather than medical necessity, determine treatment. For this reason, frequently unwarranted diagnostic tests and treatments are performed. In addition, doctors are trying to supplement their incomes, which even by Chinese standards are rather moderate, by kickbacks from the pharmaceutical industry. As a result, Chinese doctors are in a constant balancing act between ethical standards and financial enticements [1]. Many doctors feel that their commitment to patients is not sufficiently appreciated and valued by both government and society and are looking for employment outside of medicine [2].

The fundamental mistrust of patients towards the current medical system has been exacerbated even further by media reports about doctors who have tried to exploit their patients financially. More than ever, Chinese doctors are the victims of violent confrontations [3, 4].

In addition to this economic pressure, the number of patients encountered is very high. At the Union Hospital in Beijing, every day 10,000 patients are treated in the outpatient clinic. Depending on the department, and with the exception of special clinics, a doctor is treating on average 50-100 patients a day. Doctors in a comparable U.S. setting see 10-20 patients per day. Frequently, doctors are confronted with psychosocial problems, usually without an option to consult a psychiatrist or a social worker on short notice [5, 6].

The Chinese healthcare system comprises two institutionally separate areas: Western medicine and Traditional Chinese Medicine (TCM). The TCM department primarily treats patients with chronic ailments such as chronic pain disorders, e.g., after a herniated disc, arthritis, or patients with chronic recurrent infections. TCM often offers basic care, especially in rural areas, while Western medicine is the preferred treatment for life-threatening conditions and for the urban middle class.

TCM focuses even more on the cultural roots of Chinese thinking and effective use of the doctor-relationship. Patients feel comfortable, protected, secure, and relaxed consulting TCM physicians. There is an indirect communication about emotional distress and interpersonal relationships [7]. In our own study about treatment of patients with medically unexplained symptoms in China, the satisfaction with the consultation from the patients' point of view was significantly better in TCM than in psychiatry and biomedicine [8].

METHOD

Balint group work enables the presenting doctor, on one hand, to benefit from self-experience and, on the other hand, to learn to bear in mind not only the disease but the patient's personality and social system (see Table 1). Future encounters between the patient and the doctor are more likely to proceed in a more relaxed

Table 1. What is a Balint Group?

- Between 1949 and 1954 Michael and Enid Balint developed the concept of the "Balint Group," a training and research method for General Practitioners.
- In these groups, under the direction of a psychoanalyst, doctors discussed their cases through understanding the transference and counter-transference in the doctor-patient relationship.
- An underlying assumption is the theory that the patient in all of us has a need to relate to objects and that this is an organizing principle.
- *The Doctor, his Patient and the Illness* was published in 1957 and is well known worldwide by generations of doctors.
- In this book, Balint develops his ideas regarding the psychological aspects and implications of general practice, and
- the method of training doctors to appreciate these implications and gain an understanding of the doctor/patient relationship.
- One of the most potent ideas in this book was that the most frequently used drug in general practice is the doctor himself.
- The so named "drug doctor" can be a positive or negative force at work behind the scenes in any consultation between a doctor and a patient.

atmosphere [9, 10]. The success of a group depends on the group members' willingness to be honest, respectful, and supportive of divergent opinions. The content of the group is confidential. A Balint group may meet over the course of months or years, and group cohesion and trust develops over time [11].

Sculpture Work

We practice Balint groups in the classic way and attach sculpture work whenever is appropriate. Sculpture work is a method in couple and family therapy. Normally sculpture work is not used in a Balint group. A sculpture of a system (family, hospital team) enables access to tensions, conflicts, and previously unseen positive and negative relationships within the system.

The presenting colleague first selects persons from among the group as representatives of those involved in the case and positions them in the room. These include the patient, family members, the presenting clinician and other clinicians involved in the case, as well as the disease and its symptoms. The quality and nature of the relationships are reflected in the way in which the presenter arranges the figures in the sculpture. The group leader supports this process by asking the positioned participants "Who do you see? How do you feel standing there?" The group leader can intensify the process by further questions about physical and emotional perceptions, and by requesting the person to make a typical gesture, or to speak spontaneously. After the presenter has arranged the representatives of the case, he or she is an observer, just as he or she would be when in the "pushback" position in a classical Balint group. This allows him or her to experience the impact of what the group leader and the representatives do. The amazing thing about this method is that, from where they stand, the positioned representatives have access to the feelings and relationships of the families—or team members—involved. The goal is to recognize and dissolve snags between the family members or in the team, and to find a new order in which every person is comfortable in his position.

Balint Group Work in China

Balint work was already a part of the EU project "Postgraduate Training in Psychosocial Medicine for medical doctors in China, Vietnam and Laos" [12, 13]. Between 2005 and 2008, several hundred Chinese doctors participated in this training program. Very early on it was apparent that Chinese colleagues greatly appreciate Balint work.

The introduction of sculpture work in the Balint group work arose from previous experience in Vietnam and Laos. In these two countries, more than in China, it is not customary to speak directly about personal feelings. Asian culture emphasizes the inhibition of strong emotional expression, to manage or avoid conflict. This was repeatedly confirmed in the first discussions of Balint group work with the future group leaders. The participants would

probably feel challenged by the instruction to freely express their thoughts, fantasies, and feelings.

The introduction of sculpture work as a modifying element of the Balint group enabled participants to symbolically test out new possibilities. Using a sculpture led to the dissolution of the rigid structures. Alternative perspectives for all representatives were opened up. The participants became completely absorbed in their roles, spoke of their fears, their anger, and their sadness, and identified with the person they represented. In this way, the sculpture was brought to life. Hidden conflicts became emotionally palpable; hints for possible solutions were perceptible. The person of the doctor was always represented, was part of the system, and contributed by a change of position to a decrease in the symptoms of the patient as represented in the sculpture.

On May 20-22, 2011, the first Balint conference was held in Beijing. The event was organized by the Department of Psychological Medicine of the Peking Union Medical College Hospital (PUMCH) in Beijing, a renowned university hospital, which was founded in 1921 by American missionaries with the support of the Rockefeller Foundation. The Balint meeting took place as part of the 90th anniversary celebration of PUMCH.

The conference chair of the Balint meeting was Professor Wei Jing, Head of the Department of Psychological Medicine at PUMCH. Participation was voluntary and limited to about 100 and included doctors from various disciplines and mental health clinicians, but only eight participants from TCM.

RESULTS

The following examples illustrate the content and course of the group work. For reasons of confidentiality, the examples are anonymized and slightly moderated.

Examples of Balint Work

Between Frustration and Empathy

A 35-year-old patient with a "major depression" as well as a history of suicide attempts is admitted to the hospital and treated with antidepressants. The patient is not married, has no stable social relationships and no work. After a few days, he enters the doctor's office without knocking and demands to be discharged. The psychiatrist thinks that it is too early and does not give in to the demand. The patient insists, brings in his sister for support and behaves aggressively toward the doctor. As a consequence, the doctor also gets angry. The following day, against medical advice the patient leaves the hospital. Afterwards, the doctor feels very uncomfortable and ashamed and asks the group what he could have done better. The first round of group free associations is characterized by strong negative emotions and physical reactions of the participants such as abdominal pain, a stiff shoulder, and numbness. The group leader asks one participant who

felt abdominal discomfort, what she thought might help her. She replies that this question alone and the fact that she is being asked provided relief. The presumption is that the patient also would have liked to be asked about his thoughts, desires, and problems. The patient now seems like a little boy who needs a father figure providing warm and loving support, but who also sets limits.

The Angry and Helpless Father

During the night shift, an assistant doctor in training receives an emergency call to a 14-year old patient suffering from leukemia—the patient is not doing well. The parents are at the boy's side. The young doctor does not feel comfortable with the situation so brings in the senior doctor. Immediately the father bombards the senior doctor with questions and accusations. The senior doctor responds rather coldly: "It is the disease that has brought your son into this state, not the doctors." The father gets angry and assaults the doctor. They begin to hit each other and fall to the floor. The assistant is ashamed and angry, and feels helpless. The police come and take the two combatants into custody. Only then does the patient receive the attention and treatment he desperately needs. He survives the crisis. In group discussion, it becomes clear that behind all of the anger there are feelings of helplessness, despair, and a lot of sadness in all those involved. Now, the presenting clinician very clearly feels his own sadness about the dying 14-year-old patient.

Sculpture Work

Caught between Patient and Family

A 40-year-old patient with a diagnosis of schizophrenia is admitted to the hospital due to hallucinations for the past 3 months. While the patient's brother who is 3 years younger strongly supported hospitalization, the parents strictly opposed it. The presenting doctor experienced being caught between the conflicting priorities of family members and the patient. Through the use of a sculpture, which also included the patient's estranged wife, a better understanding of the entire family situation was developed.

This allowed the doctor to realize that for the best treatment of the patient she needed to invite both parents and brother and his wife to a joint family consultation. In this consultation, any opinion may be voiced and a common solution may be found and possibly backed up by all involved.

Special Features of Balint Group Work in China

Distrust between Doctor and Patient

Cases presented in this first conference are often ones where trust and testing of the Balint method and the Balint leaders are a covert theme in the doctor-patient

relationship. This can often take the form of a case where there is a lot of aggression or a case that feels impossible.

It is, therefore, not surprising that common threads revolved around the following dilemmas. From the patient's perspective: the patient feels poorly treated, distrusts doctors, questions the doctor's recommendations or does not follow them, accuses the hospital of performing or not performing certain examinations based on economic reasons only, the patient gets very angry, threatens the doctors with legal action and violence, and in some cases the patient actually becomes physically violent toward the doctor. From the doctor's perspective: the doctor, who initially would like to show more understanding for the patient, also becomes annoyed very quickly, and the situation escalates. The patient strives for autonomy, perhaps leaves the hospital, refuses further treatment or complains to hospital management who frequently seeks to resolve the conflict at the expense of the doctor. The doctor is left frustrated, disappointed, and angry. Although at first glance it would seem that the triggers for the disturbance in the doctor-patient relationship are the aggressive feelings of patients toward the doctor, leading to shame in the doctor, the doctor has also brought to the consultation a feeling of being unsupported, exploited, and taken advantage of by his employer, the hospital. Feelings of aggression, guilt, and failure predominate in both the doctor and the patient. Behind the aggression we often experienced fear, insecurity, shame, helplessness, despair, sadness, a desire for autonomy, and a desire for a sense of security.

A Cultural Characteristic: Conflict Prevention

In Asian cultures it is considered impolite to address conflicts directly. They are paraphrased and a direct confrontation of the other person is not common. The other person would "loose face" and this must be avoided at all cost, because it is associated with severe feelings of guilt and, above all, shame. It was not surprising then when one of the participants of the Balint group asked the question: What should I do if someone in the group becomes aggressive? This attitude toward conflict prevention was reflected particularly in the interactions with case presenters. For example, rarely criticism or negative feelings about the case presenter and his/her work with the patient were raised. Instead, compassion and solidarity with the difficult situation of the doctor prevailed. On the other side it was harder for the group to empathize with the patient. It seems like the safe and confidential environment provided by the Balint work gave the doctor a genuinely needed opportunity to express support to a colleague in difficulty rather than to express the politically and culturally correct empathy for the patient.

Our experience of working with our Chinese colleagues has demonstrated that by adhering to the Balint model of getting the group to do the work of understanding the doctor-patient relationship, there can been a rich mutual exchange of cultural nuance and understanding, a true cross-cultural partnership. All groups

have their own norms, whether they are cultural, professional, or generational groups. The universality of the effectiveness of the Balint model has room to embrace this diversity.

Sculpture Work

In our work in Beijing, establishing the sculpture work facilitated the understanding of both the case history as well as the underlying cultural characteristics. In addition, it helped in reducing language difficulties, which could not be eliminated completely by the simultaneous translation into English. Scenes from the sculpture illustrated the family situations in a vivid manner. Striking to us was the fact that the doctor is usually depicted in an isolated position, not as part of a cooperative team. One concerned colleague asked: "Why was I chosen to be the abusive father?" A female colleague, representing the treating doctor, cried as she was telling her female patient how she feels in the specified position. In another scene, a colleague spoke with the quiet voice of the boy who felt useless. This conveyed his emotional state even without us understanding the words.

Evaluation

In the oral and written feedback, all participants seemed to have benefited from the meeting. Those who did not know Balint work before were intrigued and wanted to exploit this method further. More experienced participants wanted to establish Balint groups at their own hospitals and it led to the desire to offer a Balint leadership training seminar at the next meeting (see Table 2).

In the open questions, the participants commented on their wishes for the next Balint meeting. First and foremost was the question: "How does one become a Balint group leader?" as well as the desire for more theory and more practical experience. Next came the desire to deepen self-awareness.

What distinguishes the situation in today's China from that in the doctor's consulting room as described by Balint in 1957 [14]? The family doctor—as described by Balint—knew the patient from recurring meetings. He knew about the social environment of the patient, possibly visited the patient's home, knew the family, could imagine the conflicts that may be behind the symptom, and was able to become familiar with the living situation of the patient.

Quite different is the situation for psychiatrists in China today. They have seen their patient only very briefly, prescribed medication, and must leave further treatment up to the team. They know very little about the patient, do not know his/her life story and current conflicts, and do not have a relationship. Also, the patient already has many negative feelings about the medical system before they even enter the doctor's consulting room. It is about handling the speedy restoration of functionality.

How can this practice be reconciled with the cultural heritage in China? This heritage includes mindfulness, a meditative element in the treatment of the

Table 2. Evaluation of the Balint Conference

How helpful were the following activities?
Scale from 1 = very helpful to 5 = not helpful

Activities	Mean (*SD*)
Lectures	2.01 (0.94)
Fish bowl	1.86 (1.03)
Balint work in small groups	1.67 (1.05)
Discussion and information groups	2.29 (1.07)

How strongly would you agree or not agree to the following statements?
Scale from 1 = strongly agree to 5 = do not agree at all

When I presented a case, I felt that I was listened to, I felt supported and understood	1.69 (0.67)
I became more aware of my own feelings in the doctor-patient dialogue and feel able to include this also in the daily work with my patients	1.67 (0.53)
I knew better, why I experience some patients as particularly difficult or stressful	1.68 (0.52)
I felt how I developed a natural curiosity to know more about patients and other people	1.75 (0.78)
I've understood how an ongoing Balint group may be helpful in the reduction of burn-out symptoms and improvement of job satisfaction	1.53 (0.55)
I have understood how a Balint group is conducted	2.05 (0.75)
I am planning to participate in an ongoing Balint group	1.43 (0.50)
I am planning to start an ongoing Balint group	1.45 (0.57)

sick, acceptance of the role given to preserving the community, and respect for the "master." The significant and evolving social transition from these aspects of the Chinese heritage toward autonomy and individualism is reflected in the changes and the tensions in the doctor-patient relationship. Respect for the "master" has become secondary to the urge for self-determination by the patient. This leads to open conflict between the doctor and the patient. The ambivalence,

the impossibility of following the old and the new ideals equally creates tension. What is longed for and what is possible in reality are often in conflict for both the doctor and the patient.

The government is currently working on reforming the health system, including breaking the ties between the doctors' income and the hospitals' profitability. The hope is that this action will go a long way towards improving doctor-patient relationships.

CONCLUSIONS

The Balint method is highly appreciated and Balint group work has taken a foothold in China. The Chinese doctors demonstrated a strong need to communicate, to share their own feelings of powerlessness, helplessness, frustration, and anger in a safe environment and to get some relief. Balint work as relationship work in the analytical group process fosters the ability for introspection alongside openness, unconscious processes, "thinking outside the box," "courage of one's own stupidity," and "beginner's spirit," thus promoting the individuation, the "small but significant change in the personality of the doctor" [14]. So, perhaps Balint work in China is a contribution to the integration of the traditional Chinese virtues: benevolence, tolerance, magnanimity, and prudence with modern medicine. Balint work could be an alternative to the outcome-oriented pressure to perform and to the machine paradigm of biomedicine.

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