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## **The Role of Balint Groups in Enhancing Reflective Practice for Psychiatry Trainees**

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Psychiatry is a field that demands both intellectual rigor and deep emotional engagement as practitioners grapple with the psychological complexities and emotional weight of their patients' experiences. For psychiatry trainees, this balancing act can be particularly challenging as they navigate the demands of clinical training alongside the emotional toll of patient care. Balint groups, which are structured peer groups focused on discussing the emotional and relational aspects of the doctor-patient relationship, offer psychiatry trainees a vital space to reflect on their experiences. These groups enhance reflective practice by fostering emotional resilience, providing a deeper understanding of the therapeutic relationship, and improving patient care by cultivating empathy and emotional insight (Balint, 1957; Otten, 2017).

### **Emotional Support and Reflective Practice**

One of the key roles Balint groups play for psychiatry trainees is offering emotional support in a field that can feel overwhelming. Trainees often experience feelings of isolation when dealing with challenging cases, leading to emotional burnout (Katzman et al. 2016). The emotionally charged nature of psychiatric care, where clinicians engage with patients suffering from profound mental and emotional distress, can leave trainees feeling unsupported. Balint groups create a safe, confidential environment where trainees can share their emotional experiences and recognise that others face similar challenges, reducing feelings of isolation and fostering solidarity.

The supportive environment provided by these groups is crucial in creating space for reflective practice. Psychiatry, more than many medical specialties, relies on the clinician's ability to reflect on the emotional and psychological dynamics of the doctor-patient relationship. In this context, reflective practice involves not just

clinical observation but also an examination of one's emotional responses to patients. Balint groups encourage trainees to critically reflect on their emotional experiences, enabling them to better understand their own feelings and how these influence their clinical interactions.

### **Enhancing Reflective Thinking**

Reflective thinking is a central component of Balint groups and is crucial for psychiatry trainees as they develop a deeper understanding of the doctor-patient relationship. Through reflective thinking, trainees are encouraged to step back from immediate reactions and explore the emotional dynamics that underpin their interactions with patients. This reflective process is not only about managing emotions but also about gaining new insights into patient care. For example, feelings of frustration or disengagement with a patient might initially seem unprofessional, but in the context of a Balint group these emotions are reframed as valuable indicators of the patient's struggles, offering new avenues for understanding and empathy.

This reflective practice aligns with transformative learning theory, which emphasises the importance of critically examining one's assumptions and habitual responses. Balint groups encourage psychiatry trainees to reflect on their emotional reactions and reconsider how these affect their interactions with patients. This process of self-examination can lead to profound personal and professional growth, enabling clinicians to become more empathetic and self-aware practitioners. In transformative learning, such critical reflection is key to developing new perspectives, and Balint groups offer a structured environment where this reflective practice can thrive.

## **Improving Patient Care**

Ultimately, the goal of Balint groups is to improve patient care by deepening the clinician's understanding of the emotional and psychological dimensions of the doctor-patient relationship. Reflective practice, as cultivated in Balint groups, enhances trainees' ability to engage more empathetically with their patients. By discussing their emotional responses, trainees become more attuned to the emotional states of their patients, which can lead to stronger therapeutic alliances and more effective treatment outcomes (Salter et al. 2020).

This integration of emotional awareness with clinical practice is particularly important in psychiatry, where the success of treatment often depends on the quality of the doctor-patient relationship. Reflective thinking allows trainees to recognise and navigate the complexities of these relationships, enabling them to respond with greater empathy and understanding. Research has shown that reflective practices, like those fostered in Balint groups, are associated with improved clinical outcomes, as they help clinicians build stronger, more effective therapeutic alliances (Paget, 2001).

## **Balancing Biomedical and Narrative Approaches**

Psychiatry trainees are often trained in the biomedical model, which emphasises scientific reductionism and clinical abstraction. While essential for diagnosing and treating mental illness, this model can overlook the rich emotional and psychological narratives that are critical in understanding a patient's experience (Johnstone, 2006). Balint groups offer a space where trainees can explore these narratives, allowing them to integrate biomedical knowledge with a more holistic understanding of their patients' emotional and psychological needs.

The narrative approach in Balint groups encourages trainees to view patients not just as a set of symptoms but as individuals with unique stories and experiences. This approach fosters a more empathetic and personalised form of care, helping psychiatry trainees move beyond the limitations of the biomedical model and engage with the broader human dimensions of psychiatric care. The reflective storytelling that takes place in Balint groups enables doctors to explore both their patients' and their own narratives, promoting a deeper understanding of the emotional and psychological dynamics at play in the therapeutic relationship.

### **Challenges and Implementation**

While Balint groups offer significant benefits, their integration into psychiatry training programs is not without challenges. One major obstacle is the high demand placed on trainees, which can make it difficult to find time for reflective practices like Balint groups. Many trainees report feeling overwhelmed by their clinical responsibilities, which can limit their participation in these groups (Lustig, 2016). Training programs must prioritise reflective practices, recognising that emotional reflection is not a luxury but a critical component of professional development in psychiatry.

Additionally, not all trainees may be equally open to the reflective and emotional processes encouraged by Balint groups. Some may find the emotional intensity of the discussions uncomfortable or resist the deep personal reflection required for transformative learning. This variability in participants' readiness for transformation is a known challenge in both Balint groups and transformative learning, and it underscores the importance of skilled facilitation in guiding participants through the process.

## Conclusion

Balint groups play a crucial role in enhancing reflective practice for psychiatry trainees. By providing emotional support, fostering reflective thinking, and improving the doctor-patient relationship, these groups help trainees navigate the emotional complexities of their work. Balint groups enable psychiatry trainees to engage more deeply with their patients, integrating biomedical knowledge with a more holistic understanding of the patient's emotional and psychological experience. As psychiatry continues to evolve, the integration of Balint groups into training programs will be essential for developing emotionally resilient, reflective, and empathetic clinicians capable of providing high-quality patient care.

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