DOI: 10.22122/ijbmc.v6i3.169 Published by Vesnu Publications

International Journal of ody, Mind & Culture
Cross-Cultural, Interdisciplinary Health Studies

# Iranian Physicians' Experience with Participation in a Balint Group Trial: A Qualitative Study

Taraneh Taghavi[1], Azadeh Malekian[1], Mousa Alavi[2], Hasan Shahoon[1], Hamid Afshar[3], Farzad Goli[4], Carl Eduard Scheidt[5]

[1] Psychosomatic Research Center, Isfahan University of Medical Sciences, Isfahan, Iran
[2] Associate Professor, Nursing and Midwifery Care Research Center, School of Nursing and Midwifery, Isfahan University of Medical Sciences, Isfahan, Iran
[3] Professor, Psychosomatic Research Center AND Department of Psychiatry, School of Medicine, Isfahan University of Medical Sciences, Isfahan, Iran
[4] Professor, Psychosomatic Research Center, Isfahan University of Medical Sciences AND Danesh-e-Tandorosti Institute, Isfahan, Iran AND Energy Medicine University, California, USA
[5] Professor, Department of Psychosomatic Medicine and Family Therapy, Albert Ludwig University Medical Center, Freiburg, Germany

**Qualitative Study**

## Abstract

Balint Work is getting introduced and Balint Group Trials are being held in Iran in recent years. This is the first study of a Balint–group–trial participated by Iranian General Practitioners (GPs). This was a qualitative study to explore the themes which feature the GP's described experience of their participation. A phenomenological approach was applied to examine the GPs'experience of participation in a seven-session Balint-group-trial. The participants were eight Iranian GPs working in the primary health-care network of Natanz-Iran. A focus group and in-depth semi-structured interviews were applied and the transcribed Verbatim were analyzed through a phenomenological explorative and descriptive process by a three-membered research team. Three ground themes and four main-themes emerged as the main features through which the participant-GPs had explained their experience. The main themes were1– Improving the Skills and Wisdom of Doctor-Patient-Relationship 2- Exceptional Training Method/Learning Experience 3- Emotional healing for doctors 4-Job Morality Inspirations. Iranian physicians described their participation in a Balint group trial as a missing, needed and valuable experience of different sort of a peer-discussion-group, an insight-inducing and skill-improving one and an emotionally-supportive one. Minor particularities and major similarities were found between the participation experience as portrayed by Iranian physicians and by physicians of other countries. The study also adds a demonstration of the trans-cultural nature of the Balint group experience.

**Keywords:** Qualitative, Balint group, Experience, General physician, Iran

**Citation:** Taghavi T, Malekian A, Alavi M, Shahoon H, Afshar H, Goli F, et al. **Iranian Physicians' Experience with Participation in a Balint Group Trial: A Qualitative Study.** Int J Body Mind Culture 2019; 6(3): 120-40.

Received: 15 May 2019
Accepted: 25 Jun. 2019

## Introduction

Goerge Engel proposed biopsychosocial model in 1977 as a way out of the limitations of biomedical model. The latter was mainly a pathophysiological and biological explanatory model of health and disease. Engel's model was founded on systems theory according to which the human being is viewed as a unique

**Corresponding Author:**
*Azadeh Malekian*
*Email: azadeh.malekian@gmail.com*

and complex organism whose health or disease states are interactively affected by complex biological, psychological, social, and cultural factors (Engel, 1977; International Balint Federation, 2017). The central concept of the biopsychosocial model has continued ever since under the names of different theories and models including systemic theory, a psychosomatic model of care, the patient-centered approach in medicine and humanistic medicine. The core idea in all of the above concepts is to put stress on a higher level of human health care in which rather than to approach the disease as independent entities, the patient gets approached as whole human-beings who live as part of complex and interacting biological, psychological, cultural, social, and spiritual systems which interactions play role in health and disease states (Bell, et al, 2002).

Doctor-patient relationship is the cornerstone of psychosomatic medicine as a model of patient-centered approach to health care (Clark, Lipkin, Graman & Shorey, 1999; Dorr & Lipkin, 1999). For a patient-centered approach in this model, the therapist need to be trained for adequate communication and relationship skills. To establish therapeutic relationships with the patient, doctors need to approach to the patient's individual health needs and resources, to acquire broader sense of the patient's health condition within their lives contexts, to gain their trust and to empower them to actively participate in the process of their own health care and healing. Although so far it has not been within the focus of medical education, an effective therapeutic relationship has been shown to increase the patients' satisfaction and compliance (Epstein & Street, 2011).

Balint group is a guided peer group of therapists to discuss examples of difficult doctor-patient relationship in their daily practice encounters in a reflective, insight-oriented and practical way (Van Roy & Vanheule, 2013, Salinsky, 2002). Established in 1972, the international Balint Federation is now membered by 22 countries. Balint work is well-stablished in Germany, a country with 850 members in the federation. So far, 20 International Balint-group congresses have been held by the federation (International Balint Federation, 2017).

Incredible progress of technology in modern medicine has pushed the doctor-patient relationship into the margins of attention in medical practice. The mechanistic view of modern bio-medicine reduces the physician to the provider, the patient to the customer, and the medicine to the product. The implicated mind-body dichotomy of this model de-emphasizes the humanistic values like empathetic responses to human-suffering in practice. Balint groups aim to restructure the human relationships as a therapeutic agent in practice. In Balint work, components of a healing relationship can be learnt by doctors through mutual reflections of their experienced emotions, ideas, images and fantasies as evoked in response to real stories of doctor-patient relationship difficulties shared in the group (International Balint Federation, 2017; Matalon, 2013).

Another area of neglect in bio-medicine is the physician's health (Malekian, 2018). Doctors are vulnerable to job burnout which may be physical and psychological hazardous to them. Job burn out also may adversely affect the doctor's efficacy in practice and their relationship with patients (Delbrouck, Frenette & Consoli, 2003). Studies show that long term participation in Balint groups helps the doctor to slow down the process of job burn-out and to gain higher satisfactions with their job (Kjeldmand & Holmstrom, 2008; Novack, Epstein & Paulsen, 1999; Rabinowitz, Kushnir & Ribak, 1996; Roberts, 2012; Zalidis, 2019). Among other tutorial programs, Iranian physicians are getting trained in psychosomatic medicine and in Balint work through the academic exchange program with Germany in recent years (Isfahan Psychosomatic Research Center, 2017; Cooperation Germany/ Iran, 2017). The meaning of "psychosomatic medicine" here is intended

as the basic model of patient care established in Germany and some other countries, and it is not intended to mean the overlapping "psychosomatic disorders sub-specialty field" as a subordinate area of psychiatry (Fritzsche, McDaniel & Wirsching, 2014).

Established in 2008, Psychosomatic Research Center (PSRC) affiliated to Medical University of Isfahan (MUI) – Isfahan, Iran – was approved and further developed to offer Post-doctorate courses on psychosomatic medicine and psychotherapy in cooperation with Albert Ludwigs University of Freiburg – Freiburg, Germany – and Danesh-e tandorosti Institute (DTI), – Isfahan, Iran – since 2013. Besides, a very unique opportunity of Balint work training and education has been provided by an academic exchange program between MUI and the Freiburg University Clinic of Psychosomatic Medicine (FUCPM) in Germany and is supported by the German Academic Exchange Service (DAAD). Ever since 2008, German academic experts of psychosomatic medicine have provided training for Iranian trainers of Balint work in MUI both in Isfahan and in Freiburg. Between the years 2008 to 2017, four international congresses on psychosomatic medicine got held in MUI by cooperation of PSRC, FUCPM, and DTI which Balint work workshops were arranged in all of them (Cooperation Germany/ Iran, 2017; Fritzsche, McDaniel & Wirsching, 2014; 14th International Congress on Psychosomatic Basic Care Isfahan, 2017). Moreover, monthly Balint group sessions are held in PSRC during and following to the Post-doctorate courses (Isfahan Psychosomatic Research Center, 2017; Cooperation Germany/ Iran, 2017; Fritzsche, McDaniel & Wirsching, 2014). The latter in-turn is currently directing and leading Balint-group-trials under distant online supervision of Freiburg University. In addition to these intense activities on Balint work in Isfahan, Balint groups are held by Medical Universities of Tehran, Mashhad, and other cities (Balint Workshop in Roozbeh Hospital in Tehran). Nevertheless, after one decade of such activities, Balint work is still unknown to Iranian physicians. Considering the prospective need of Iran's health system to holding Balint groups, conducting research in this field is at the heart of needs assessment and investigating Iranian physicians' experience with Balint group training trials. Moreover, considering the cultural particularities of the doctor-patient relationship (Malekian, 2015), there is a need to explore it trans-cultural differences in Balint work in different settings in Iran and in between Iran and other countries (Fritzsche, McDaniel & Wirsching, 2014; Rosenberg, Richard, Lussier, & Abdool, 2006).

In general we just roughly estimate that the word "Balint group" has been never heard by a majority of Iranian general physicians and non-psychiatrist medical specialists. However in the recent decade, the Balint work is getting increasingly introduced to psychiatrsists, psychosomatic medicine fellow professionals, nurses, educationists, health psychologists and to a lower extent also to GPs and other medical specialists. Regular Balint groups in Iran are not frequently held and so far Balint groups have rarely been ever studied. The only published qualitative studyon Balint work in Iran has been the one sampled by a group of nurses of the Isfahan medical university hospitals (Marofi & Manochehri, 2017).

This is a study of a Balint group trial implemented by the research team in Natanz health network affiliated to Isfahan University of Medical Sciences. This is an exploration of how Iranian General Practitioners (GPs) describe their own experience of a seven-session Balint group trial partcipation. And so far as to our knowledge this is the first study on a Bailnt group of Iranian physicians.

## Methods

This research was proposed as one of the curriculum assignments required by the first author before graduation of psychosomatic

medicine post-doctoral training course. The course is being heldin Isfahan and is mutually directed by trainers from Freiburg University Clinic of Psychosomatic Medicine (FUCPM) and the Medical University of Isfahan (MUI) affiliated Psychosomatic Research Center (IPSRC). The proposal was submitted and presented to the Freiburg university research team during a DAAD-supported participation of the Iranian post doctoral students in the summer–school 2016 in Freiburg. The proposal was accordingly revised and approved by MUI.

## Design

Qualitative phenomenological methodology was selected as the general researh strategy of our study to explore the GPs'descriptions of their experiences of participation in a Balint group trial and to give voice to the main features they express to get their experience understood and conveyed. The qualitative phenomenology assumed as a suitablemethod because Balint group in Iran is a new phenomenon and participation in a Balint group is a new experience to Iranian GPs which has not been studied so far.As the Balint group works through reflective and dynamic group processes, to understand how the Balint work goes on in a never-assessed setting, like in that of Iran, the participants' experience of participation in the Balint group is a main subject to be curious about. A Qualitative method, therefore, would provide us with a flexible-enough framework to look deep into how Iranian GPs perceive and how they would describe their own experience in order to give sense to this new event.

## Sampling, recruitment, and participants

The sampling method was a purposive one. As no long-term Balint group has been already going on in Iran, there was no regularly held Balint group of GPs already available to be sampled by this study. Therefore, a seven-session Balint group trial was implemented and participated by all the eight GPs working in Natanz district of health care network.

Isfahan is the main hub of psychosomatic medicine and psychotherapy in Iran (Fritzsche, McDaniel & Wirsching, 2014). Natanz is a town with 17000 population located in Isfahan province in a distance of 110 km to Isfahan as the province central city. Natanz health network (Among Iran's...number of health network distributions, Natanz health network for example is the defined territory, district or catchment area of Natanz and a few small cities and villages around Natanz whose inhabitants' health care delivery is organized and supervised by the same central Natanz office) is one of the MUI affiliated health networks which has been selected as the locus of psychosomatic medicine studies as well as the pilot research locus to study current GPs' field trainings related to a national health system reformation program called "the national family physician project" (The family physician national project, Iran ministry of health care and medical education, 2005).

Participants were 8 physicians, five females and three males, aged from 27-50 whose past years of career as GPs ranged between 2 to 20 years. They were GPs working in Natanz health network territory and were purposefully selected as the study sample. The participant GPs were already informed about the provisional study and about the form and the timing options of BGT sessions through an informative session directed by the first author before the first session. Signing the informed consent forms, they confirmed their agreements to participate in a seven-session research-trial of Balint group, thereby declaring their agreement to participate regularly in at least six out of seven scheduled sessions of BGT as well as a focus group session. By signing, they also agreed to be afterward interviewed by the researchers and allowed their interviews to be recorded, and the transcribed data collected from their interviews to be anonymously evaluated, analyzed, published and/or archived for study purposes.

***The leader and the co-leader of BGT sessions and the interviewers:*** Balint leader and co-leader were respectively a psychiatrist and a family physician, both post-doctorate trainees of psychosomatic medicine with a two-year experience of regular participation in Balint group sessions as Balint-group trainees and also as Balint-group trials co-leaders. The participant interviews were directed and the focus group facilitated by the same leader and co-leader of the Balint sessions and supervised by the research advisor. Interviewer declared the anonymity and confidentiality issues again at the beginning of each interview and asked permission for recording the interview to be transcribed and used anonymously.

***The timing of the BGT sessions, interviews, and the focus group:*** There were seven sessions of BGT-one session every three other weeks-which were held from September 2016 to January 2017. Interviews with the participants started after the last session, completed within three weeks and was followed up by member checking in the next four months. The focus group was held three weeks after the last interview, and one week after the team had gathered together after everybody had gained familiarity with the content of interviews through reading the transcribed verbatims of all interviews over and over. BGT sessions, interviews and the focus groups took place in Natanz Health Center office.

***The research questions:*** wad "How do GPs describe their experience of participation in BGT sessions?" and "What impressions feature the GPs' description of their participation experience?"

**Data collection**

***Interviews:*** Private in-depth lengthy interviews were made with each participant. An interview guideline was developed by one of the authors and the research advisor as a list of available open-ended questions together with advices on facilitation maneuvers to ensure a non-suggestive approach to interview while covering the participants' expressions on their experience with participation in BGT as broadly as possible and to let them go toward expressing their perceptions and views on their experience as well. Both interviewer and interviewees spoke in their native Farsi Language. The transcribed verbatims were translated into English by a professional English language translator and was compared to the original by corresponding author.

The focus group got participated by the same BGT participants (but one of the participants–already interviewed but was absent in the focus group). It took one and a half hour. The facilitators were the same leader and co-leader of BGT sessions. They tried to further explore the participant's experience according to the research team comments on ambiguities during a gathering session held a week before. The focus group aimed to further clarify the meanings the interviewees had intended to mean with no direct approach to the contents of their interviews. They were appreciated for their cooperation so far and then they were asked to once again recount their experience of participating in the Balint group trial. For keeping a smooth stream of discussions, the facilitator was in charge of leading the group and the co-facilitator had in hand the check list of the uncertain points as defined in the gathering session a week before and was monitoring the discussions vigilant to notice the emergence of proper hints to find the proper time to explore the points of uncertainty further and to get clarified. The focus group discussions were also recorded and transcribed after asking permission.

***Bracketing:*** As the leader and the co-leader of the Balint group trial would also be part of the analyzing team later in the process, they were already interviewed by the research advisor, before getting the interviews started with Balint group participants of the study. This way, the themes featuring the leaders' description of the Balint group trial sessions were identified. The Transcribed Verbatim of the

two primary interviews with leader and co-leader of the Balint group trial were analyzed and thematized prior to collecting participants' interviews data by two other research team members. The emerged themes of bracketing (namely: burn-out prevention and Doctor-Patient Communication improvement) were revalidated by the leader and the co-leader and awareness toward their pre-assumptions were enhanced through a discussion session held by the team before the first interview with participants. Our intended logic behind this was not to undo the likelihood of biases- as the internal fact is integrated to any fact and is not separable but the bracketing was used in order to empower the interviewer and the analyzing researchers through enabling them of a conscious recognition toward any presuppositions -as an existing script of the fact. This would let them consciously acknowledge the version of the fact they already hold, and pay intentional attention toward it when facing other facts– and to be able to stand out as differentiated.

## Ethical considerations

The research approved by the research review board of MUI affiliate PSRC- in Spring 2016 (proposal approval No: 295255) and then by the Ethical Review Board Committee of Research Vice Chancellery-MUI- for Human Subjects (approval No: IR.MUI.REC.1395.2.255). By filling and signing the informed consent forms, participants consented to take part in the Balint group and research study, agreed to be interviewed about their experiences afterwards and allowed their interviews to be analyzed and published anonymously by the researchers. Commitment to confidentiality was declared by the interviewer at the beginning of each interview as well as by all the members of the research team through the informed consent forms. The research team members tried their best to keep committed toward the collected data and to the analysis methodology, as well as to avoid as much as possible to be directed by their own presumptions through detailed clarification of the process and other measures.

## Trustworthiness/validity

***The detailed-elaboration of methods and the study process:*** is used as the main validity confirmation-as applicable in qualitative research studies

***Bracketing:*** As already emerged the emerged themes of bracketing (namely: burn-out prevention and Doctor-Patient Communication improvement) were discussed by the analysing team in a discussion session before the first interview with participants. This way we tried to help the interviewer's analyser and other analyser to increase an awareness toward their own pre-assumptions. We don't believe this way we would overcome the likelihood of biases- but the bracketing was used in order to make available to the interviewer and the analyzing researchers a conscious recognition of their presuppositions -the existing predictions. This would let them consciously acknowledge the version of the fact they already hold, and keep welcoming toward other facts– and to be able to stand out as differentiated.

***Triangulation:*** To affirm trustworthiness, triangulation was applied in the data source as well as in analysis through the following considerations according to Guba and Lincoln criteria: (Morrow, 2005).

***Triangulation of the source of data:*** There were used different sources for data collection: i.e from Balint group participants (through individual interviews as well as focus group discussions) and through differentiating key informant observations (through interviews with leader and co-leader). The field notes of the leaders' observation were not analysed separately but were openly discussed and take into account in the stage of the naming sub-sub-themes and themes, i.e. when the analysing group had agreed upon grouping the the smaller meaning-units to make a more inclusive concept and needed to make a concensus over selecting a label by which the sub-sub-

themes and sub-themes would be defined.

***Triangulation of analysis:*** 1–To analyze data, all transcribed verbatim got coded by two independent researchers as well as by the leader, so that the whole data analysis was done by three researchers who reviewed the codes first independently and then in shared sessions. Other than the leader, the analyzing team was membered by a Ph.D. research expert, who did not have a psychosomatic medicine educational background, neither he was familiar with Balint Group, nor he was an insider in this study implementation, but he was an expert in qualitative research method. The third analyzer was both familiar with Balint group and with qualitative research, but she was not an observant of the group sessions, nor the conductor of the focus group. The sub-sub-themes, sub-themes and themes were also derived by rearranging and grouping codes, deciding on the broader meaning units and then naming them as sub-sub-themes, sub-themes and themes first independently and then in sessions of open discussion by all three analyserss.

## Limitations

Some of the limitations of the current study include:

1. The sameness of the interviewer and the Balint group leader could be potentially regarded as a limitation by increasing the probability of self-inhibition and self-censorship in interviewees. Also it could be a potential bias factor to direct both the data collection process and the analysis process toward the interviewer's preferences. Generally, of course, in qualitative studies the observers' presumptions are never denied or ruled-out, rather they are tried to be identified and admitted as part of the reality version. Bracketing method was applied not only to admit the contribution of such a factor in the described version of reality of this study, but also to increase the leader's awareness toward and their mind-availability of their preexisting assumption in order to enhance their intentionality to keep open toward the different ideas.

2. No ongoing Balint group was found as already established, held on a regular basis and membered by Iranian GPs. Therefore the study was sampled by a group of GPs who were purposefully assigned as the participants of the Balint training group of this study. Participants participated in a few sessions of Balint group trial before their participation experience was studied. As a result, both the researchers and the Balint group participants could have been viewing the Balint group sessions as a perquisite for an anticipated study. This fact could potentially impair the neutrality of participants' experiences and those of the leader's observations, the interview direction and the analysis presumptions (as the leader was also the interviewer and a member of the analyzing team).

3. Moreover, if available, a larger sample size of participants of different longer-duration Balint groups of GPs could have resulted in a more generalizable data. However, qualitative studies are not generally generalizable. Moreover, no ongoing Balint group had been already established for Iranian GPs. Therefor we believe that this is the very first preliminary study on Iranian GPs participation in Balint group and is therefore a valuable first step to get further Balint groups held for Iranian GPs and further related studies developed in Iran.

## Analysis

Both the bracketing data and the data collected by participants' interviews- were read over and over by each analyser first independently and then interactively by respectively two and three analyzers.

The analysing team consisted of three members. There were two other members in the analysing team other than the interviewer, one of whom was well familiar both with Balint work as well as with qualitative research. The third analyser was an expert in qualitative research but had no familiarity with Balint group. A process of interactive comparative analysis continued

all the time during the data collection and afterward. The data analysis started by independent and line-by-line coding of the transcined verbatim of each recorded interview by each one of analyzers. The analysers then sent their script of codes into the other two analyzers via email. The analyses were progressed interactively by active communications between the three analysers as well as between the analysers and the interviewees. This way, re-reading, re-arranging, combining, merging, adding or deleting the codes were continued to get more inclusive meaning patterns derived stepwisely. Open discussion sessions were held before proceeding into any further step in the analysis process. Thereby sub-sub-themes, sub-themes and themes were progressively defined, discussed and got revalidated through several member-checkings.

The analysis process can be described as the following steps:

1. Getting familiar with the data by reading the transcribed verbatim over and over until becoming thoroughly familiarwith data content.

2. Generating meaning units or codes by finding out and naming sets of data.

3. Sharing the sets of codes with co-analysers by email

4. Holding an open discussion session to share and discuss upon the codes and finalising them.

5. Identification of potentialsub-sub-themes, sub-themes and themes by trying to discover inclusive meaning patterns in different combinations of codes, independently done by each analyser. Codes were first combined in several ways to get different recombination of bigger data sets, then each potential sub-sub-theme, sub-theme and theme was re-examined to understand whether or not it could be made up by-or could be represented by the combination of- its associated codes, sub-sub-themes and sub-themes.

6. In the open-discussion session the previous stage was reviewed and then each theme and sub-theme was examined if they could be realized in the opposite way. It means that each candidate theme was tested if it can get re-validated in a downward reappraisal or review to be indicated by the sub-themes, sub-sub-themes and codes out of which it was derived. This way each lower meaning unit was checked as if it really contributed in making the broader concepts in whoch they were concluded.

7. In the same shared session the group also crossed the candidate themes against any of the sub-ordinated meaning units i.e. sub-themes, sub-sub-themes, codes and then original quotes (transcribed quotes) to check if each broader unit is named properlyas a title for the chapter as the title inclusive of the the smaller units it embraced. This review of data helped us to figure out either how to modify the theme phrase or how to re-arrange the data sets to get sets of data fitted well to their place-holders.

8. Before the final agreement, each analyzer then had to finalize the labelings independently again and to decide on the ultimate definition of each theme through defining as clear-cut borders as possible to which extent each theme can be specified or generalized before the final gathering session.

9. A document was then provided by each analyzer to describe the analyses process, extractions, labeling and to their track the story in pre-existing literature. Any point of uncertainty or disagreement was also declared in the same document. Then each analyser sent the produced draft to all participants to ask their comments via email. The non-respondents were followed-up by phone calls in two weeks.

10. After validating themes by means of such a member-checking, the members of analyzing team sent their refined themesand sub-categories to each other via email.

11. Then analysers then gathered in their final meeting to discuss the final agreements of the themes, sub-themes and sub-sub-themes and to get them written-up.

The analyzers then gave themselves a two-

week pause (no meeting break) before gathering in a final meeting to share and to make consensus over the final writing-ups (The University of Auckland, 2017; Moustakas, 1994).

## Results

Participants were 8 physicians, five females and three males, aged from 27-50 whose past years of career as GPs ranged between 2 to 20 years. They were GPs working in Natanz health network territory and were purposefully selected as the study sample. The bracketing (through the idea of differentiation) was experienced as to be a powerful tool for the researchers to keep conscious, curious and welcoming both to the similar and different views.

Three ground theme and four main themes were identified as the main features through which the participant-GPs had explained their experience. They their participation experience was feature under the ground-themes of needed, new and insight fulexperience. The Balint group was believed by the participant GPs as to be a missing needed part of medical education.

The following four main themes emerged out of the data analyses as the main themes through which the GPs had featured their experience of participating in Balint group trial sessions.

1. Wisdom and Skills of Doctor-Patient Relationship
2. Exceptional Training Method/Learning Experience
3. Emotional Healing for Doctors
4. Job Morality Inspirations

The main themes and sub-themes emerged out of the participants' description of their participation experience are presented in table 1.

To provide a more clear understanding, each theme is presented in a separate table. Each of the tables 2 to 5, therefore, contains the main theme along with the related sub-themes and codes followed by sample indicating quotes.

### Theme 1. Wisdom and Skills of Doctor-Patient Relationship

In the following table, the first theme and its linked sub-themes, codes and sample quotes are presented. Different quotes in front of each code and different quotes which are gathered subtheme are different here are from different to belongs to one participant

Physician participants reported the Balint group participation as an experience enhancing one's knowledge and skills of patient-relationship through increasing one's awareness of their own emotions as well as those of their patients. They also featured their Balint group participation as a practicum to exercise communicative skills including the skills of active listening and empathy. They have perceived their participation in Balint group as one which induces more awareness toward the centrality of good patient relationship as a factor affecting the patients' compliance and adherence to treatment which also in many other ways contribute to the patients' health improvement and thereby to their job outcome. Most participants talked about examples of Persian popular proverbs and poems commonly talked in the public and/or by their own patients as an associated reflection of this concept. *Table 2) Theme1. Wisdom and Skills of Doctor-Patient Relationship (sub-themes and quote instances)*

The patient's common phrases to describe a doctor whom they have perceived as a good one as a doctor who owns "healing hands" or "a doctor with curing breath" are among concrete examples participants mentioned to reflect the impacts of doctors' relationship and patient-communication skills on their patient's health. The relationship skills were perceived as put to center in Balint group discussions. Balint group was also featured as a place to make efficient approaches to managing difficult patient encounters by making the proper skills more accessible and within the reach in participants' minds. All sub-themes of the theme-1 and instances of related quotes are presented in (Table 2).

**Table1.** Themes and Sub-Themes Emerged from Qualitative Data of How Iranian General Practitioners Described Their Experience of Participation in A Balint Group Trial

| Themes | Sub-Themes and Sub-Sub-Themes |
|---|---|
| Theme 1. Wisdom And Skills Of Doctor-Patient Relationship | 1–A) Emotional Awareness in Practice:<br>1-A-1) Awareness Toward One's Own Emotions<br>1-A-2) Awareness Toward the Patient 's Emotions<br>1-A-3) Alertness Toward the Emotional Dealings in Daily Patient–Encounters<br>1-B) Recognizing Emotional-Care As An Essence of Human-Care:<br>1-B-1) "Human Emotion s" Apperceived As A Relevant Entity In Medicine:<br>1-B-2) Insight Toward Therapeutic Implications of Emotions<br>1-B-3) Understanding the Healing Power of Good Patient-Relationships<br>1-C) Abilified To Employ The Patient Relationship-Skills to Promote Ones' Practice<br>1-C-1) Competence- Gaining in Empathy and Listening Skills<br>1-C-2) Achieved A Third Ear to Listen To The Untold In the Patient Stories<br>1-C-3) Enhanced Comfort/Capability to Deal With Troublesome Patients/Patient-Encounters<br>1-C-4) Enhanced Conflict Resolution Skills In Practice<br>1-C-5) Enhanced Confidence To Let The Patients Open-Up Dissatisfactions/Mistrusts |
| Theme 2. Exceptional Training Method/Learning Experience | 2–A) An Exceptional Learning Experience Mediated By Feelings And Imaginations<br>2-A-1) Emotions, Fantasies and Bodily Sensations Employed As Powerful Means Of Training<br>2-A-2) Exceptional Classroom Wherein Emotions and Fantasies Are Welcomed and Validated to Contribute<br>2-B) An Insight–Inducing Experience Influential To One's Professional Attitude<br>2-B-1) Subject–Appropriated, Effective & Otherwise-Impossible Training-Approach<br>2-B-2) Patient-Relationship-Skills Learned, Practiced and Coached Together<br>2-B-3) Far More Empowering And Reliable Method Than Lecturing For Morality Training<br>2–C) A Main Neglected Course In Medical Training<br>2-C-1) The Whole Human–Being Realised As Out-Of-Focus In Medical Educations |
| Theme 3. Emotional Healing For Doctors | 3-A) Talking Through The Common Difficulties Of Medical Job<br>3-A-1) Ventilating Out Job Burdens Including Those Of The General Physician Vs. The Medical Specialist<br>3-A-2) A Needed Recovery From Daily Contacts With Death, Dying, Somatization, And Extreme Human Sufferings<br>3-A-3) Bewaring Of The Health Hazards of One's Job Stressors And Purposefulness In Modifying Them<br>3-B) A Self-Help Guided Group |
| Theme 4. Job Morality Inspirations | 4-A) Reviving And Revising The Dream Of The Wise–Nice –Doctor<br>4–A-1) The „Doctor–Perfect" Vulnerable Self –Image Replaced By The Realistic „Human Nice –Doctor" One<br>4–B) The Specific Job Morality Challenges Of Iranian Doctors<br>4-B-1) Re-Thinking Self-Ideals And Public-Demands Rooted In The Old Iranian Medical Heritage<br>4-B-2) Together A Way Out Of The Public Mistrust Against Doctors |

Physician participants reported the Balint group participation as an experience enhancing one's knowledge and skills of patient-relationship through increasing one's awareness of their own emotions as well as those of their patients. They also featured their Balint group participation as a practicum to exercise communicative skills including the skills of active listening and empathy. They have perceived their participation in Balint group as one which induces more awareness toward the centrality of good patient relationship as a factor affecting the patients' compliance and adherence to treatment which also in many other ways contribute to the patients' health improvement and thereby to their job outcome. Most participants talked about examples of Persian popular proverbs and poems commonly talked in the public and/or by their own patients as an associated reflection of this concept.

**Table 2.** Subthemes, codes and sample quotes linked to theme 1: Wisdom and Skills of Doctor-Patient Relationship

| Theme | Sub-Theme | Sub-Sub-Themes | Sample Quotes |
|---|---|---|---|
| Theme 1. Wisdom And Skills Of Doctor-Patient Relationship | 1–A) Emotional Awareness in Practice | 1-A-1) Awareness Toward One's Own Emotions | "In Balint group sessions, I practiced applying more words about my feelings. Putting your emotions into words helps to get them more clarified, not only to others but also to yourself." |
| | | | "Balint group participation made me more alert toward how my physical sensations go changing before I feel differently in different occasions,.. like being sort of notified of impending anger when getting beyond the baseline anxiety I often carry in my practice." |
| | | 1-A-2) Awareness Toward the Patient's Emotions | "... I found myself and others expressing many emotions on behalf of one's own or one's colleague's patients.....This means everybody was trying to see the story through the patients' eyes,.. realize what the patient had experienced emotionally..." |
| | | 1-A-3) Alertness Toward the Emotional Dealings in Daily Patient–Encounters | " I used to be never this aware of the presence of a family member who's accompanied the patient to the hospital,. I can no more miss to see them standing there,..looking worried, overwhelmed, perplexed or helpless." |
| | 1-B) Recognizing Emotional-Care As An Essence of Human-Care | 1-B-1) "Human Emotions" Apperceived As A Relevant Entity In Medicine | "..Medicine is not all about diagnosing and prescription. Balint group participation helps us to regard our feelings and those of the patients as professional issues...rather than to ignore them as non-relevant ..or interfering.. see them as something to learn from, and to care about, in order to get our patients better" |
| | | 1-B-2) Insight Toward Therapeutic Implications of Emotions | "If there was anything to learn and to take-away, it was certainly to consider the contribution of patient's feelings in their health condition...I mean, sometimes this even is the core issue, and guides us toward the needed intervention, most compatible care according to the patient's need ..just to be conscious when caring for emotional needs is the only solution or the main one...the Balint group discussions put this into the center" |
| | | | "The sessions allowed us to reconsider that...the better the patient feel toward us, the more effectively our prescribed pills work" |
| | | 1-B-3) Noticing the Healing Power of Good Patient-Relationships | "In our Balint group talking...to see I was listened, gave me the feeling of being important, being worthy to listen,...this was relieving by itself, putting aside all you've learned from the contents of sessions...being listened so carefully and understood felt so remedial and improving to me. Then I can realise it can be the same good for my patients." |
| | | | "..Balint group puts the subject of good behaving in front of eyes, and it should be right there as it impacts the outcome of practice, you see, people and patients talk in their everyday talks,..(Iranian) proverbs...to reflect their trust toward doctor A or doctor B for example by saying: "the cure is in doctor A's (examining) hands" or "the cure comes out inside doctor B's breath (when talking to the patient)"...just we need to take these public ideas seriously into account in our practice, indeed, the secret behind their hero doctor's hands or breath are good communication skills or kind and empathetic responding...after all, like it or not, healing effects are healing effects..whether they come from your drug or from your breath...so your breath should be regarded no less important in medicine! |
| | 1-C) Abilify To Employ The Patient Relationship-Skills Promote Ones' Practice | 1-C-1) Gaining Competence in Listening Skills and Empathy | "When visiting a patient with flu symptoms, for example, I used to see their throat and examine their lungs before prescribing drugs and saying good-bye. Now I feel sort of prepared to listen to them carefully..let them talk..try to understand their concerns...and many times I realize the patient get better just after I talk a few empathetic words, before any prescription.' |

**Table 2.** Subthemes, codes and sample quotes linked to theme 1: Wisdom and Skills of Doctor-Patient Relationship (continue)

| Theme | Sub-Theme | Sub-Sub-Themes | Sample Quotes |
|---|---|---|---|
| | | 1–C–2) Achieved A Third Ear to Listen To The Untold In the Patient Stories | "As revealed in the sessions... sometimes the main reason the patient had come to us is something else...untold. In Balint group sessions you get increasingly conscious. You tend to listen more carefully looking for major concerns beyond the patients' spoken complaints..." |
| | | 1-C-3) Enhanced comfort/ability to Deal with Troublesome Patients/Patient-Encounters | "I assume I'd been doing so-far overly formal when dealing with my patients, especially those I could not deal-so straight-forwardly. I feel Balint group helps to feel prepared to get closer to such patients ...as an instance, I used to ask a mom to hold her child tightly before examining a non-cooperative child-I now prefer to challenge my skills to talk to the children themselves, to get their fears erased, their mother soothed and..." |
| | | | "I feel more comfortable next time I will see the patient.. who comes too often...I feel more certain how to set my professional limits, to keep professional..and to keep caring as well" |
| | | 1–C–4) Enhanced Conflict Resolution Skills In Practice | "I gained more confidence through the group brainstormings...the leader was a good model...of keeping the peacefulness of conversations..trying to leave no trace of annoyance by re-framing the points in comments...then when the patient is irritated and criticizing,., I try the same...keep neutral, reveal misunderstandings...let the patient ventilate out and talk...to show empathy and to affirmate myself when needed..to win the patient's trust..avoiding any word against others..avoiding any more irritations." |
| | | 1–C–5) Confidence To Let the patients Open-up their mistrusts/negative emotions | "After Balint group participation, less critical I feel toward myself..than I was before for example about why I've got that upset in this occasion..or appeared as sad in that one..whatever. No blame even if there appeared tears in my eyes when listening to a tragedy...This makes me more open toward their feelings whatever they be ..I enable them to talk about their feelings..even if extremely painful. or even if they seem not content with my efforts and go complaining ..whatever" |

**Table 3.** Theme2. Exceptional training Method/Learning Experience (With Sub-Themes, Sub-Sub-Themes and Sample Quotes)

| Theme | Sub-Theme | Sub-Sub-Theme | Sample Quotes |
|---|---|---|---|
| Theme 2. exceptional training Method/Learning Experience | 2–A) An Exceptional Learning Experience Mediated By Feelings And Imaginations | 2-A–1) Emotions, Fantasies and Bodily Sensations Employed As Powerful Means Of Training | "..though they were not explicitly discouraged in training sessions or educational sessions, but for sure feelings were not invited or regarded as the feeling has never been regarded as educative element in any other training sessions" |
| | | | ".this had a training method flavour which I had never tasted before. I not only mean that nobody ever teached us any lesson about our feelings and the patients' feelings, of cours this is true too but something more intersting about the Balint group was that I learned by means of my emotions about the emotions of others. This was even more new, had never was needed which never was the subject of which about practical riding the emotions, it was the first time the emotions were regarded as to worth attention, it is something related to training methodology." |
| | | 2-–A–2) Exceptional Classroom Where Emotions and Fantasies Are Welcomed and Validated–to Contribute Learning | "This was a very new experience...to be asked to notice your own physical sensations as doctors...to pay attention to doctor's body too...doctor's fantasies too, this was very effective to be asked to consider your body and feelings and images..this is the best way to learn to care about others as real humans.." |
| | | | "The Balint group let us experience ourselves in both places...the one who is getting listened...and then the one who listens...this lets me experience how I feel toward others' responses to what I shared ....I could simply see how good it feels when someone listens to me and encourages me as if my story has been found as worthy listening rather than non-significant; also how better my colleague seemed to feel by a better feedback than mine, when I did according to a temptative impulse and made a superficial advice..Indeed I learned in both aspects through my own experience in the group. This is a special point about Balint group" |
| | | | "..We were encouraged to be more open to emotions..affecting others' emotions and getting affected by them...is sort of a real-world exercise to learn better relationship skills..even though this is done in the absence of real patients " |
| | | 2–A–3) Insight–Inducing Experience Influential To One's Professional Attitude | "As emotions were focused and paid attention in detail. I guess the lessons of Balint group will last forever,..., and I see they have changed my sight-view toward my practice..." |
| | | | " Caring is deeply learned in the Balint group, as well as relationship-skills, because it provides the participant with a parallel experience of caring and listening and also being listened and cared emotionally" |
| | 2–B) Perceived As A Subject–Appropriated, Effective & Otherwise–Impossible Training–Approach | 2–B–1) Patient–Relationship–Skills Practiced, Learned and Coached Together | " In Balint group, there is emotion-storming and brain-storming in respect of problematic aspects of doctor-patient encounter experiences...one learns from the others past experiences..new to themselves,...and get impressed by the feelings and attitudes which are working better, which could have helped the doctor to get along some better. I experienced that in Balint group, solutions are not taught, but are perceived inside..we were coached by our colleagues, by one-another ..also we knew the leader was there to keep the right way" |
| | | 2–B–2) Perceived As Far More–Empowering Than Lecturing | "Balint group was a moral way to teach morality...experiencing instead of advising and lecturing..much more effective and influential." |
| | | | "..it has been of no use..the way we were used to being taught morality, by trainers whom you had observed being careless about their own immorally behaving toward the patient..a few hours of fruitless lecture..talking no heart-felt words...advising non-truthfully." |
| | | | "..When you receive care about your emotions while you tell about your missed points of care or your faults...you feel faithful toward morality again, gain skills of that at the same time" |
| | 2–C) AMain Neglected Course In Medical Training | 2–C–1) The Whole Human–Being Realized As Out –Of–Focus In Medical Educations | "In Balint group, we focused on emotions as contributing in health. The human being is a whole, yet the bodily aspects have been so far the only focus on medical education. Never before we had even had two hours training pertaining to emotion management skills..this has made medicine depleted of its soul, or lifeless." |
| | | | "Medicine disregards human, doctors are viewed as if their body is not vulnerable...then what I noticed after this useful participation, is that our medical education had hardly ever paid attention to the real human-being,..the whole one, neither the patient one, nor the doctor one" |

### Theme 2. Exceptional Training Method/Learning Experience

The Balint group participation has been perceived by the participant GPs as providing a unique opportunity for insight gaining and an effective experiential learning tool. They perceived the Balint group as a very different learning school, applying different elements to exert powerful training and to induce insight. To acknowledge the presence of emotions and bodily sensations, inviting them to the center of the trainee's awareness and to give credit to them has been perceived as the unique aspects of training and teaching in a Balint group. Reflecting emotions experienced in different roles of narrator and the listener provide an exercise of communication skills resembling one of a real world.

Such experiential learning has been viewed as an important resource for learning doctor-patient relationship skills in the Balint group. Such a practice has been featured by the participants as a different learning experience, implemented differently, mediated by one's own emotions and perceived as to be more a deep form of learning, influential in one's attitudes toward one's practice. The explanations pertinent to this theme are presented in Table 3.

### Theme 3. Emotional Healing for Doctors

General physicians experienced their participation in the Balint group as an opportunity to talk out the common job pressures in a peer group. The commonly discussed pressures in the interviews can be classified to the specific GP's job pressures like being ignored by the therapeutic system, lack of public reputation and being stigmatized as non-expert professionals and identity confusion. Some other job pressures asserted commonly in their interviews were those job pressure generally experienced by both specialist and general medical doctors. Exposure to emergency and heart-breaking conditions, dealing with death, dying, pain and extreme human sufferings as an inherent part of the profession were among the commonly described job pressures. The Balint group was perceived as an experience which increased their awareness of the effect of stress on their body and mind and a reducer of the alarming threshold of stress, which has enhanced they're realizing ahead so that they get more able to figure out a way out of or away from possible crises. Being heard empathetically and gaining support in a peer group was appreciated by the GPs as a soothing and teaching Balint group experience which they perceived as soothing and unburdening job pressures.

### Theme 4. Job Morality Inspirations

Participants had shared many moral issues and discussions in their interviews. They experienced their participation in the Balint group as an occasion to get their moral concerns and compliance revisited, their once-dream morality affiliation re-inspired and their disappointments and helplessness feelings in this respect melting out by the peer group support and cohesion. They reflected a feeling of being helped to reclaim for their own moral doctor dreams, affirmative their morality intentions, gain hope, feeling re-inspired and redirected toward morality. Most Balint group participants mentioned Avicenna (980-1037 AD) as a non-escapable role model. Avicenna is the famous Iranian physician of the ancient history of Iranian medicine. He was associated by almost everybody when talking about the doctor-patient relationship for the famous stories of his "healing breath" and "healing hand" which is deep lessons of psychosomatic medicine model of care. He was known by the physicians as a frontier of psychosomatic medicine and bio-psycho-social approach. The doctors also felt the pressure of high standards on their shoulders for the "Hakim" archetype in the public minds. There are many stories of Avicenna and other ancient Iranian doctors in public minds. The model of idealistic doctor human was talked out with all the pride as well as the insufficiency feelings emerged in the minds of the doctors, as well as public demands and high standards of expertise and self-devotedness this Iranian historical doctor character has brought in the Iranians attitude.

**Table 4.** Theme. 3Emotional Healing for Doctors (Subthemes and quote instances)

| Theme | Sub-Theme | Sub-Sub-Theme | Example Quotes |
|---|---|---|---|
| Theme 3. Emotional Healing ForDoctors | 3-A) Talking Through The Common Burning-Out Difficulties Of Medical Job | 3-A-1) Ventilating Out Job Burdens Including Those of The General Physician Vs. The Medical Specialist | "As a doctor,...you are ever condemned...feel like have been ever the bad,.....we feel under pressure of judgment..up to now; Everybody condemns you for your small and big faults,.Once your teachers in medical school tended to induce a burden of guilt on you…to get every mistake you've done highlighted, then your senior managers do the same in your job...you forget you have also rights, the right to talk...as you ever feel afraid of talking out your rights...avoiding to get your past and future faults bolded and highlighted in return...You feel like being ever-guilty..being the essentially bad.." |
| | | | "...it is an extra-burden, more intolerable, to remain non-seen. Many times I experience lacking identity as general practitioner...to be uncertain about my roles..and to get less appreciated for my expertise....The Balint group was the first room to get ventilated and feel supported for this.." |
| | | 3-A-2) A Needed Recovery from Daily Contacts with Death, Dying, Somatization, And Human Extreme Sufferings | "Balint group responds to a real need..as it is inherent to medical job to get repeatedly in touch with pain and suffering of people,..it is burning out. The emotional support is the main need..and Balint group seems like a good way to provide it" |
| | | | "...Personally, I work with many cancer patients..and I was feeling gradually unwilling to their complaints...as my emotions would get painful. In Balint group, receiving emotional feedback and support I feel as get those pains soothed and removed ...I learn about others' feelings in similar situations...I feel it will hurt me less than before...I feel in control of my own emotions...and try to sooth the patients' emotion...needless to get my own painful" |
| | | 3-A-3) Bewaring Oneself and one-another aof Job Stress health effects | "… lack of stress management and this is perhaps the most physicians pay by their body and nowhere in the world is accounted … most of the times this is not felt like a burden, that is, we are not aware of or feel such a burden. The physician does his practices in shifts and he does not care about the stress but in 20 or 30 years, stress has its effects on him..." |
| | | | "(Balint group), is actually, sort of stress management exercise,... dampening the job stress, that is, it may bewaring not to let it continuously affect us...as emotions and feelings frequently arise and we do not have control over them and suddenly a sound announces that khajeh (the great man) died (alluding to a Persian proverb referring to the sudden death)" |
| | | | "(Having participated in Balint group), I feel when my heart beat increases I am some more aware...some more intended not to let them affect ..my body. I feel the effect and ....feel I've grown some better in control of it, some more alert and some more able, to manage feelings which arise in my encounters. You know, we have many contacts in our work context which have a negative effect on our bodies …" |
| | 3-B) A Self-Help Guided Group | 3-B) Focused peer-talk and peer-support in a leaded group | "Talking to peers you feel to be unburdened, as you are also right in some aspects which you received empathy and support by your colleagues, you feel supported..you are admitted as having been under pressure as well, or you see for the first time..maybe you've been right, not wrong, in the way you'd been dealing in your practice,..and you feel reassured to see you are not the only one under such a huge pressure,.., neither the only one who has had mistakes, this is true about everybody" |
| | | | "The Balint group..helped me, as a less experienced younger physician, to get benefited from the ideas and the expertise of the experienced colleagues.....through sharing ideas and reflecting emotions...it is possible to learn from each other, and to learn skills in a peer support group, to recognize the best strategies...and to feel better..while being somehow supervised" |
| | | | "The Balint group was sort of a vacuous experience of a peer group for doctors, to talk less professionally, more personally, to learn from the commonalities and the differences of feelings on a common experience, and to learn of them, it is a safe shelter to get healed as a doctor...your own need is paid an exceptional attention" |

**Table 5.** Theme 4. Job Morality Inspirations (With sub-themes, sub-sub-themes and sample quotes)

| Theme | Sub-Theme | Sub-Sub- Theme | Sample Quotes |
|---|---|---|---|
| Theme 4. Job Morality Inspirations | 4-A) Reviving And Revising The Dream Of The Wise–Nice –Doctor | 4–A–1) The „Doctor–Perfect" Vulnerable Self–Image Replaced By The Realistic „Human Nice–Doctor" One | ""As a doctor,...you are ever condemned...feel like have been ever the bad,.....we feel under pressure of judgement..up to now; Everybody condemns you for your small and big faults,.Once your teachers in medical school tended to induce a burden of guilt on you,..,to get every mistake you've done highlighted, then your senior managers do the same in your job...you forget you have also rights, the right to talk...as you ever feel afraid of talking out your rights...avoiding to get your past and future faults bolded and highlighted in return...You feel like being ever-guilty..being the essentially bad...Balint group sessions help us to see our unhappiness for this is not fair (to be ever condemned and prejudged as bad),..because when you lose your faith in yourself...you forget about the humanistic-hero-doctor you 'd once wished to become..as a doctor...Balint group helped to get morality defined again..this time considering our own needs and limitations too... "<br>"...the idea of the existing hard moral and behavioral standards to get the physicians, nurses, and midwives measured upon,...helped me to show empathy toward... the other's experience of mistakes..also toward my own. I was feeling under the big pressures of my perfectionistic conscience...It helped. me to get it revised...also to unbury the hope to pursue morality ...I could see everybody has had faults and failures, that this is not only about me...yet still I can respect my wish to become a human doctor..a possible one..this is refreshing and hope-inducing...it is a fruit of the Balint group sessions." |
| | 4–B) The Specific Job Morality Challenges Of Iranian Doctors | 4-B–1)) Re-Thinking Self-Ideals And Public-Demands Rooted In The Old Iranian Medical Heritage | "...We talked together to conclude...that people's hard expectations of doctors, ethically and scientifically, which are rooted in that they wish you were looking like the doctors in our old legends and ancient medical history... literally to say look like Hakim"<br>"Iranian medical ethics is rooted in ancient times, people tend to view physicians as super-moral human-beings… and it seems that medical practice is only a part of that. The physician is expected to know Hekmat (wisdom) as well and this ...irreversible belief governs to people's minds...as well as to our owns...this imposes a very clear high demand on doctors, and needs our careful attention in doctor-patient relationship,..however, the insight is helpful itself to let me moderate my own hard standards in my mind "<br>"In Iran you are viewed either as all or nothing,..your best efforts would fail as..being compared to the legends of the old age...a doctor who needs no sleep, no money,...,who just cares ,...and knows everything...who never makes a mistake-a Hakim, so godly. ok , so I'd better give up dreaming to be viewed as a good doctor...somehow I should assess my quality from inside me...because you can't impose it to me forever to pretend I am a pasted copy of Avicenna, Razi, ...; talking honestly, ok good information about them and their superior charachter,...yet, leave me to be this ordinary creature, because unless you are a doctor, you'll never ask yourself that if Hakims didn't really need food or sleep...or didn't have any family? like everybody else has; anyway; if they used to eat science and felt well-fed, ok then you may keep calm ...let you know I am no Hakim, I do get hungry, I need food,... and rest ...unfortunately but honestly to say.. " |
| | | 4–B–2) Together AWay Out Of The Public Mistrust Against Doctors | "...and I think Balint group participation could be a starting point...to get this public attitude of mistrust to doctors decreased, it could help tthe interactions grow more ethical among medical doctors or in between them and other staff like nurses, midviweres and so on. to decrease the frequency of those conflicts which you see among for example if Balint group..were more commonly held..at least I feel like it could..be helpful in changing the atmosphere of prejudice and hostility against doctors, I mean, at least within the medical settings, it could create a more ethical atmosphere toward physicians...atmosphereconflicts which you see happens there from time to time....to prevent many frictions.."<br>"… I face many prejudices caused by the immoral doings of a few colleagues of my own..when they make the water muddy (Farsi proverb to reflect the mistrust toward all produced by a minor party) in the medical society, it would bring about mistrust flames which burn both the wet and the dry (Farsi proverb to reflect getting both the guilty and the innocent punished)..."<br>"...I see this can be an advantage of Balint group that, …if the faith has been lost or the energy to keep the faith in morality is lost gradually....this can be a start to feel morally strong again to get back to job morality issues...when I talked of a job conflict in Balint group, and was not insulted, condemned …rather was treated a way as perhaps understood ...it made me more re-attracted to the real ethics than when Dr ...to say Dr. Moral comes and shouts at me in front of my patient to claim I've been doing wrong in respect of my patient's rights...in Balint group nobody can lecture empty lessons of morality while they are themselves standing on the safe shore,...otherwise they might be interrupted or may be confronted some late in the same group..Then the message of Balint is"what you do not like for yourself (to be treated like), do not like for others either [An Iranian Proverb]." |

Hakim was mentioned by several interviewees as the idealistic figure which shapes so perfectionistic ideals. Hakim is defined as a wise person; polymath scholar figure who is also knowledgeable in medicine, the sciences, and philosophy (28). Hakim is the name of Iranian ancient medical doctors the criteria made by whose public picture would be less possibly within the reach of medical doctors. Participants perceived they have helped each other to realize the burden of perfectionism resulted by their own mind's adaptation to the Hakim ideal picture. Also, they felt a positive restructuring of such historical symbols by not erasing them, but getting their own mental image of such historical figures changed for the really good doctor, indeed changed for the better.

In different ways, everybody mentioned the recent decade public mistrust in Iran against doctors. The underlying factors were discussed spontaneously in the sessions and in interviews as well as reflections of the sadness and shame, of the criticisms toward the carelessly-speaking authorities which irritate people and a cause and effect general discussion featured the participants' experience of ventilating out their sorrows and concerns of the public mistrust. They tend to discuss how to change this for a public trust as a description of their experience of mutual sharing and working through the social problem's doctors are facing with. They believed that this distrust has harmed all physicians, therapeutic system, and patients. They emphasized they believed that the emotion-ridden mutual empathy and synergistic power of understanding in Balint group as to be potentially a unique opportunity to make a common consensus to solve such social conflicts. Table 5, shows the Theme four along with its subthemes, and quote instances.

## Discussion

At the beginning of the study, the proposed important questions were "what does Balint group mean for Iranian physicians?" or "Is Balint group just an unsuitable costly processor is it, conversely, something that can satisfy the needs and resolve the problems in Iran's health system?" Having conducted the research study, the experiences of the participants indicated that Balint group is helpful and needed for Iranian physicians.

Hesitancy, annoyance, reluctance, and discontent were repored by three of the participants in the first three sessions of the Balint group and to be gradually replaced by trust and feeling safe. After the last Balint group session and in the focus group session, the group expressed hope the regular sessions of Balint group could be held. As well as an emergent need, specific considerations might be relevant to the Balint group establishment in Iran (Malekian, 2015).

In respect to the contents of the participants' experiences, the results were very similar to those of other studies so far published. Minor particularities and major similarities were found between the participation experience as portrayed by Iranian physicians and by physicians of other countries.

Physician participants reported their increased affiliation to, interests in, and skills in building a good doctor-patient relationship – the same experience that were observed in other researches (Clark, Lipkin, Graman, & Shorey, 1999; Matalon, 2013, Van Roy Vanheule, & Inslegers, 2015, Kjeldmand, & Holmstrom, 2008; Johnson, Nease, Milberg, & Addison, 2004, Samuel, 1989). Moreover, they explained that the burden caused by their job pressures decreased in the course of attending the Balint group; It is suggested that it would lead to decreased job burnout which was reported in other studies (Kjeldmand, & Holmstrom, 2008; Rabinowitz, Kushnir, & Ribak, 1996; Zalidis, 2019; Isfahan Psychosomatic Research Center, 2017).

On the other hand, participants reported the increase in their attending to the importance of ethics in medicine and that this attentiveness is likely to improve both doctor-patient relationship and public

attitude of the society toward physicians which consequently decreases the psychological load on physicians.

Left from the ancient Iran of Avicenna time, there is an idealistic picture of Hakim physicians in the minds-picture of an omnipotent human, a master of math and ethics as well. Such perfectionistic ideal had extended their root to today's beliefs of Iranian patients and somehow those of physicians (Davidian, 1995). This view implicates a relatively high social status on one hand and implies psychological pressures, excessive demands and hard standards on the other. Furthermore, in recent years, physicians are being increasingly criticized in the mass media (TV, news broadcast, social networks, etc.) This has led physicians and health delivery system to face challenges. Considering participants' experiences in the Balint group, Balint group may increase physicians' attention to medical ethics with respect to doctor-patient relationship on one hand and creates a supportive shelter and a room to figure out solutions as well as to replace the failing idealistic self-image of "the good doctor" with a realistic one. This may be a step toward patients' trust to physicians as well as physicians' satisfaction and ability to approximate their own ambitions and dreams of eing a moral human-being and a good doctor.

It may be implied from the findings that the theme "Job morality inspirations" through taking part in the Balint group is more notable than what was reported by other studies in other countries. Probably this reflects some particularities of Iranian social, cultural, and economic contextsof medical profession in Iran.

Another noteworthy and important feature which was obtained from participants' experiences was uniqueness and newness of what they had experienced and learned in the Balint group. They explicitly exclaimed that never-before they have had such experiences of direct attention toward their own emotions and those of their patients. They found the Balint group as the unique opportunity to express and share them with their peer colleagues in a safe and non-judgmental environment unlike any other experience throughout their seven years of general practitioner education (in theoretical, practical, and clinical training) and also during their professional career so far as a physician. They also mentioned that it was an exceptional occasion of gaining doctor-patient communication skills, and an isolated experience of breathing in the different atmosphere ofthe integrative medicine and humanistic approach to the patient.

It appears that through Balint group participation physicians perceive to gain more insight into the value of human relationships in practice and acknowledging emotions and feelings in the doctor-patient relationship. It might be an insight which basically affects one's view of being a therapist. The experience of Balint group participation can induce an attention shift from a pure biomedical model of care to a more integrative and humanistic model of care.

It seems that Balint group in Iran can be valuable and effective as well as of particularities in Iran unique economical, social and cultural context. Regarding the observed inclination of participants to talk about the health system problems in the held Balint group, further researchers might be needed to design Balint groups with particular aspects to offer the participants the opportunity to think and talk more elaborately about the social problems affecting physicians and patients in the health system.

Seeing a more widespread view, developing Balint groups is a basic need in Iran's health system since the pure biomedicine is the prevailing approach to medical education and to patient approach Iran. The lack of a referral system, the patient's direct approach to specialist doctors for minor health condition, excessive use of paraclinical measures and drugs in Iran, the

widespread discontent and confusion among patients (and the job dissatisfaction and the role incertainty among general physicians seem to be directly relevant issues to Balint group development in Iran. The output of this condition, most of the time is an insufficient improvement of the patient, increased confusion of the patient, emergence of a vicious circle, and increased imposing of a pointless financial burden on the patient and health system. Lack of a sufficient and right system for referral, non-mediated availability of specialists, bypassing the general practitioners, disbelieving family medicine in village areas and small cities, and its non-availability in big cities aggravate this problem.

**Limitations:** We admit there are certain limitations in this study. The sameness of the interviewer and the Balint group leader which could have increased the probability of self-inhibition and self-censorship in interviewees. Also, it could have been a potential bias factor to direct both the data collection process and the analysis process toward the interviewer's preferences. Generally, of course, in qualitative studies, the observers' presumptions are never denied or ruled-out, rather they are tried to be identified and admitted as part of the reality version. Bracketing method was applied not only to admit the contribution of such a factor in the described version of reality of this study but also to increase the leader's awareness toward and their mind-availability of their preexisting assumption in order to enhance their intentionality to keep open toward the different ideas. No ongoing Balint group was found as already established, held on a regular basis and membered by Iranian GPs. Therefore the study was sampled by a group of GPs who were purposefully assigned as the participants of the Balint training group of this study. Participants participated in a few sessions of Balint group trial before their participation experience was studied. As a result, both the researchers and the Balint group participants could have been viewing the Balint group sessions as a prerequisite for an anticipated study. This fact could potentially impair the neutrality of participants' experiences and those of the leader's observations, the interview direction and the analysis presumptions (as the leader was also the interviewer and a member of the analyzing team). Moreover, if available, a larger sample size of participants of different longer-duration Balint groups of GPs could have resulted in a more generalizable data. However, qualitative studies are not generally generalizable. Moreover, no ongoing Balint group had been already established for Iranian GPs. Therefore, we believe that this is the very first preliminary study on Iranian GPs participation in Balint group and is, therefore, a valuable first step to get further Balint groups held for Iranian GPs and further related studies developed in Iran.

## Conclusion

Balint group has a specific place in psychosomatic medicine as a patient-centered care approach (Matalon, 2013; Blazekovic, 2003) It can be at least art of a remedy to the public mistrust crisis toward Iran's health system (Malekian, 2018).

At the end, it is worth mentioning that although a decade has passed from first presenting of the Balint group to the Iranian physicians in the first psychosomatic congress in 2007 in Isfahan, Iran (Isfahan Psychosomatic Research Center, 2017; Cooperation Germany/ Iran, 2017), Balint group is unknown to most physicians and even to psychiatrists. Developing training programs on Balint groups to train proficient leaders and doing more research studies is clearly encouraged by the findings of the current study.

## Conflict of Interests

Authors have no conflict of interests.

## Acknowledgments

We wish to express our gratitude to the head and the staff of Natanz health network Center who provided us with the

appropriated place to get the sessions held in and did extensive administrative support to get the sessions held and the participants invited to and informed about the timing of each session among many other important bits of help. Authors also extend their special thanks to the family physicians participated in the Balint group trial sessions and in the study for their sincere cooperation. Many gratitude also to the staff and authorities of Psychosomatic Research Center (PSRC), Medical University of Isfahan (MUI), Freiburg University Clinic of Psychosomatic Medicine (FUCPM), Danesh-e tandorosti Institute (DTI) and the German Academic Exchange Service (DAAD) for their extensive help and support.

## References

The University of Auckland. (2017, October). About thematic analysis. Retrieved from: URL: https://www.psych.auckland.ac.nz/en/about/thematic-analysis.html.

Malekian, A. (2015). Balint group: The peer-doctor circle to get the doctor-patient adventure spectated through a manifold eye-view perspective. *Internal Newsletter of Isfahan Psychiatrists' Scientific Association*, Autumn & Winter, 36-40.

Psychotherapy Committee of the Iranian Association of Psychiatrists, Department of Psychotherapyof Roozbeh Hospital. (2017 October 15-16). *The 2nd Balint Workshop in Roozbeh Hospital*. Tehran, Iran.

Bell, I. R., Caspi, O., Schwartz, G. E., Grant, K. L., Gaudet, T. W., Rychener, D. et al. (2002). Integrative medicine and systemic outcomes research: Issues in the emergence of a new model for primary health care. *Arch.Intern.Med*, 162(2), 133-140. doi:isa00023 [pii];10.1001/archinte.162.2.133 [doi]. Retrieved from PM:11802746

Blazekovic, S. (2003, October 7-11). *The Balint method: The source of a patient-centered approach*. Paper presented at the 13th International Balint Congress; Heidelberg, Germany.

Clark, W., Lipkin, M., Graman, H., & Shorey, J. (1999). Improving physicians' relationships with patients. *J Gen.Intern.Med*, 14(Suppl 1), S45-S50. doi:10.1046/j.1525-1497.1999.00266.x [doi]. Retrieved from PM:9933495

Cooperation Germany/ Iran. (2017, October). Retrieved from: http://www.agem-ethnomedizin.de

Davidian, H. (1995). Psychiatry in Iran in the early Islamic civilzation (An analytical view). *Iran J Psychiatry Clin Psycho*l, 2(1), 7-15.

Delbrouck, M., Frenette, J., & Consoli, S. (2003). *Le burn-out du soignant: Le syndrome d'épuisement professionnel*. Oxalis De Boeck Supérieur.

Dorr, G. S., & Lipkin, M. (1999). The doctor-patient relationship: Challenges, opportunities, and strategies. *J Gen.Intern.Med*, 14(Suppl 1), S26-S33. doi:10.1046/j.1525-1497.1999.00267.x [doi]. Retrieved from PM:9933492

Engel, G. L. (1977). The need for a new medical model: a challenge for biomedicine. Science., 196(4286), 129-136. doi:10.1126/science.847460 [doi]. Retrieved from PM:847460

Epstein, R. M., & Street, R. L. (2011). The values and value of patient-centered care. Ann.Fam.Med, 9(2), 100-103. doi:9/2/100 [pii];10.1370/afm.1239 [doi]. Retrieved from PM:21403134

Isfahan University of Medical Sciences, Danesh-e Tandorosti Institute, Psychosomatic Medicine and Psychotherapy Department of Albert Ludwigs University of Freiburg, International Journal of Body, Mind, and culture. (2017, October 25). *4th International Congress on Psychosomatic Basic Care*; Isfahan, Iran.

Fritzsche, K., McDaniel, S. H., & Wirsching, M. (2014). *Psychosomatic medicine: An international primer for the primary care setting*. New York, NY: Springer.

International Balint Federation. (2017, October); Retrieved from: URL: http:// www.balintinternational.com/

Isfahan Psychosomatic Research Center. (2017, October); Retrieved from: http://psrc.mui.ac.ir/

Johnson, A. H., Nease, D. E., Milberg, L. C., & Addison, R. B. (2004). Essential characteristics of effective Balint group leadership. *Fam.Med, 36*(4), 253-259. Retrieved from PM:15057615

Kjeldmand, D., & Holmstrom, I. (2008). Balint groups as a means to increase job satisfaction and prevent burnout among general practitioners. *Ann.Fam.Med, 6*(2), 138-145. doi:6/2/138 [pii];10.1370/afm.813 [doi]. Retrieved from PM:18332406

Malekian, A. (2018). Nobody's Health is Forgotten: I Am Nobody*! Int J Body Mind Cuiture, 5*(3), 122-123.

Marofi M., Manouchehri, N. (2017). *The effect of Balint Group on Job satisfaction among nurses in Al-Zahra Hospital, Isfahan, Iran* [MSc Thesis]; Isfahan, Iran: Khorasgan Branch, Islamic Azad Unversity.

Matalon A. (2013 September, 7-11). *Balint work and healing relationship*. Paper presented at the 18th International Balint Congress; Heidelberg, Germany.

Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *J. Couns. Psychol*., 52(2), 250–260.

Moustakas C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: SAGE Publications.

Novack, D. H., Epstein, R. M., & Paulsen, R. H.

(1999). Toward creating physician-healers: fostering medical students' self-awareness, personal growth, and well-being. *Acad.Med, 7*4(5), 516-520. doi:10.1097/00001888-199905000-00017 [doi]. Retrieved from PM:10353283

Rabinowitz, S., Kushnir, T., & Ribak, J. (1996). Preventing burnout: Increasing professional self efficacy in primary care nurses in a Balint Group. *AAOHN.J, 44*(1), 28-32. Retrieved from PM:8694971

Roberts, M. (2012). Balint groups: A tool for personal and professional resilience. *Can.Fam.Physician., 58*(3), 245-247. doi:58/3/245 [pii]. Retrieved from PM:22423015

Rosenberg, E., Richard, C., Lussier, M. T., & Abdool, S. N. (2006). Intercultural communication competence in family medicine: lessons from the field. *Patient.Educ Couns., 61*(2), 236-245. doi:S0738-3991(05)00102-3 [pii];10.1016/j.pec.2005.04.002 [doi]. Retrieved from PM:15967625

Salinsky, J. (2002). The Balint Movement Worldwide: Present State and Future Outlook: A Brief History of Balint Around the World. *Am. J. Psychoanal., 62*(4), 327-335.

Samuel, O. (1989). How doctors learn in a Balint group. *Fam.Pract., 6*(2), 108-113. doi:10.1093/fampra/6.2.108 [doi]. Retrieved from PM:2744294

Van Roy, K., Vanheule S. (2013 September, 7-11). *Balint groups you said? A qualitative analysis of themes and questions Balint groups offer a platform*. Paper presented at the 18th International Balint Congress; Heidelberg, Germany.

Van Roy, K., Vanheule, S., & Inslegers, R. (2015). Research on Balint groups: A literature review. *Patient.Educ Couns.*, 98 (6), 685-694. doi:S0738-3991(15)00045-2 [pii];10.1016/j.pec.2015.01.014 [doi]. Retrieved from PM:25681874

Zalidis, S. (2013 September, 7-11). *The role of balint groups in helping first clinical year medical students develop their professional identityand safeguard their boundaries*. Paper presented at the 18th International Balint Congress; Heidelberg, Germany.