

Future Directions:
The Role of Qualitative Research in Balint
Work

Penny Williamson, Sc.D.
Associate Professor of Medicine
Johns Hopkins University School of Medicine
Baltimore, Maryland

9th International Balint Federation Congress
Charleston, South Carolina
November 9-13, 1994

As we have heard, the Balint movement and ongoing Balint work is richly diverse and can be, for those involved, at the very heart of effective doctoring. The organizers of this conference thought it would be timely for leaders in the Balint movement to formulate important research questions for the next decade and beyond. The depth, richness, complexity and significance of human interactions present in Balint Seminars lend themselves most readily to Qualitative Research approaches--approaches that allow exploration of meanings, interpretations and patterns likely to interest Balint researchers.

Therefore, three of us with qualitative research experience: Ritch Addison, Will Miller and I, were invited to this conference to help you consider the intriguing possibilities that await you through qualitative approaches to researching aspects of Balint work.

So that we begin on the same footing, I want to define briefly some key terms and major methods used in qualitative research. Then I will tell you a bit more about the three of us to give you an idea of our backgrounds and interests. Lastly, I will describe our planned activities and roles during the conference.

I. WHAT IS QUALITATIVE RESEARCH?

Some years ago, I was facilitator for a Balint group. At the end of the first session, one of the group members said: "I've been looking for this all my life." What a moving moment. Several years later, I heard a colleague describe qualitative research for the first time. After her talk, I said to her: "I've been looking for this all my life."

Qualitative Research is the study of lived experience. Just as Balint work creates a way for individuals to explore personal meanings in their work with patients, qualitative research opens the way to understand the lived experiences in Balint Groups. The focus (which meanings are explored) may vary according to the questions of interest to the researcher.

Three major Qualitative Research Methods are: **Naturalistic or Field Research, Phenomenology, and Hermeneutic or Interpretive Research.** Depending on the goals of research, each method has a place.

Naturalistic or Field Research describes research that studies human behavior in naturally occurring settings. Field data are collected by observation, interviews, or the mechanical recording of conversation and/or behavior. As Will Miller puts it: The analysis of the resulting data is a subjective/objective dance toward contextual truth.

Traditional Field Research involves observations in real time which are reflected on and written about. A medical example is the work of Emily Mumford. In the 1970's she followed, observed and wrote about interns from student to physician levels. Her work eloquently described the process of professionalization for doctors.

Textual Analysis uses texts or artifacts (e.g., medical records) to aid in understanding meaning and context. An example is Campbell and Stanley, Unobtrusive Measures.

Audio and Visual Data bring methods to Field Research that are akin to development of the microscope. Using audiovisual data, one can reconstruct events, unlike real time. AV data allow the discovery of new information. For example, the development of high speed 60 mm film allowed studies of mothers and infants showing synchronicity from birth. These data were not knowable with unaided human observation.

Audiovisual data are re-viewable. For over a decade, AV materials have been used to make observations of doctor-patient and doctor-student interactions. This becomes an open process in which one can continue to learn. Comparisons may be made across viewers of same observational frames. In sum, AV data allow a split of field research and interpretation, as well as close description of moment-by-moment processes. These data can be analyzed using quantitative or qualitative methods.

Phenomenology seeks to understand the lived experience of individuals and their intentions within their "lifeworld." Derived from phenomenological philosophy, the subject is the writer, attempting some form of first person description of experience. It answers the question:

"What is it like to have a certain experience?" or "What is it like for someone else to have a certain experience?" Self-awareness is the core value in phenomenology and likewise of Balint Groups. A powerful example in medicine is Anatole Broyard's recent account of his own cancer and impending death (*Intoxicated By My Illness*).

Hermeneutic or Interpretive Research moves beyond phenomenology in using the interpretation of lived experience to attain greater understanding of context. It is concerned with the significance of every day human practices. It seeks to illuminate the social, cultural, historical, economic, linguistic and other background aspects that frame and make comprehensible human practices and events. Ritch Addison will talk at greater length about this approach in his keynote address, tomorrow.

I'd like to tell you in some depth about one creative study using qualitative methods to enhance meaning and understanding of a lived experience. My colleague Richard Frankel (who described this to me) recently taught a course to six physician Fellows on the use of qualitative methods. The group met weekly for four months. Early on, a Fellow from Finland asked "How do I evaluate this fellowship and what will I tell my colleagues when I return home?" Frankel asked the group if they would like to explore that question together as the qualitative research project for the group. They agreed.

What happened went far beyond anyone's expectations. To begin, Frankel asked each fellow to write a ten minute narrative on a critical incident in their fellowship. The group then spent over 40 hours looking at the six stories produced. They devised the method as they went.

Original handwritten stories were typed and copies given to all members. Each read them aloud. This fell flat. It didn't go anywhere. Each person then rewrote their story onto large sheets of paper (2 by 4 feet) with crayon markers. They put up their stories around the room. It was like sitting around the campfire surrounded by their stories. This became the ritual each week. The stories were put up on wall. To begin, there was checking in with one another. Sometimes, overriding life events swayed the group to discuss that person's issues. Otherwise, one person's story was the focus for each session. A person other than the author stood in front of the story and, with sticky paper, helped record others' observations and the deepening that occurred as a result.

Example: In one story, one of the Fellows told of disclosing a serious personal medical disorder that he feared would compromise his fellowship and make people think less of him. He did this in a session with a faculty supervisor and several peers. Instead of the anger and discounting he feared, he got respect and support.

During the deepening, the observation was made that, in the story, the Fellow had mentioned only one person, his faculty supervisor, by name and asked about what meanings that might have. This led to a deep discussion of the importance of the bond this person felt with his faculty mentor.

All sessions were audiotaped and each Fellow transcribed a session. There were additional learnings through that process. For instance, one Fellow who often "lectured" in the group, couldn't "hear" his colleagues attempts to tell him that, but "got it" when he read the transcript. He brought his insights back to the group and the group became closer as a result.

Dealing with both the stories and with personal issues deepened the group's ability to work with one another and they developed a deep-seated trust. There was an interesting denial period during which the Fellows had difficulty focussing on their own stories. They didn't think 10 minutes provided enough depth. They felt their own stories to be uninteresting and boring. But by the end, each had formulated their story as the "core story" of the fellowship. At the end of four months, the group elected to keep meeting for 8 more weeks (16-20 additional hours of volunteer time) in this extraordinary process.

This study provides potential lessons for Balint work: one can be a part of a Balint Group and pay attention both to what people are bringing into the room and to our own process. You can both experience a process and reflect on it. As Richard Frankel's group moved into their process,

they added an evaluative dimension that deepened their ability to say, see, and do what's going on. It changed them. It changed the researcher. And that is the qualitative research piece.

The lesson is that if you "do" evaluation, make it experiential. The excitement and challenge is to help a group value its own work and to do it in a meaningful, systematic way. Most importantly, there is common paradigmatic ground shared by Balint work and in the underlying values of qualitative research.

II. INTRODUCING RITCH ADDISON, WILL MILLER AND PENNY WILLIAMSON

Frank Dornfest approached Ritch Addison over two years ago. He wanted qualitative research brought to this Balint Conference as a natural fit; and wanted to invite several friendly participant observers, who were familiar with Balint work and also with the process of discovering meaning through research. The idea of a model within a model took hold: we could observe and reflect back. We could be helpful to the International Balint Conference by bringing a qualitative research perspective to bear at the conference .

Ritch is a Psychologist, with a background in Philosophy. He is currently Assistant Clinical Professor in the Department of Family and Community Medicine at the University of California, San Francisco and a faculty member of the Family Practice Residency Program at Santa Rosa. He has run Balint and Professional Support Groups and has studied and written about various aspects of such groups, and about the professional socialization of family physicians.

In his work, he brings his expertise to bear in exploring and interpreting meanings in different aspects of doctoring. He has co-edited two books: **Entering the Circle: Hermeneutic Investigations in Psychology**, an anthology of exemplary hermeneutic research; and **Exploring Collaborative Research in Primary Care**, a book describing conjoint qualitative and quantitative approaches in primary care research. By his own account, he is most passionate about his work in hermeneutic research strategies.

Ritch approached Will Miller, with whom he had worked extensively, and whom he knew from Society of Teachers of Family Medicine (STFM) conferences. Among Will's seminal works is the book **Doing Qualitative Research** (edited by Ben Crabtree and Will Miller) which presents a comprehensive and detailed discussion of qualitative research methods in medicine, their uses and results. In addition he also recently edited **Collaborative Research in Primary Care**.

Will is a Family Physician, Anthropologist and qualitative researcher and has worked in training and researching the training of primary care physicians. He is currently Program Director of the Family Practice Residency at Lehigh Valley Hospital in Allentown, Pennsylvania.

Ritch and Will approached me. I was honored and gladly agreed to join in this provocative venture as it fits my interests and I bring different experiences to the mix. I knew Ritch and Will from STFM: Family in Family Medicine Meetings, and from primary care meetings at the Society for General Internal Medicine.

Known best for my hands-on work with physicians in all primary care disciplines and sub specialties, I have run local, national, and some international training courses on enhancing physician-patient relationship and physician teaching skills. In the mid 1970's I was trained in Balint work. I worked in Family Medicine, then Internal Medicine, and have since been deeply involved in physician training and development. I have run Balint and a variety of self awareness groups for physicians at all levels of training. Trained originally as a field ecologist, then as a psychologist, I have a love for observing and creating meaning in groups, and also for discovering and helping others discover meaning in their work.

The work that means the most to me, and about which I have written, is on the importance of physician self-awareness, self-care and doctors' relationships with their patients. My written work includes: **Beliefs That Foster Physician Avoidance of Psychosocial Aspects of Health Care; and Healthy Approaches to Physician Stress**.

For the past eight years, I was Executive Vice President of the American Academy on Physician and Patient, an organization that focuses on doctor-patient communication skills training. Currently, I am Associate Professor of Medicine at Johns Hopkins Bayview Medical Center, Baltimore, Maryland and independent consultant in the arena of doctor-patient communication.

III. OUR ROLE IN THIS MEETING

In this meeting we are here as participant observers, with our lens on possible research questions that may be of interest. Our intent is to immerse ourselves in your meeting through observations and informal discussions with participants, with time for our own reflection and analysis in between. We will reflect back to you what we saw, the sense we made of the observations, and questions that you might like to pose, continue, or enhance as a way to determine your individual and collaborative future directions.

Explicitly we will do the following:

- A. Observe Balint Groups during the meeting.
- B. Discuss and analyze our observations among ourselves.
- C. Discuss research ideas with those of you that are interested, during lunchtime on Saturday.
- D. Ritch Addison's and Will Miller's keynote talks will provide deeper aspects of qualitative research and what it might bring to core issues in Balint work.
- E. Sunday, we three will be part of a panel to report back our observations about the Balint process; norms, creative tensions, and questions you might consider.

In all, we feel privileged to be here and eager to work with your group in this exciting and hopefully useful way.