

# IS THE BALINT GROUP AN OPPORTUNITY TO MENTALIZE?

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*The Balint group, a time-tested and efficacious resource for fortifying resilience among helping professionals, is explored in depth in this article through a case vignette. Despite its demonstrated efficacy in assisting professionals handling challenging cases, the Balint method's adoption remains inexplicably limited. We hypothesize that this restraint is due to a deficient understanding of the method's mechanics, operational processes and outcomes. In response, we offer a contemporary interpretation anchored in the theoretical framework of mentalization, aligning with current psychotherapeutic standards. The article underscores the Balint group's remarkable utility, akin to other mentalization-based therapeutic methods, in navigating intricate cases, emotionally demanding situations and circumstances that exceed the expertise and experience of the professional. By highlighting this, we hope to broaden the acceptance of the method, enable systematic assessment of its effectiveness and augment training for group leaders and participant commitment. This endeavour represents both a nod to the research-centric approach originally espoused by Mihály Balint and an embrace of the growing emphasis on evidence-based methodology in medicine and psychotherapy. Ultimately, we aim to illuminate the potential of the Balint group and promote its extensive application in support of helping professionals.*

**KEYWORDS:** BALINT GROUP, MENTALIZING, WELL-BEING, BURNOUT

CARING FOR THE CAREGIVERS: THE SIGNIFICANCE OF ENHANCING MENTAL WELL-BEING IN HELPING PROFESSIONALS

Assisting those in need, grappling with excessive workloads, time pressures and emotionally taxing cases without sufficient time or opportunities for processing can provoke temporary emotional overwhelm, chronic stress and, ultimately, burnout. Recent attention has significantly concentrated on physician burnout, attributable to its high prevalence and the documented impact on care quality, professional behaviour, practice efficiency and physician attrition (Del Carmen et al., 2019; Shanafelt

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et al., 2016; West et al., 2016, 2018). Although no universally accepted model defines physician burnout (Brady et al., 2018; Rotenstein et al., 2018), it is broadly construed as a syndrome encompassing emotional exhaustion, depersonalization and diminished sense of personal accomplishment, typically stemming from persistent exposure to occupational stress. Workload issues can be a systemic feature at both macro and micro institutional levels. In dealing with typical or straightforward cases, readily available protocols can immensely benefit the professional helper. But how does one navigate when the case in question stretches beyond the professional's skill and competence, or pertains to complex psychopathology triggering emotional distress?

As mental health issues continue to surge within the population, the need to provide comprehensive solutions such as the Balint group, which support and enable professionals to maintain their resilience while aiding others, is becoming increasingly urgent. The Balint group has emerged as a tool used to comprehend doctor–patient and other helper–client relationships across various settings and to promote the mental well-being of professional helpers globally (Milberg & Knowlton, 2019; Otten, 2017). It has been corroborated as effective by formal evaluation studies (e.g., Benson & Magraith, 2005; Huang et al., 2019; Kjeldmand & Holmström, 2008; Popa-Velea et al., 2019; Ryding & Birr, 2022). The sense of trust, acceptance, reflective work and the shared sentiment of companionship experienced within these groups may exert a restorative effect on group members, resulting in a ‘limited but substantial change in their personality’, as noted by Balint (Balint, 1957; Otten, 2017).

In this article, our aims are fivefold: (1) to offer a detailed account of a Balint group experience, elucidated through a case vignette; (2) to explore the limitations of this highly valuable method, notwithstanding its significant benefits; (3) to present a potential operational mechanism for the Balint group by interpreting it within the theoretical framework of the mentalization approach; (4) to propose its potential role among strategies for protecting mental health and cultivating resilience and (5) to suggest feasible methodologies for empirically studying its effectiveness.

#### PAINTING THE PICTURE: A GLIMPSE INTO THE BALINT GROUP EXPERIENCE

Prior to the COVID pandemic, the Balint groups were typically conducted with in-person participation. The most common practice entailed a year-long commitment from participants, with sessions taking place weekly/monthly and lasting either 60 or 90 min each. However, the pandemic has significantly altered this practice: some groups have transitioned to an online platform, requiring shorter or even no commitments and more condensed processes (e.g., 1–4 sessions) have become increasingly prevalent. External uncertainties have dictated a more flexible approach to these technical frameworks, thereby underscoring the heightened importance of maintaining a stable internal structure within the group.

### **Case Vignette**

*The ensuing case delineates an online Balint group experience. The members comprised regular Balint group participants and leaders, who had collaborated in different settings on multiple occasions prior to this. Two trained Balint group leaders co-facilitated the session, assuming the responsibility of ensuring safety and meticulous adherence to the structure and temporal dynamics of the meeting.*

### **Building Trust**

The group session commences with the clarification of rules, which is required when initiating a completely new group, when incorporating an inexperienced member or whenever necessary. In an established group, it may be appropriate to provide feedback on the previous meeting.

*Fundamental rules of a Balint group:* The guiding principles of the Balint group align closely with the rules of any effective group handling personal information. These include confidentiality, mutual respect among members, a physically secure environment (dedicated space and time) and honesty. However, the creation of an emotionally safe space often demands more. Non-judgmental acceptance, coupled with clear limitations and boundaries (e.g., the group focuses solely on the professional personas of the presenter and group members, specific interactions are only permitted at certain stages, rules dictating what constitutes an appropriate case for the group), enables participants to share unique facets of cases, normalize all feelings and emotions, even those that are intense, negative or complex. The leader encourages (and models) reflection, speculation, imagination, empathetic insight and divergent thinking, all underpinned by the principle of free association.

Trust is a crucial factor for these characteristics to surface during the group process. Group members need to place trust in the leader, their peers and, most importantly, themselves to a degree that permits them to voice feelings rarely expressed outside the group. In regularly meeting groups, trust deepens with time and experience, assisting in attaining a more profound and contextually nuanced understanding of a specific case.

*In the provided scenario, the participants were well-acquainted with the rules of the Balint group. Upon being informed of the timeframe (the group session was scheduled for 90 minutes), they proceeded with their work.*

### **Expressive Attention**

Post the leader's inviting question (e.g., 'Who has a case today?'), the presenter briefly yet freely introduces a case without interruption, as it spontaneously formulates through their presentation. Presenters do not prepare or make notes during the session. Their emotional presence takes precedence.

*In the specific group session, an experienced and highly trained child psychologist had a case to share. She expressed her struggles with the mother of a nine-year-old boy. Having just completed the diagnostics with the boy and on the brink of initiating therapy, she feared that the mother's interference might hinder the therapeutic process, rendering it impossible to help the boy. She began to unfold the case, focusing on the specifics of their inaugural meeting: the family arrived ten minutes ahead of schedule. The ensuing ten-minute wait elicited such tension that the boy became sulky and defiant, creating a scene in the waiting room, while the parents voiced their concerns loudly and in a rather demanding manner. As the session commenced, the whole family participated in the exploration; the boy found answering the questions challenging. His mother constantly interrupted and spoke on his behalf, interjecting her anxious thoughts. It appeared to be an unending cycle.*

### *Allowing Emotional Vulnerability and Non-Reflective Emotional Immersion*

The case presentation. A case that stumps us, consumes our thoughts and emotionally engages us—when done with sufficient freedom—often evokes intense, unexpected and unreflected emotions. These emotions typically express themselves non-verbally, apparent in the speaker's style of speech, gestures and meta-communication and are inherent in the manner superficial information (medical data, external signs) is communicated. This section allows the presenter to delve into their narrative without judgement or expectation.

*The presenter continued her account, speaking almost breathlessly, and described the physical attributes of the boy and his parents (a chubby boy with blond hair, blue eyes, slightly overweight parents, a mother with a neat haircut but persistently dishevelled hair, etc.). The boy had been diagnosed with severe depression and anxiety and showed signs of suicidal ideation. The presenter perceived it as one of the most severe cases in her professional life. A child psychiatrist, who was a close colleague of the presenter, recommended medication, but the mother interfered. She contacted the presenter, seeking her support to reject the medical advice. Instead of starting the medication, the boy's parents sent him to a football camp—an arrangement he was adamantly against. However, after three days of incessant complaints, serious behavioural issues including self-harm (e.g., banging his head against the wall), and desperate messages, he was brought home. The presenter posed a question to the group: how could she conduct therapy with the boy when the mother was so unwell? How could she manage the situation when, instead of being an ally in aiding the child, she had to constantly deal with the mother? How could she maintain her own sanity and perceive the situation clearly?*

After the presenter concludes their narration, group members can ask clarifying questions. These questions serve to demonstrate their interest and concern; they are

not meant to question the presenter, but rather, to gain as clear a picture of the case as possible. Clarifying questions may cover aspects such as the patient's family background, education, occupation, age, physical appearance or the professional context of the case like the presenter's office, schedule or colleagues. Here are a few clarifying questions that were/could be posed: Could you provide more information about the family structure? Are there any other siblings or significant people in the boy's life? What is the educational background of the parents, and what occupations are they engaged in? Could you describe the mother's behaviour and attitude in other contexts apart from this specific situation? How has the father been reacting to the entire situation? How has the boy been behaving in other environments like school or with friends? Can you elaborate more on the boy's interests, hobbies that seem to engage him positively? Has there been any indication or history of mental health issues in the family?

### *Retaining Perspective*

The post-presentation group discussion. After all necessary questions have been asked, the presenter is encouraged to symbolically and physically 'step back' from the group. This phase, the longest and most crucial part of the group session, sees the group members discuss the case as if the presenter were not present: they are unable to ask the presenter further questions, and the presenter cannot provide additional clarification or information, even if their input could resolve a debate.

*This discussion is a safe space; group members are not permitted to critique, thus eliminating the need for the presenter to defend their position. Group members are free to empathize with the presenter and their client, place themselves in the shoes of any individual in the described social environment, reflect, speculate, associate, introduce new perspectives, express diverse emotions or pose questions. The group's role is to elaborate and open up possibilities, refraining from forming shared views or offering collective direct advice. Members are expected to maintain a non-judgmental stance, focusing particularly on the relationship between the presenter and their client.*

The Balint group's approach is traditionally rooted in psychoanalytic theory; for instance, the group (or leader) may take into account concepts and manifestations of transference (what the client brings to the encounter from their past), countertransference (the emotions that the client may stir in the helper due to their personal history) and any immature thinking or feeling triggered by the interaction in either individual (referred to as regression in psychoanalytic terms) that may surface during the process. Such concepts are not the focal point of the discussion but might shape the leader's thinking. It is not expected that group members pay particular attention to these phenomena or even be aware of them.

*After the presenter stepped back, she muted her microphone and leaned back to listen to the group's discussion. The group, feeling the pressure of time, quickly delved into intense discussion. They imagined the presenter as a*

*tightrope walker burdened with a massive load, balancing precariously, and struggling to avoid falling into the abyss.*

*Other group members envisioned a raging river, prompting further discussion on feelings of being overwhelmed, helpless, and powerless. As they articulated the presenter's feelings, they began to consider the boy's lack of voice and invisibility, expressing anger and frustration towards the mother's behaviour. The group pondered extreme scenarios of rescuing the boy, such as hospitalization or foster care. These ideas redirected their attention back to the mother and the family dynamic. They started to empathize with the mother's helplessness and discussed the guilt and incompetence felt by the family, rather than the professionals.*

*In the midst of this discussion, one of the leaders interrupted, asking everyone to look at each other's faces on the screen. This intervention revealed a shared expression of worry and concern. Everyone briefly observed the others, then returned to their discussion, reframing their initial metaphor of the tightrope walker. Instead of grappling with unbearable weight, they reimagined the weight as a symbol of the presenter's strength. The weight was reconceptualized as a balancing stick—something that aids the tightrope walker, rather than being a burden.*

*This new perspective allowed the group to reinterpret the mother's incessant interruptions, questions, and concerns as opportunities—signs that the family members cared for each other, were reaching out for help, and were present for each other in challenging times. They could see the boy again; the group came up with a few innovative ideas on how to keep him safe, both with and without his mother's presence. Despite the time constraints, the group managed to slow down in the end, demonstrating the power of group discussion and collective reimagining in the Balint group process.*

### *Integration of the Experiences*

Near the end of the meeting, the presenter is asked to 'return' to the group from their observer role, the 'third position' ('a capacity for seeing ourselves in interaction with others and for entertaining another point of view whilst retaining our own, for reflecting on ourselves whilst being ourselves' Britton, 1989). This transition provides them with an opportunity to share any insights or new understandings they gained from the group's discussion. They can reflect on these insights immediately or take some time to process their thoughts after the session. In some cases, the presenter may choose to share feedback at the beginning of the next session, which might include recounting their experiences from subsequent meetings with the client or other clients with similar issues.

*In this case, the presenter returned to the group feeling a sense of relief. She gently restated her initial question, now reframed as a clear statement: as a*

*child psychologist, her job is to help the boy. Understanding that the boy's relationship with his mother was a primary concern, she recognized her role in modeling calm, relaxed ways of handling this challenge in the boy's life.*

This concluding experience echoes Andrew Elder's concept of 'returning to oneself', as he articulates in his reflection on Enid Bálint's work. Participating in a Balint group often allows professionals to 'return to a more personal professional center, a still point' that can be easily overlooked amidst the demands and pressures of a busy professional life. As this case illustrates, the Balint group offers a space to reassess, reframe and rediscover the personal dimensions of professional practice (Elder, 2015).

Indeed, there are numerous ways to implement the Balint group approach. The use of different creative methods such as expressive art, sculpture or the fishbowl technique during the discussion phase can offer diverse perspectives and richer insights into the case at hand. Similarly, variations in leadership styles across countries, as well as the unique dynamic shaped by the group leader(s) and the diverse backgrounds and personalities of group members, can greatly influence the group's dynamics and outcomes. However, irrespective of these variations, some fundamental principles remain common to all Balint groups. Central to these is the idea that the group serves as a supportive environment, enabling the emergence of unconscious feelings and implicit constructions into consciousness. This process allows for a deeper understanding of medical encounters by fostering reflective practice among clinicians.

Regular group members often report internalizing the reflective and empathetic approach of the Balint group in their everyday work. They find themselves pondering 'What would the Balint group say?' when dealing with challenging cases. This reflection illustrates how the principles and approaches adopted in the Balint group can serve as an invaluable resource for professionals, aiding them in their daily practice and promoting a more empathetic and reflective approach towards patient care.

#### EXPLORING BOUNDARIES: THE LIMITATIONS OF BALINT GROUPS

The Balint group provides an important framework to fortify mental health and resilience among healthcare professionals, particularly by fostering deeper understanding and empathy in the therapeutic relationship. However, in the light of evolving psychotherapy practices, this method has undergone significant modifications from its original structure and theoretical underpinnings. It is recognized that ongoing adjustments are necessary for the Balint group process and its practitioners to align with the requirements of contemporary psychotherapy and evidence-based interventions.

The genesis of the Balint group or the 'training-cum-research seminar' [which was later termed as 'case discussion seminar' (Elder, 2020)] is traced back to the regular group sessions led by the psychiatrist and psychoanalyst Mihály Bálint. His approach was heavily influenced by the Hungarian tradition of psychoanalytic

training, which emphasized the analysis of countertransference during supervision. These seminars were tailored for physicians, specifically general practitioners, with a central focus on the dynamics of doctor–patient relationships (Balint, 1957). The overarching objective was to enhance physicians' capacity to comprehend the thoughts, emotions and imaginative experiences of their patients. Moreover, this comprehension was not solely directed towards patients; Balint advocated that physicians should cultivate reflexive insights into their own emotional experiences and responses as well (Balint, 1957). This original setup and structure of the Balint group firmly aligns with the psychoanalytic framework, thus maintaining continuity with its historical roots. Meetings were held weekly and stretched over extended periods, with individual members often participating for a minimum of 2 years, and often considerably longer. The groups, under the stewardship of Mihály and Enid Balint, became a crucial component of general practitioner training at the Tavistock Clinic (Elder, 2020).

The objective of this training was to closely examine the doctor–patient relationship, thereby enabling the doctor to internalize and understand their patient, their grievances and their suffering. However, an essential aspect was to maintain a balance—ensuring the doctor does not get excessively engrossed in the patient's issues, yet not keep the patient at an arm's length as a defensive measure. Within the Freudian framework of transference and the oedipal triangle, the group's focus gravitated towards the relationship dynamics and interactions between the patient, the therapist and the observer (Britton, 1989). Expanding upon this concept, Gosling and Turquet (1967) integrated the psychoanalytic approach with Bion's group dynamics (distinguishing between work groups and basic assumption groups) and Melanie Klein's theory of object relations. They provided an elaborate description of the usage of Balint groups in their work titled 'The training of General Practitioners' (Gosling & Turquet, 1967). This blend of perspectives offered a more nuanced understanding of the interpersonal dynamics within the therapeutic context, providing deeper insights into the therapeutic process. However, it is essential to recognize the need for continued evolution to remain relevant and effective within the context of modern psychotherapy.

As Balint groups transitioned from being experimental training-cum-research seminars to more common case discussion groups, they have been adopted as compulsory or recommended components of specialist training in certain countries, such as the UK, Germany and Hungary. This is particularly the case for general practitioners, psychiatrists and psychosomatic specialists. Despite these advancements, the Balint group methodology has yet to become a widely accepted and mainstream approach. A number of challenges contribute to this reality. For one, the dropout rate among new participants is high, potentially due to the intricate and often challenging psychoanalytic theory underpinning the approach. Furthermore, the frequency and duration of the continuous group process have been reduced over time, with weekly/monthly meetings comprising 4–10 sessions per process becoming the norm. The shift in the field of medicine towards an increasingly biomedical approach that prioritizes evidence-based methods, such as cognitive behavioural



therapy (CBT), further compounds these challenges. The Balint method, with its operational principle possibly not detailed enough to satisfy these exacting standards, finds itself at a disadvantage (Davidsen, 2010; Elder, 2015). Despite having a defined structure and stages, it does not offer a clear theoretical framework or practical guidelines for therapy and training (Davidsen, 2010).

In light of this, we concur with Davidsen (2010) that the concept of reflective function, as delineated in mentalization theory, aptly encapsulates the process of understanding that Balint considered essential. This concept emphasizes the capacity to understand and interpret human behaviour in terms of intentional mental states, such as desires, needs, feelings, beliefs and reasons (Fonagy & Target, 1998). By incorporating this modern psychological theory, the Balint approach may gain a clearer theoretical underpinning that could enhance its acceptance and application in contemporary therapeutic and training contexts.

#### BRIDGING THE GAP: MENTALIZATION THEORY AND ITS IMPACT ON BALINT GROUP EFFECTIVENESS

Mentalization, or the ability to mentalize, refers to the process and/or capacity to understand and interpret one's own and others' actions in terms of assumed internal mental states, allowing for an understanding of intentions, thoughts and feelings (American Psychological Association, n.d.; Bateman & Fonagy, 2004; Luyten et al., 2020). It is critical for social interactions and forms the basis for empathy, theory of mind and the perception of social cues.

Studies in neuroscience and behaviour have suggested that mentalization can be organized around four dimensions or polarities (Fonagy & Luyten, 2009). These include **Automatic versus controlled mentalizing**: Automatic mentalizing is quick and intuitive, whereas controlled mentalizing is more deliberate and reflective. **Self versus other mentalizing**: The distinction between understanding one's own mental states versus those of others. **External versus internal mentalizing**: External mentalizing involves the interpretation of observable behaviour, whereas internal mentalizing involves understanding underlying thoughts and feelings. **Cognitive versus affective mentalizing**: Cognitive mentalizing pertains to understanding thoughts and intentions, whereas affective mentalizing refers to understanding feelings and emotions.

Under optimal conditions, mentalizing is balanced across these dimensions. However, in emotionally charged situations or in the presence of high stress and arousal, this balance can be disrupted. Mentalizing might become automatic (implicit-unreflective), self-focused, external-feature-based and emotion-dominated. This imbalance can inhibit the capacity for controlled (explicit, reflective), other-directed, internal-experience-based and cognitive mentalizing. In addition, in rigid professional settings where intuitive, emotion-focused and self-centred thinking is discouraged, mentalization can also become inefficient. This may result in 'pseudo-mentalization', a state in which discussions and interpretations become intellectualized and detached from the actual individuals and experiences being discussed,

leading to conjectures that may lack validity or grounding in reality. Typically, the cases presented in Balint groups (referred to as Balint cases) often depict instances when the presenting doctors find themselves experiencing an imbalance in their mentalizing abilities. They may find themselves trapped in a predominantly affective, automatic, self-focused and external-feature-based mentalizing modality. Their thinking about the case becomes inflexible, succumbing to the 'is-ness' of the situation and demanding an external solution.

The foundational principles of the Balint group are clear and transparent, communicated to all participants at the beginning of the session. Coupled with the unique atmosphere of a Balint group, these principles can foster a sense of trust within and among group members. With this established trust and the undivided attention of the group, the presenting doctor can freely express and explore their impressions, feelings and all subjectively significant aspects of the challenging relationship. They may recognize that their perspective on the case is not being effectively mentalized; however, this acknowledgement will not expose them to criticism within the group. Instead, the environment encourages exploration and growth, allowing the presenting doctor to gain a more balanced perspective on the case and develop more effective ways of understanding their patients. This highlights the importance of a flexible approach to mentalization, particularly in contexts that require a deep understanding of self and others, such as in psychotherapy or counselling. As implemented in mentalization-based treatment (MBT) (Bateman & Fonagy, 2004), the concept of mentalizing could potentially provide a coherent theoretical framework to elucidate the functioning of Balint groups.

## 1. Epistemic trust and caring attention

Although the capacity to think about thoughts and feelings to comprehend others is a universal human tendency, much like language acquisition, its regulation is learned during developmental stages, ideally within the context of secure and nurturing attachment relationships. This process relies on epistemic trust, or trust in the validity of socially acquired knowledge, which is fortified by the attentive care of a parent or significant other. For a Balint group to function effectively, this sense of trust is critical. It must permeate the discussion, thereby encouraging to open their mind for 'learning'—to garner new understandings. This trust is earned through respect and recognition, yet it can be quickly diminished in the face of alienation or misconstrual (Fonagy et al., 2015, 2019; Fonagy & Allison, 2014). This concept is intricately tied to attachment theory, which plays a crucial role in the development of mentalization. The aspiration for a secure base, a key component of attachment theory, echoes the foundational needs of a Balint group as well: the process within group mirrors this dynamic, nurturing a secure base from which healthcare professionals can safely explore and grow their understanding of the therapeutic relationship (Elder, 2015; Holmes, 2014).

## 2. Four dimensions of mentalization

### a. Automatic (implicit) versus controlled (explicit) mentalizing

The human nervous system is designed to activate rapid, subconscious, primitive and reflexive processes under stress, facilitating the necessary fight or flight response. However, human relationships often present complex scenarios that may provoke intense negative emotions. High arousal in such situations tends to shift the mentalization process to an automatic mode. Although this automatic mentalizing mechanism is valuable in immediate threat scenarios, it can complicate interpersonal situations that require a more nuanced understanding. In these circumstances, controlled mentalization becomes imperative. The latter requires conscious effort and enables individuals to deliberate and think through the consequences of their reactions, fostering more thoughtful, effective responses. Controlled mentalization thus provides a means to navigate complex emotional landscapes with greater understanding and empathy.

b. Mentalizing with regard to the self and others

One crucial aspect of mentalizing involves concurrently considering one's own feelings, thoughts and viewpoints, alongside those of others. The challenge here lies in discerning between the two, without overlooking oneself or the other party. Clear perception of these boundaries and maintaining a balance between self- and other-focused mentalizing can be particularly taxing in emotionally strenuous situations.

c. Mentalizing based on external or internal features

Mentalizing that relies on external features, such as facial expressions, gestures, postures and non-verbal cues, is typically less reflective and more automatic. This mode of mentalizing, being universal among humans, allows for a quick and adaptive response to potential threats. However, mentalizing focused on internal features demands slower, more intricate processes. This involves representing and contemplating the internal mental states of oneself and others and forming conjectures about variances in perspectives.

d. Affective versus cognitive mentalizing

Full mentalization necessitates both affective and cognitive mentalizing and their proper integration. Affective empathy, like emotional contagion, is more automatic and embodied, whereas cognitive empathy, involving belief–desire reasoning and perspective-taking, is more controlled. Despite these distinctions, there is a significant overlap between these two mentalizing processes. For instance, sharing each other's joy in an intimate, happy moment is pleasurable and more affective, although mindfulness can deepen this experience. In contrast, cognitive mentalizing is essential for understanding complex situations, including comprehending oneself, others and external factors. This latter process is slower, necessitating more awareness and resources; the advantage of integrating these different processes is long term: the ability to maintain balance and swiftly recover if this balance is disrupted fosters resilience in the face of difficult situations.

The phase of case presentation in a Balint group can be likened to the experience of a child in a secure relationship expressing their feelings and needs, even if they lack the mature communicative tools to articulate subtle nuances. This is similar to the trust the child places in their caregivers and the expectation of learning from their responses. This period is often marked by a predominance of automatic, affective, self-centred and external feature-oriented mentalizing (Figure 1). Typically, case presentations in Balint groups can be chaotic and emotionally charged, with presenters often failing to explicitly name the emotions they are experiencing. They frequently involve a focus on personal and professional concerns, along with a heightened attention to external features. This might include medical data, patient demographic information or visible aspects of behaviour, which are often expressed using vivid descriptive phrases. It is also common for presenters to exhibit high levels of arousal during this phase, as depicted in the aforementioned case vignette.

Following the presentation, the group transitions into a brief period of clarifying questions, which can temporarily restore mentalizing balance. This is then often followed by a more in-depth discussion phase (Figure 1). During these subsequent phases, the group aims to engage in automatic, affective mentalizing for as long as necessary to explore the case's emotional landscape fully but endeavours to not prolong this process unnecessarily. This gradual shift helps to achieve a balance between affective and cognitive mentalizing, fostering a nuanced understanding of the complex emotional dynamics at play in the case.

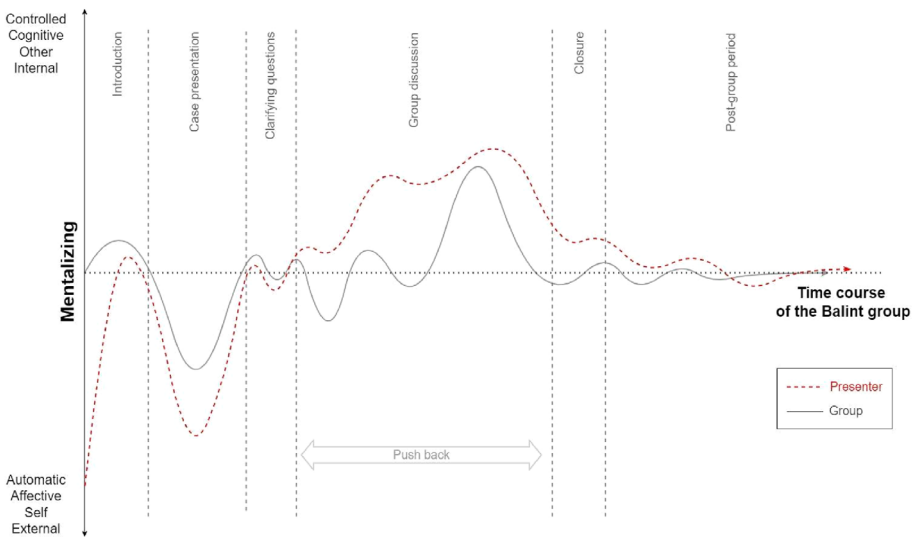


FIGURE 1: The time course of one Balint group session and an illustration of the hypothetical fluctuation of mentalizing along its dimensions (the curves are not the result of data collection, but illustrate the authors' assumptions). [Colour figure can be viewed at [wileyonlinelibrary.com](https://onlinelibrary.wiley.com/doi/10.1111/bjpp.12880)]

The ‘push back’ technique, which has gained popularity in several countries, is a unique phase that differentiates the Balint group method from other supervisory methodologies. This approach involves the presenter taking a passive role while the group discusses their case, leading to both positive and negative implications. It not only interrupts the unconscious parallel process between the group and the presenter but also offers a valuable technique for facilitating reflection, even for less experienced group leaders (Elder, 2020). As a practical and symbolic tool, the ‘push back’ technique assists the presenter in transitioning their mindset, after the intense emotional engagement. Initially, group members often empathize with both the presenter and the client, validating shared emotions and aiding the presenter in distinguishing between self and other. The group then progresses beyond this identification with the presenter and starts to consider the viewpoints of the client and other key characters involved in the case.

In the context of this mentalizing environment, the group members perform the mentalizing process, which might have been inhibited due to adverse conditions previously faced by the presenter, such as threat, anxiety or social pressure. From their vantage point as observers, they can reflect on the process and different emotions that emerge. Unlike the presenter, they are not pressured to respond and do not feel compelled to generate inadequately mentalized positions defensively. The Balint group principles encourage them to open their minds and examine the situation from a variety of perspectives. The group seeks to explore alternative viewpoints, speculating on circumstances, internal motivations, desires and feelings. Physical and external features of the encounter are also discussed in relation to internal states, desires or motivations. The presenter is subtly encouraged to reflect, observe and think from a meta-position for a relatively long time while the group continues mentalizing on another level. It demands self-restraint from the presenter not to intervene, accept misinterpretations and decide what is relevant. This extended period allows for the reduction in arousal levels and gives the presenter time to calm down and alleviate any built-up tension.

In the final stage, the presenter is welcomed back into the group. At this point, they are not required, but merely invited to reflect on the process and share any new insights they may have gained or disclose any feelings they experienced. This process aids in integrating the raw case initially brought to the group with the more refined case that has been developed during the session.

A critical aspect of the Balint group is its capacity to correct imbalanced, ineffective mentalizing by introducing the perspective of the ‘other’ when the ‘self’ dominates. It can bring feelings into focus when they appear to have been overshadowed by thoughts and beliefs and introduces speculation about internal states when the narrative focuses solely on physical events. As seen in the case vignette, a careful rebalancing occurs—from a focus on the psychologist’s perspective to that of the child who requires a model to cope with an intrusive caregiver. This shift is facilitated by moving from external considerations of a disruptive mother to the internal experiences of the key individuals involved. There is also a welcome change from an immediate demand for action and solution finding to a stage of reflection,

re-evaluation and consideration of the implications of potential actions. As the balance along the dimensions of mentalizing is restored, the presenter may find themselves returning to their personal professional center, a metaphorical ‘still point’ of sorts, and regain their sense of self. This aligns with the concepts expressed by Enid Bálint and reiterated by Elder (2015).

After the session, the presenter has the opportunity to continue reflecting on the case. If they report improved relations with the client during subsequent meetings, it could further reinforce trust and hope within the group. This illustrates the ongoing nature of learning and reflection within the Balint group process.

In our perspective, incorporating an educational component akin to the psycho-educational phase found in MBT into Balint groups might enhance the method’s efficacy. The introduction of mentalization theory could take the form of a concise briefing or an overview of the ground rules at the beginning of each session. In doing so, it demystifies the process, enhances the transparency of the method and ultimately bolsters reflective functioning. This structural addition can serve as an explanatory lens through which group members may view their interpersonal dynamics, fostering a clearer understanding of the underpinnings of their reactions and those of others. By shedding light on the theoretical framework of mentalization, the opacity often associated with the Balint group methodology may be lessened, thereby cultivating a conducive environment for more meaningful and fruitful discussion.

Moreover, this emphasis on reflective functioning—the ability to reflect on and understand one’s own mental states and those of others—is a critical facet of mentalization, and its integration into Balint group discussions could be a pivotal step. By offering explicit conceptual guidance, participants may engage more effectively with the material and each other, promoting deeper understanding and facilitating more insightful interactions. Consequently, this proposed adaptation to the Balint group structure stands to fortify its foundational aim of fostering reflective practice and enhancing patient care.

#### UNLOCKING THE POTENTIAL OF BALINT GROUPS: EFFECTIVELY NAVIGATING DIFFICULT AND COMPLEX CASES

Fonagy and Luyten suggest that unique patterns of mentalizing imbalances reflect specific types of psychopathology, resulting in distinct mentalizing profiles for each disorder (Luyten et al., 2020). However, for professionals whose roles necessitate substantial interpersonal and social interaction, experiencing a temporary imbalance along different dimensions of mentalization during challenging situations is quite natural and normal. The occasional loss of mentalizing, often triggered by day-to-day micro-stresses, is a common phenomenon. The recovery from this imbalance is usually powerfully facilitated by the trusted social group that the individual perceives as their support base. Professionals, particularly those in the healthcare sector, are often seeking a secure base and a sense of parallel care, implying that a clinician’s sensitive response to a client is partly contingent on their own sense of secure

professional attachment within their professional setting. Balint groups might play a crucial role in this context (Elder, 2015; Holmes, 2014).

Professionals whose work involves providing aid to those in need, whether in a medical, psychological, social or educational capacity, often utilize their personal capabilities as a key instrument in their practice. Michael Balint introduced this concept as ‘the doctor as a drug’, characterizing the doctor–patient relationship as a ‘mutual investment bank’ (Balint, 1957). However, even with inherent empathetic abilities, these professionals can, and often do, encounter periods where their capacity to empathize and understand is temporarily drained. Factors such as a heavy workload, time constraints or emotionally complex cases without ample time or resources for adequate processing can tip the balance along the mentalizing dimensions, leading to a risk of ineffective thinking or decision-making. An instance of this scenario was illustrated in the presented vignette, where the presenter, an experienced psychologist, found herself overwhelmed by the emotional weight of a particular case. The potential for temporary exhaustion of mentalizing capacity does not imply incompetence; rather, it highlights the taxing nature of such professions. The sharing of experiences and the collective interpretation of cases within a Balint group can support the recovery of mentalizing abilities. Through this process, participants may gain insights into their own reactions and the feelings of their clients, contributing to the enhancement of their professional effectiveness. This phenomenon underscores the importance of resources like Balint groups in helping professionals navigate these periods of imbalance.

When viewed from an MBT perspective, it is beneficial to recommend Balint groups in a number of scenarios:

- *During training:* As professionals in the helping professions develop their competencies, each case they encounter can be perceived as a novel and complex challenge worthy of reflection. Balint groups can serve as valuable platforms for trainees to discuss these cases, hone their skills and learn from their peers. Although there are only a few examples of good practices in certain countries, Balint groups have been integrated into the training programmes for general practitioners and psychiatrists in the UK (Fitzgerald & Hunter, 2003), piloted for resident psychiatrists and GPs in Hungary and applied most comprehensively in Germany (Fritzsche et al., 2021).
- *Working with difficult cases:* Balint groups can also prove advantageous for professionals dealing with particularly challenging cases. These could include working with individuals with disorganized attachment styles, which demand a great deal of emotional resilience due to the associated transference, projective identification and intricate inner world structures (Hobson, 2014). Cases may also involve clients or families grappling with complex socio-economic circumstances, addiction, severe psychiatric conditions or deficits in social skills and mentalization arising from conditions like psychosis, autism spectrum disorder or borderline personality disorder.

- *Loss of a patient*: The loss of a patient, whether through suicide, accident or illness, can be a profoundly emotional event for the healthcare providers involved. In these circumstances, Balint groups can provide a supportive environment for these professionals to share their feelings, reflect on their experiences and learn to cope with the associated emotional toll.
- *In team settings*: For communities or teams handling difficult and complex cases, an in-house Balint group could serve as a vital instrument to foster reflection not only on individual cases but also on their collective professional environment. The group could help to prevent the professional community from unconsciously replicating (re-enactment) the dynamics of their clients or families (Britton, 1981).
- *For independent workers*: For professionals who work in isolation due to the nature of their profession or geographical factors, participating in a Balint group could be a valuable choice. This may be relevant, for example, for general practitioners or psychologists in rural areas. During the COVID-19 pandemic, the International Balint Federation introduced online international groups in English, offering a lifeline to professionals in these circumstances. Similarly, a pilot online Balint group initiative was developed specifically for doctors and psychologists who have relocated from Hungary and are seeking support in their native language.
- *During times of adversity*: In situations of large-scale crisis such as the COVID-19 pandemic, war or natural disasters, professionals who have been part of Balint groups can draw on their past and ongoing experiences within these groups to navigate the challenges they face.

In these scenarios, Balint groups can provide professionals with a safe and structured environment to explore their feelings, thoughts and reactions to challenging situations. They offer an avenue for peer support, shared learning and enhanced mentalization, all of which can contribute to more effective professional practice and improved self-care. However, it is important to emphasize that the potential list of beneficiaries from Balint groups is vast; theoretically, anyone could gain from participating. But it is also crucial to recognize that not everyone requires, desires or feels prepared for such involvement. Balint groups demand a significant commitment, in terms of both time and emotional investment. It is important to convincingly demonstrate the value and benefits of Balint groups before promoting their widespread adoption.

#### LIMITATIONS AND FUTURE DIRECTIONS FOR STUDYING THE EFFECTIVENESS

In this article, we aimed to explore the Balint group process from a mentalization theory perspective. Although not an entirely new concept—Davidsen (2010) already suggested that mentalization, especially reflective function, is crucial in Balint group dynamics—we sought to delve deeper into this connection. We have attempted to align the principles of mentalizing with the structure of a Balint group session and



elucidated how this process can help restore disrupted mentalization, thus assisting participants in re-establishing their professional identity within a single session.

In fields like medicine, psychotherapy and other caring professions, there is an emphasis on evidence-based methods that are rooted in rigorous scientific evidence and biological explanations. The theoretical process outlined in Figure 1 does not represent empirically measured data. However, we propose that future research endeavours exploring the Balint group process should incorporate methodologies that assess change throughout the procedure. Although it may be challenging to measure specific aspects of mentalization directly, monitoring physiological parameters such as heart rate, heart rate variability or skin resistance could serve as viable proxies. These indicators could track the progression of arousal, sympathetic activation and parasympathetic regulation during the Balint group process, potentially providing valuable insights into its impact and efficacy.

When assessing the efficacy and practicability of psychotherapeutic methods, CBT often appears to be superior due to its structured protocols, easily measurable outcomes and comparatively short training times. However, these attributes also give rise to certain limitations. The selection bias inherent in choosing cases, brief training duration and reliance on structured protocols may overlook the most challenging and emotionally charged cases that professionals often confront. Although CBT effectively equips professionals with new skills and strategies, it often falls short in providing a fundamentally transformative experience. It operates more as an additive approach rather than one that is transformative (Davidsen, 2010; Elder, 2015).

In contrast, sustained engagement in a Balint group can bring about profound transformations, leading to ‘limited but substantial change in their personality’ (Balint, 1957). To assess this transformation, we can draw from methods established in mentalization-based treatment approaches. In addition, systematic and longitudinal assessments of mentalizing skills, resilience and burnout are vital for evaluating the long-term impact of Balint group participation.

However, such an endeavour is not without challenges. As Gosling and Turquet (1967) noted in their 1967 motto,

*‘All ye who enter here take up your burdens’.* No easy way out is offered. It is to be a struggle. Our general practitioners declare themselves to be harder worked as a result of coming to these seminars. The important change is that they understand their work better and derive more satisfaction from what they are doing; their morale, therefore, is higher.

This struggle, although demanding, leads to a deeper understanding of one’s work and results in increased job satisfaction and morale—a worthy pursuit, indeed.

## CONCLUSIONS

The Balint group demonstrates itself as a significant and effective tool for maintaining the mental well-being of caregivers, preventing burnout and fostering a

deeper understanding of their clients. Those who have experienced these benefits are likely to be drawn to it again. However, it is essential to acknowledge that the emotional and cognitive investment required, as well as the psychoanalytical approach employed, are not inconsequential.

Balint groups can be advantageous across a variety of professions involving people-focused work. This could encompass doctor–patient, therapist–client, teacher–student, veterinarian–animal owner or social worker–client relationships, among others. Although a comprehensive understanding of the theoretical background of group dynamics is not a prerequisite for participation, we propose that interpreting it through the lens of mentalization theory can augment one’s dedication to the group.

In summary, we believe that by investigating the Balint group through the framework of mentalization, we can provide a more comprehensive description of what, when and why is happening during the encounter. This represents a notable advancement from its original, phenomenological description, enabling its efficiency to be measured. We hope that such validated assessments will establish it as one of the accepted methods in evidence-based medicine. This is especially significant since the Balint group appears to be more versatile than what is currently accepted in the biomedical field.

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#### CONFLICT OF INTEREST

The authors have no conflict of interest to declare.

#### DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no new data were created or analysed in this study.

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