associated with residents’ decisions to continue in or stop Balint training during their residency training. While we examined a number of factors that we believed might predict residents’ behavior with respect to Balint, there were a number of personality characteristics that we did not explore. This brief report looks at whether residents’ values, self-actualization, and empathy were associated with continuation in Balint sessions.

This work is based on a retrospective analysis of a survey administered during orientation to family medicine residents at the Medical University of South Carolina (MUSC). Included in this survey are three instruments: a 38-item multiple-choice instrument on empathy based on Porter’s work, the Alport, Vernon, and Lindsey Study of Values, and the Personal Orientation Inventory that assesses dimensions of self-actualization. Reponses to these instruments were used to determine whether they could predict participation in Balint groups beyond an initial 6-month mandatory period. Results of these three inventories were compared using t tests; the P value for significance was <.05.

Data were available for 206 residents who performed their training between 1982 and 1999. A total of 132 (65%) of these residents continued Balint training through all 3 years of their residency while the remaining 74 (35%) stopped after the required 6-month period. These dropout figures resemble Balint’s earlier findings.

Eighteen percent of the 206 residents were MUSC graduates, 74% were graduates of 68 other medical schools from 30 states plus the District of Columbia, and 8% were graduates of 10 foreign medical schools.

Although we looked at a large number of possible predictors, it was only the economic value from the Study of Values that was related to attending Balint group. The economic value was originally based on the satisfaction of bodily needs, self-preservation. “The economic man wants education to be practical and regards unapplied knowledge as a waste.” A Balint group that is exploring various themes in the doctor-patient relationship and not focusing on a more precise International Classification of Diseases, Ninth Edition and Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition diagnosis, the reordering of tests and medications for a modified treatment protocol, and outlining how the next visit should be managed is most likely not a group for the “economic person.”

This value is also joined with the significantly higher perceptual function of sensation (as measured in the earlier study on the Myers Briggs Type Indicator). We have sketched a practical, action-oriented person who focuses on details and wants answers to immediate dilemmas vis-à-vis a more Intuitive person focused on exploring patterns of relationships and desiring to explore alternative explanations to the immediate situation that may appear more challenging than threatening.

Further study of personality variables and environmental factors, both social and cultural, are necessary to explain why residents continue Balint work. The large number of variables tested here may have shown a significant difference by chance. We conclude that our present studies suggest, not prove, some of the factors associated with residents who continue Balint training. One caveat to this and our previous study is that we measured attendance only in Balint training and not the value of this training to the resident or for the patient. Our study is confounded by the fact that all attendees are not equally invested participants. While demographics, gender, or personality factors do not appear to influence attendance in Balint, it remains to be seen whether they might influence its effectiveness for participants or patients.

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REFERENCES


Comment

An Inspiring Letter

To the Editor:

In these challenging days of inspiring medical students to become family physicians, I received an e-mail from a former patient that was heartwarming. I only know Auti as a young girl from a large family. One of the greatest joys of being a family physician is when our acts come back to bless us many years later. Here is her e-mail:

Hello Dr Scherger,

I hope this note finds you in good health. I am not sure it you remember me and my family (my parents are Giti and Bahram). I was a patient of yours when I was a child back in Dixon. I have since grown up, gone to undergrad at UC Davis and am finishing up medical school at New York Medical College this year. The reason I am e-mailing you is to thank you. It is because of you that I am applying for family medicine residencies. You were and are a fantastic physician and role model. Thank you for being such a wonderful physician and person. Take great care,

Atosa (Auti) H.

Joseph E. Scherger, MD, MPH
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