



# Journal of Intercultural Management and Ethics

## JIME

ISSN 2601 - 5749, ISSN-L 2601 - 5749

published by

Center for Socio-Economic Studies and Multiculturalism

Iasi, Romania

[www.csesm.org](http://www.csesm.org)

---

**TABLE OF CONTENT**

Editorial .....	3
Rodica Gramma	
Legalization of Euthanasia: Critics and False Theological Arguments .....	7
Mircea Gelu Buta	
“Are You Ashamed to Talk About It?” Pornography, Moral Incongruence, Morality, Ethics, and Religious Distress in Romania .....	13
Tudor-Daniel Huțul, Adina Karner-Huțuleac	
Communication Ethics in Local Public Administration in the Age of Facebook .....	25
Cristina Gavriluță, Alexandrina Cucu	
Contributions to the Ethics of Economic Science. Liberalism and its Alternatives .....	33
Aurelian Virgil Băluță, Rada Alexandru Cristian	
Intercultural Aspects in the Accounting System in Romania and Republic of Bulgaria .....	49
Mihaela Bebeșelea	
Sunk Sub: Looking Under the Hood .....	55
Thomas D. Zweifel	
Using Nonlinear and Structural Equations (Sem) for Testing the Correlation Between Political Culture and Substantive Democracy. Cross-National Comparisons .....	65
Silviu-Petru Grecu	
How Can the Balint Approach Contribute to Contemporary Management Education? .....	81
David M. Brock, Clive D. Brock	

## HOW CAN THE BALINT APPROACH CONTRIBUTE TO CONTEMPORARY MANAGEMENT EDUCATION?

David M. Brock  
Ben-Gurion University, Israel  
E-mail: dmb@bgu.ac.il

Clive D. Brock  
Medical University of South Carolina, USA  
E-mail: brockcd@musc.edu

### Abstract

We introduce the “Balint group” approach to medical training, and suggest how the Balint philosophy and techniques might be implemented in business schools, beginning with professional development of business school faculty. After a brief review of relevant literature, we focus on three constructs—namely role integrity, empathy, and communication—which are considered benefits of Balint training, and relevant to the business-school environment. We then present three illustrative cases, each at a different level of management education: the first being a professor dealing with a problematic undergraduate student, the second concerning the case method in an MBA class, and the third reflecting a doctoral adviser’s interactions with a star student. True to the Balint philosophy, each case is presented in a non-judgmental way, with the aim being for the “professors” to see their responsibilities in a new light and to improve their effectiveness in their various roles. Finally, we address directions for future work to develop further benefits from the Balint approach in management education.

**Keywords:** Balint, professional development, management education

### How can the Balint approach contribute to Contemporary Management Education?

In this article we suggest how the “Balint group” approach to medical training might be relevant to management education. While medical schools and business schools might seem to be worlds apart, a brief review of Balint’s roots and approach reveals significant common ground and shared interests. The Balint approach was initially aimed at developing doctors’ skills in analyzing medical problems; but the approach soon evolved to developing their listening skills and empathy. Contemporary Balint teaching and research focusses on the doctor-patient relationship (Yazdankhahfard, Haghani & Omid, 2019). The motto of the American Balint Society is to “*make good care better*” ([americanbalintsociety.org](http://americanbalintsociety.org))

While a superficial comparison might suggest that medical training and business-schools have little in common, the Balint approach in fact has deep connections with contemporary management education. Garvin (2003) and Johnson, Brock and Freedy (2009) explain the co-evolution of the case method at Harvard’s Law, Medical and Business Schools. The underlying objective is to prepare students to solve problems and to cope with real issues in their chosen realm. Garvin (2003) explains how the case method was pioneered in Harvard Law school in the late 1800s, followed by the business school in 1920. Johnson et al. (2009) relate how Enid Balint drew on the Harvard Business School’s case protocol when establishing discussion groups for social workers. This approach was later modified by Michael Balint’s preference for specific case presentation to be spontaneous, rather than based on pre-written cases.

In this essay we thus extend the “*make good care better*” idea to management education, with the aim to *make good management education better*. Building on an understanding of what and how the Balint approach can contribute, we identify three areas—namely empathy, communication, and role integrity—for application of the Balint approach to the realm of management education. We then present three cases to illustrate how a Balint approach could deal with issues relevant to management education—one case relating to undergraduates, one at the MBA context, and one involving doctoral supervision. Each case is presented from the point of view of a business school professor, and includes typical responses and feedback that a Balint approach would provide; and the Balint group context that we initially propose is business school faculty development. Following the cases, the final section discusses some future directions that the Balint approach would lead to in this environment.

### **The Balint Approach**

The Balint group approach to physician training was developed by Michael and Enid Balint beginning in the 1950s. The goal of Balint training is to provide its participants with skills necessary to evaluate professional relationships through empathetic understanding. Specifically, it involves the skills needed to understand attitudes and behavior in diagnosis, management, and outcome. A key component of the behavior to be exhibited is empathy – how we respond to perceptions of another person’s experience (Hodges & Myers, 2007). Enid Balint (1985) explained empathy as a biphasic process: first to identify with the other, and then to stand back to examine what it was that one identified with, in order to become an objective observer again. This objectivity is usually accompanied by compassion; and compassion builds trust, which is essential in professional interactions (Brien, 1998; De Raeve, 2002).

While there are variations in approach to running Balint Groups, a common approach is for group members and a leader to sit in a circle, a group member brings an example of patient-related challenges encountered recently, followed by discussions in which group members help to analyze the doctor-patient relationship as it pertains to the case. Typical group size is 4-10 members. Ideally one of the leaders is from the same discipline as the group members, while the other is a behavioral scientist. Table 1 contains a description of the process as specified by “The Balint Society” (<https://balint.co.uk/about/introduction/>):

<p>The group members and the leader sit round in a circle and the leader (or one of the leaders if there are two) asks ‘who has a case?’ Someone volunteers to talk about a patient who has been on her mind. The problem may be that the patient has been emotionally disturbing or just difficult to understand or to engage in treatment. The group listens to the story without interrupting. When the presenter has finished, the leader invites the group to respond to what they have heard. . . . . The group leader will gently discourage too much interrogation of the presenter, as the aim is to get the group members themselves to work on the case. In a variation of the group process which originated in Germany and has become popular in the UK and the USA, the leader first asks if there are any simple questions about facts that need to be clarified (e.g., how old is the patient?). When these are finished, he asks the presenter to ‘sit back’ i.e. to push his chair back a little and to remain silent for the next 20-30 minutes.</p>
<p>Table 1: Balint Group process</p>

Balint training and practices have grown into international phenomena, with techniques widely used in medical school training around the world. The American Balint Society was formed in 1990, and hosts several annual seminars, workshops, and other training activities (<https://www.americanbalintsociety.org/>). The International Balint Federation (<https://www.balintinternational.com/>) has members in 29 countries, and there are national

Balint Societies in 23 of these countries (eg, see <https://balintaustralianewzealand.org/about/international-balint-federation/>). Apart from medicine, Balint approaches have been adopted in other professions such as veterinarians (O'Marra & Romm, 2022), the clergy (Bryant, 2007; Sternlieb, 2011) and nursing (Huang et al., 2020).

### **Balint benefits in Business Schools?**

Question may be raised concerning Balint's relevance to contemporary management education. Research publications in the medical education field have established that the benefits of Balint training include improved doctor-patient relationships (Player et al., 2018), increased empathy among medical students (Airagnes *et al.* 2014), improved communication abilities (Bar-Sela *et al.*, 2012; Yang et al., 2021), improved relational aspects of medical student encounters with patients (Parker & Leggett, 2014), and improving the ability of the doctor to maintain role integrity (Brock, 2020). In the following paragraphs we explore relevant and related constructs in the management literature.

First, the general approach of small groups that gather regularly for professional development is well established and accepted (André, 2011; Kensington-Miller, 2018). Balint has much in common with the co-development approach, which also uses the small group context to allow colleagues to discuss professional challenges, and where facilitators prefer not to offer advice (Sabourin & Lefebvre, 2017). Concerning process issues, recent publications in the management education area have also supported case-based approaches to management and leadership development (Knudsen, Larsson & Mogensen, 2022). Thus, we are on solid ground as far as the broad approaches are concerned.

Given the Balint emphasis on building empathy, we suggest that it complements the “reflexive” approach to leadership development programs suggested by Larsson and Knudsen (2022), as well as relational approaches suggested by Chory and Offstein (2017). Also, the Balint approach is clearly consistent with the recent work by Mutch (2021) and by Urrila and Mäkelä (2022) promoting reflective approaches in management education.

Next, we consider the more specific aims of Balint training, and ask which aspects might be appropriate for the realm of Management education. Our review of Balint literature has pointed to three common and important outcomes in the medical education context—namely empathy, communication, and role integrity—that also seem relevant to the business-school context. In the following three sections we will explore each of these three topics, drawing from literature in both medical and business areas, to understand the issues better and to consider their relevance to various aspects of the management education environment.

### **Role integrity**

Each one of us has several roles in our academic life—usually including being a research supervisor, primary researcher, teacher of undergraduates, teacher at higher levels, journal reviewer, departmental colleague, mentor, consultant, and so on. While each role may be complex and multidimensional, the “role integrity” construct refers to the extent to which there is focus and stability on a given role at a given time by a given party (Macneil, 1980). This is naturally challenging, and Torppa et al. (2008) reported that role confusion was one of the common triggers of problematic issues in doctor-patient relationships. As management professors we also may lose touch—albeit momentarily—with our professional focus and obligations. In a recent article Brock (2020, p.188) concludes that he has “come to understand that an important outcome of [Balint] training is to provide the doctor with the necessary skills to recognize when distracted or deflected from being in the authentic role of the doctor.” In a study of clergy by Sternlieb (2011), participating in Balint groups was found to have a positive impact on professional roles. Torppa et al. (2008) suggest Balint interventions to support self-

awareness and maintain a balance between personal and professional roles. In all three of the following cases we will see examples of how we tend to be distracted from exercising our better judgement and professional standards, and how the Balint process can help identify and learn from such a loss of role integrity, helping professors remain in-role during complex interactions with students.

### **Empathy**

On the one hand, professional distance and boundaries are essential to professional relationships (Corbo Crehan, 2007). However, on the other hand, recent research suggests that empathy between professionals and their clients can be helpful in complex environments and in navigating intricate cases (Lelasseux, Lander & Barbulescu, 2021; Young, Haffeejee, & Corsun, 2018). Hodges and Myers (2007, p. 296) define empathy as “understanding another person’s experience by imagining oneself in that other person’s situation.” They continue describe three components of empathy, including feeling a similar emotion as the other, feeling distress in response to perceiving another’s plight, and feeling compassion.

As mentioned above, early Balint training focused on improving doctors’ listening skills and empathy. Airagnes et al. (2014) reported that the participation in a Balint Group increases the empathic capabilities of medical students. Empathy was one of the positive valence themes identified by Player et al. (2018), and its importance has also been recently highlighted in the realm of management education (Young, et al., 2018). Empathy is a core element of Balint training, and thus all three of our cases illustrate aspects of how the Balint process can help nurturing empathic responses of professors, and cultivate reasonable levels of empathy in the face of professional distance in a business-school setting.

### **Communication**

In many ways role integrity and empathy are countervailing constructs, and Balint training recognizes the importance of communication skills to help professionals navigate between these two values. The development of communication skills is thus an inseparable core of Balint processes (Balint, 1957). Communication includes listening skills (Sternlieb, 2011) as well as the complex signals that are often hidden (Vähämäki, Saru & Palmunen, 2021). Johnson (2020) suggests the need to understand what may lie behind verbal communication, and trying to explore the feelings or emotions that might prompt, inhibit or deflect communication.

Recent empirical work has been supportive of this approach. Bar-Sela et al. (2012) found that participation in a Balint group improved the communication of oncology residents. Yang et al. (2021) found that short-term Balint group activities improved the communication ability and self-efficacy of pre-examination and triage nurses. Communication is the main medium of Balint processes, and we thus expect that management educators will find professional enrichment in this realm as well. All three of the follow cases include examples of improving various aspects of communication in the business school environment.

## **ILLUSTRATIVE CASES**

In this section we present three examples to illustrate the application of Balint training in the relevant areas of Business School faculty development. Each case taps into a different level of business school education: The first case, “The Elephant in the Room,” concerns undergraduates; the second case, “The Teachable Moment,” is in the MBA environment; and the third case, “My Favorite Student,” focusses on the PhD-supervisor nexus.

The three cases have been created by the authors for the purpose of this project, and are based on an amalgam of their experiences in the parallel worlds of management and medical education. The first author has over 30 years’ experience teaching in businesses schools,

including at undergraduate, MBA, and PhD level. The second author is a family doctor, emeritus professor of family medicine, has published over 20 journal articles on Balint training, with over 40 years leading Balint groups, and one of the founders and past president of the American Balint Society.

Balint group meetings are usually around an hour, so each of our examples consists of excerpts of the discussions in order to give readers a feel for the process. In each case we will see clues to the exposure to, and development of role integrity, empathy and communication. We also try to learn from the role of the group leaders, including their prodding the group members to focus on a specific issue that troubled the presenter, and to see case from the presenter's point of view. Balint leaders are also trained to look out for metaphors—and this aspect is well illustrated in the initial “The Elephant in the Room” case as well as by the “halo effect” metaphor used in the “Favorite Student” case.

### **“The Elephant in the Room”**

Presented by Dr. A, 40-year-old associate professor:

After receiving tenure about 4 years ago, I was asked to teach some large undergraduate courses. Although I had occasionally taught on this program, most of my time and focus over the last decade had been on MBA and doctoral students, so it took me a while to get used to dealing with younger students again. Almost every day I heard about a student asking for some special treatment—eg, extension of deadline, review of some grade, or for a certain class taken previously to be reclassified (eg, as part of a major). In other words, I had to invest my time in trying to help a student who had not paid sufficient attention to the regulations..... I had difficulty accepting that these young people who were supposed to be learning sets of skills relevant to management, seemed to be unable to read or listen and remember basic instructions. I feared that I was becoming complicit in this lack of learning, and wonder how I can make them more accountable.

Group leader: Can you give us an example of a student that bothered you?

Dr. A: OK, yes, here's one from just yesterday – it concerns one of my “regular customers” -- a kid from my OB class. So he comes in, all upset because he got 0 on an assignment that was handed in a day late. But says he was sick with suspected Covid. But I know this kid, and he always has some “suspected” sickness, especially on Monday mornings; always various excuses, especially when assignments are due.

Group leader: Thanks Dr A. Are there any questions of clarification from the group?

Group member 1: Can you give me a description of the student? How is he doing generally? Are his grades falling? Do you know who he lives with...?

Dr. A: He's an average student, nice looking chap, a bit unruly... yes, doing OK, but not one of the better students. I believe he lives alone.

Group member 2: I find it helpful to think to myself, how I'd like my daughter or son to be treated in a situation like this... by a professor... that is often helpful.

Group leader: Thanks Dr A. I think we have heard enough to work on the case. So I want you as a group to now take on the case, and imagine yourself as the professor and the student, and respond with “I statements” as you sit in the shoes of the professor and the student.

Group member 3: If I were the prof I would feel very uncomfortable.

Group leader: OK.... Who of you would like to talk more about what this discomfort is all about?

Group member 3: Well, I wouldn't like to compromise the student's path to graduation.

Group member 4: I feel there is an elephant in the room that we are dancing around – you mention a Monday morning syndrome. Could it be the kid is using substances?

Dr. A: Now that you mention it, I do recall from previous encounters some clues to his drinking – smell, slurring, ... it could be he has an habitual problem.

Group leader: Let's look at it from the student's point of view. Who would like to advocate for the student?

Group member 3: If I were the student, and I did have substance issue, it would be hard for me to acknowledge just because I was late handing in some dumb assignment on a Monday morning after a big game....

Group leader: I'm beginning to see the young guy in a more objective light now. How do you guys feel?

Group member 3: I believe he needs help. There are places on campus that are confidential that he can go to for help.

*Epilogue.* During further discussions group members practiced trying to see things from the student's point of view. Substance abusers are generally in denial, unable to see the connection between the substance and behavioral outcomes.

Dr. A: This was a great exercise in broad communication and empathic skills. I felt a lot more positive in future meetings with this as well as other students. I felt I was able to help them.

Group leader: I was pleased with the image of the elephant in the room. The group was re-enacting the professor's dilemma, which now he could see for himself.

### **“The Teachable Moment”**

Presented by Dr. B, 30-year old assistant-professor:

When teaching cases with opinionated MBAs I often have opposing groups of students with different points of view—which is natural—however I struggle to get to the “teachable moment” where I can help them see each-others' point of view. For example, just a few days ago I was teaching the Enron case. Of course, we had one group what asserted that the auditor's job is to use the tools of their profession to serve the client, even to the extent of using shady accounting practices—as long as they stay within the limits of the law; because we assume that markets are rational, can evaluate risk, and thus no reason the auditor should not use the tricks of the trade in serving a client. The other group included those who claimed auditors have a broader responsibility—beyond just to the client—and those who thought that Enron's auditors actually were hurting their client in the longer run by using dubious accounting tricks.

Group leader: I assume you tried the standard approaches, like asking members of one group to try to verbalize the positions of the other group.

Dr. B: Yes. They were OK with that. But then, either with sarcasm or innuendo indicated that they were not buying the “other” opinion.

Group member 1: My experience with these polarized issues is that we may succeed in helping a couple of students see the others’ point of view, but we are dealing with adults who are fairly fixed in their philosophies.

Dr. B: It’s frustrating!

Group leader: Dr. B, yes, it can be frustrating. Let’s all try to concentrate on being in the listening mode again.

Group member 2: take some deep breaths?

[laughing]

Group member 1: Perhaps Dr. B needs to redefine her “teaching moment?” Perhaps we cannot expect the majority of adult students to really internalize a polar philosophy?

Group member 3: Perhaps that’s the point? Perhaps living with the ambiguity. Tolerating the ambiguity?

Group leader: Dr. B, what do you think?

Dr. B: So there’s one point of view that the auditor’s job is to help the client, and the other view is public interest, and they should tolerate each other point of view – even though they don’t agree?

Group member 4: Get the students to use “I statements” when expressing the other point of view. That can help. For example, a student from the “serve the client” side should be able to say that “I think it’s important that auditors consider that there are innocent stakeholders out there that deserve protection.”

*Epilogue.* Dr. B: This was a turning point for me, and I now find it easier to stay in role, empathize with conflicting points of view, and help students appreciate the ambiguity in these complex cases. Later in the semester I realized that the “teachable moment” that I naively had thought should come with this (Enron) case would come for more students after other cases with similar issues is presented (turning a blind eye to blatant fraudulent practices).

In the “future directions” section (below) we return to this case to introduce the “meta-group analysis” concept.

### **“My Favorite Student”**

Presented by Dr. C, 60-year-old full-professor:

In my many years advising doctoral students, Mary stands out for her outstanding range of capabilities and commitment. She was creative in theory building, learned a wide range of empirical methods, and wrote several papers. She presented several papers at

conferences, reviewed for journals, participated in paper development workshops hosted by top journals, attended doctoral workshops at conferences, and chaired sessions at top international conferences. In short, she was an outstanding doctoral student. Along the way, however, I would often find myself being lenient or uncritical of her work. For example, when reading a draft of a paper, I suspected that the theoretical development was unconvincing, or some section was unclear and long-winded in parts – but would waive it through with minimal changes. Subsequently, when the paper was rejected by a journal, I would recall my misgivings. And I would wonder whether my professional judgement of these papers had been compromised by my admiration for Mary.

Group leader: Do any group members have any clarifying questions?

Group member 1: Would you mind describing what the student looked like? And her personal circumstances?

Dr. C: She was pleasant looking. Around 40 years old, married, four children, including a baby; financially stable.

Group member 1: What did you feel about her?

Group leader: That's not a clarifying question; calls for speculation. Let's rather pick up the case now. So let me rather ask this question to members of the group: how would you feel if you were in Dr C's shoes?

Group member 2: I'd hate to derail her professional progress.

Group member 3: If I were the supervisor I would also be conflicted.

Group member 4: It seems like I would be distracted by a "halo effect."

Group leader: Let's try to recalibrate the professor's role, let's rewind the tape, to the point where Dr. C senses trouble -- i.e., "I suspected that it was unclear and/or long-winded in parts..." At this stage, how can Dr. C be able to identify a disjuncture between best practice and a pull to compromise?

Group member 3: I assume this case is similar to where there is sexual tension between adviser and advisee – triggering me to confuse my role as her advisor.

Group member 5: You mean there should be a little voice in C's head that warns him that he's veering off course?

Group leader: [sensing that the relationship was off track.] Let's invite Dr. C to rejoin the discussion.

Dr. C: Yes, I see now that on the one hand I was trying to help her build her professional self-image; to feel confident of her abilities in this competitive publish-or-perish world.

Group leader: Good, Dr. C. And you helped us all to see how easy it is for us to be deflected into a heroic role to rescue someone that we are fond of; and thus, we get distracted you our authentic, professional role.

After lots of discussion the group began to realize the effect that the student's halo had on the mentor. It deflected him from his professional role – which is implementing best practice. The Balint group would take on the case and come up with multiple perspectives of what is troubling in the relationship between the presenter (adviser) and his mentee. For example, he might be distracted by her brilliance and its halo effect, or induced to play an heroic role to preserve her exceptional status. In other words, the adviser is out of his professional role, which is to make an objective assessment of the work, and offer recommendations based on best practices.

*Epilogue.* Dr. C: In subsequent meetings with doctoral and post-doc students, I believed that my inner voice would be more likely to alert me to the halo distracting me, and being at risk of losing my authentic role.

## **DISCUSSION AND FUTURE DIRECTIONS**

In this essay we have provided an introduction to the Balint approach, including some relevant concepts and cases that relate to professional development of business school faculty. In this final section we mention a few more advanced concepts, beginning with extensions one or more aspects of our cases analyses, and leading into some direction for further implementation of the Balint approach in management education.

### **The “White knight” and the “Damsel in distress”**

Professionals are often susceptible to adopting “heroic” roles when faced with clients (or students) who seem vulnerable; and the stakes are high when concerning doctoral supervision (Vähämäki et al., 2021; Wright, Murray & Geale, 2007). In “My Favorite Student,” we see Dr. C. being swayed by his feelings towards the student, and his wanting to protect her. Our basic analysis emphasized the “role integrity” issues, with Dr. C. being drawn away from his best professional judgement by his intuitive desire to play the role of the “white knight” attempting to rescue a “damsel in distress” (Lamia & Krieger, 2009). While this well-known terminology has an unmistakable and unfortunate gendered aspect, the power imbalance in professor-student relationships adds to the likelihood of an adviser being tempted into a rescuer role. Brock and Johnson (1999) include the “white knight” among five coping behaviors into which physicians slip when confronted by troubling relationship and unrealistic professional expectations. Balint training can be helpful in allowing us to identify this troubling relationship, and to understand better our professional obligations in these complex circumstances.

### **Meta-groups**

Balint groups often have two leaders, who conduct an extended or additional session to work on issues of leadership interventions. We call this a meta-group analysis, by which the two leaders meet after the regular group sessions, to critique their interventions and discuss how the group is progressing. For example, after “The Teachable Moment” (Enron case), the issues of failing to respond to blatant business malpractice might would come up. The leaders might feel dissatisfied with their ability to get the group to move beyond the impersonal dichotomy, to struggling with what it might feel like to be in an “unequal” professional relationship that induced the auditor to turn a blind eye to blatant fraudulent practices. Experienced Balint leaders work on how to get the group to move beyond the explicit (auditing) issues towards the moral dilemma of how professional accountants might have been induced to turn a blind eye to blatant misconduct. To regain objectivity and make conscious choices;

the group leader also needs to stay in role; and to work on the ability to simultaneously listen to both one's inner voice and one's client.

### **Implementing Balint training in Business Schools**

Although widespread implementation of Balint groups in Business School is clearly a faraway dream, we recommend making a start by setting up a few pilot programs in select locations. Frey (2020) describes how a "Thursday morning group" started, struggled, but eventually thrived and became an important part of their professional development. Balint societies around the world have intensives, retreats, leadership training, online groups, and other opportunities for immersion in, and acquisition of Balint leadership experiences. Business-schools are home to a wide range of behavioral scientists, many of whom will feel an affinity with the Balint approach, and will be drawn to participation and leadership roles.

Similar to other service roles, Deans can ask for suitable volunteers to participate, train, and lead these pilot Balint groups. Success stories will likely come from volunteers who see an excellent opportunity for professional development, combined with appropriate institutional support, which includes sponsoring Balint training opportunities. Once a critical mass of faculty are involved, the next stage will be introducing the Balint approach at the various teaching levels. There is some logic to continue with the "top-down" approach for implementation, with initial customization at the doctoral level, and then towards MBA and undergraduate level.

### **Finally...**

In this essay we endeavor to extend Balint's "*make good care better*" idea to management education, with the aim to *make good management education better*. As mentioned above, the early roots of Balint shared points of contact with business school education. In the intervening generations, just as the business world has become more competitive, so too has the managerial education sector. Thus, while the leaders of early business schools might have preferred more rational, content-oriented approaches to teaching and learning, it is clearer today that additional emphases are needed on teaching and learning processes.

The three cases presented above were chosen to represent how three areas of management education can benefit from Balint-style training. Indeed, we assume that many other aspects of an educator's toolkit can benefit from Balint's constructive collegial skill-building approaches. We look forward to learning more about implementation of the Balint approach in Business Schools, and we trust this introductory essay will be helpful.

### **References**

- Airagnes, G., Consoli, S. M., De Morlhon, O., Galliot, A. M., Lemogne, C., & Jaury, P. (2014). Appropriate training based on Balint groups can improve the empathic abilities of medical students: a preliminary study. *Journal of Psychosomatic Research*, 76(5), 426–429. <https://doi.org/10.1016/j.jpsychores.2014.03.005>
- André, R. (2011). Using Leadered Groups in Organizational Behavior and Management Survey Courses. *Journal of Management Education*, 35(5), 596–619. <https://doi.org/10.1177/1052562911401592>
- Balint, E. (1985). The history of training and research in Balint groups. *Psychoanalytic Psychotherapy*, 1(2), 1-9. <https://doi.org/10.1080/02668738500700111>
- Balint, M (1957). *The Doctor, his Patient and the Illness*. Pitman Paperbacks
- Bar-Sela, G., Lulav-Grinwald, D., & Mitnik, I. (2012). "Balint group" meetings for oncology residents as a tool to improve therapeutic communication skills and reduce burnout level. *Journal of Cancer Education*, 27, 786–789

- Brien A. (1998). Professional ethics and the culture of trust. *Professional Ethics and The Culture of Trust. Journal of Business Ethics*, 17, 391–409, <https://doi.org/10.1023/A:1005766631092>
- Brock, C. D. (2020). Balint autobiography—Clive D. Brock. *The International Journal of Psychiatry in Medicine*, 55(3), 183-190. <https://doi.org/10.1177/0091217420919007>
- Brock, C. D., & Johnson, A. H. (1999). Balint group observations: the white knight and other heroic physician roles. *Family medicine*, 31(6), 404–408. <https://pubmed.ncbi.nlm.nih.gov/10367204/>
- Bryant, D. (2007) “A Balint Group is not just for Doctors,” In The Portuguese Association of Balint Groups (Ed.), *Medicine, Evidence and Emotions 50 Years On. Proceedings of the 15th International Balint Congress*, Lisbon, Portugal
- Chory, R. M., & Offstein, E. H. (2017). “Your Professor Will Know You as a Person”: Evaluating and Rethinking the Relational Boundaries Between Faculty and Students. *Journal of Management Education*, 41(1), 9–38. <https://doi.org/10.1177/1052562916647986>
- Corbo Crehan, A. (2007). Understanding and Managing Professional Distance. In J. Ruiz, & D. Hummer (Eds.), *Handbook of police administration* (pp. 401-412). [25] CRC Press.
- De Raeve L. 2002. Trust and trustworthiness in nurse–patient relationships. *Nursing Philosophy*, 3, 152–62.
- Frey, J. J. (2020). A new role for Balint groups in overcoming professional isolation and loneliness. *The International Journal of Psychiatry in Medicine*, 55(1), 8–15. <https://doi.org/10.1177/0091217419891275>
- Garvin, D. A. (2003). "Making the Case: Professional Education for the World of Practice." *Harvard Magazine* (September–October), 56–65; 107. <https://www.hbs.edu/faculty/Pages/item.aspx?num=15306>
- Hodges, S. D., & Myers, M.W. (2007). Empathy. In Baumeister, R. F., & Vohs, K. D. (Eds.) pp. 296-298. *Encyclopedia of social psychology*. SAGE Publications, Inc., <https://dx.doi.org/10.4135/9781412956253>, [https://pages.uoregon.edu/hodgeslab/files/Download/Hodges%20Myers\\_2007.pdf](https://pages.uoregon.edu/hodgeslab/files/Download/Hodges%20Myers_2007.pdf)
- Huang, H., Zhang, H., Xie, Y., Wang, S., Cui, H., Li, L., Shao, H., & Geng, Q. (2020). Effect of Balint group training on burnout and quality of work life among intensive care nurses: A randomized controlled trial. *Neurology, Psychiatry and Brain Research*, 35, 16-21, <https://doi.org/10.1016/j.npbr.2019.12.002>
- Johnson, A. H., Brock, C. D., & Freedy, J. R. (2009). A case for Balint. *Journal of the Balint Society*, 37, 6–12.
- Kensington-Miller, B. (2018) Surviving the first year: new academics flourishing in a multidisciplinary community of practice with peer mentoring. *Professional Development in Education*, 44(5), 678-689. <https://doi.org/10.1080/19415257.2017.1387867>
- Knudsen, M., Larsson, M., & Mogensen, M. (2022). Authorising managers in management development? *Management Learning*, <https://doi.org/10.1177/13505076221112713>
- Lamia, M. C. & Krieger, M. J. (2009). *The White Knight Syndrome: Rescuing Yourself from Your Need to Rescue Others*. New Harbinger Publications.
- Larsson, M., & Knudsen, M. (2022). Conditions for reflexive practices in leadership learning: The regulating role of a socio-moral order of peer interactions. *Management Learning*, 53(2), 291–309. <https://doi.org/10.1177/1350507621998859>
- Lelasseux, L., Lander, M., & Barbulescu, R. (2021). Emotions as causal mechanisms and strategic resources for action in the study of professions, professionals and professional service firms. *Journal of Professions and Organization*, 8(3), 237-252. <https://doi.org/10.1093/jpo/joab018>

- Macneil, I. R. (1980). *The New Social Contract: The New Social Contract: An Inquiry into Modern Contractual Relations*. Yale University Press
- Mutch, A. (2021). Business Education in the U.K. Polytechnic Tradition: Uncovering Alternative Approaches through Historical Investigation. *Academy of Management Learning & Education*, *20*, 407–422. <https://doi.org/10.5465/amle.2020.0079>
- O'Marra, S. K., & Romm, J. S. (2022). Balint in the Animal World: Balint Groups for Veterinary Professionals. *The International Journal of Psychiatry in Medicine*, *57*(6), 521–526. <https://doi.org/10.1177/00912174221125825>
- Parker, S.D., & Leggett, A. (2014). Reflecting on our practice: An evaluation of Balint groups for medical students in psychiatry. *Australas Psychiatry*, *22*, 190–194
- Player, M., Freedy, J. R., Diaz, V., Brock, C., Chessman, A., Thiedke, C., & Johnson, A. (2018). The role of Balint group training in the professional and personal development of family medicine residents. *The International Journal of Psychiatry in Medicine*, *53*(1–2), 24–38. <https://doi.org/10.1177/0091217417745289>
- Rhew, N. D., Jones, D. R., Sama, L. M., Robinson, S., Friedman, V. J., & Egan, M. (2021). Shedding Light on Restorative Spaces and Faculty Well-Being. *Journal of Management Education*, *45*(1), 43–64. <https://doi.org/10.1177/1052562920953456>
- Sabourin Nathalie, & France, L. (2017). *Collaborer et agir - Mieux et autrement: Guide pratique pour implanter des groupes de codéveloppement professionnel*. Lulu.com.
- Sternlieb, J. L. (2011). *From Doctors and Patients to Clergy and Congregants*. Poster presented at the 17th International Balint Congress, Philadelphia. PA. September 7-11 <https://scholarlyworks.lvhn.org/family-medicine/247/>
- Torppa, M. A., Makkonen, E., Mårtenson, C., & Pitkälä, K. H. (2008). A qualitative analysis of student Balint groups in medical education: contexts and triggers of case presentations and discussion themes. *Patient Education and Counseling*, *72*(1), 5–11. <https://doi.org/10.1016/j.pec.2008.01.012>
- Urrila, L. I., & Mäkelä, L. (2022). Be(com)ing other-oriented: Mindfulness-trained leaders' experiences of their enhanced social awareness. *Management Learning*. <https://doi.org/10.1177/13505076221136923>
- Vähämäki, M., Saru, E., & Palmunen, L. (2021). Doctoral supervision as an academic practice and leader–member relationship: A critical approach to relationship dynamics. *The International Journal of Management Education*, *19*(3), 100510. <https://doi.org/10.1016/j.ijme.2021.100510>
- Wright, A., Murray, J. P., & Geale, P. (2007). A phenomenographic study of what it means to supervise doctoral students. *Academy of Management Learning and Education*, *6*(4), 458–474. <https://doi.org/10.5465/amle.2007.27694946>
- Yang, C, Zhou, B, Wang, J, & Pan, S. (2021). The effect of a short-term Balint group on the communication ability and self-efficacy of pre-examination and triage nurses during COVID-19. *Journal of Clinical Nursing*, *30*, 93– 100. <https://doi.org/10.1111/jocn.15489>
- Yazdankhahfard, M., Haghani, F., & Omid, A. (2019). The Balint group and its application in medical education: A systematic review. *Journal of Education and Health Promotion*, *8*, 124. [https://doi.org/10.4103/jehp.jehp\\_423\\_18](https://doi.org/10.4103/jehp.jehp_423_18)
- Young, C. A., Haffejee, B., & Corsun, D. L. (2018). Developing Cultural Intelligence and Empathy through Diversified Mentoring Relationships. *Journal of Management Education*, *42*(3), 319–346. <https://doi.org/10.1177/1052562917710687>