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## THE PEDIATRICIAN AND HIS APOSTOLIC FUNCTION: PERCEPTIONS OF RESIDENT PHYSICIANS ABOUT THEIR PRACTICES<sup>1</sup>

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**ABSTRACT.** This study is the result of a pedagogical work with medical residents in pediatrics at a public hospital in Rio de Janeiro. The doctors met every day during a month with a supervisor to report about their daily practice. During these meetings they talked about the feelings that arouse in the doctors while they were with their patients. The focus of the consultation was directed on the doctor-patient's relationship and the defensive patterns doctors may have. The study seeks to learn how subjective strategies used by pediatricians in training are applied in their everyday clinical practice. Eight residents of the first year of Pediatrics were interviewed focusing on issues related to childcare. These interviews were conducted following the Underlying Discourse Unveiling Method (UDUM) in the Field of Qualitative Research in which there are both opens another specific question. It was observed that the apostolic zeal, ie, defensive patterns of professionals, as it was defined by Michael Balint, manifests itself as a strong demand on the mothers, as well as a difficulty in knowing family dynamics. It is possible that these behaviors are related to an excessive idealization of the mother and the child as demonstrated by the analysis of the narratives. The work directed towards the idealized concepts of mothers and infants may be useful in mitigating the apostolic zeal in professionals in training.

**Keywords:** Pediatrics; physician-patient relationship; psychoanalysis.

## O PEDIATRA E SUA FUNÇÃO APOSTÓLICA: PERCEPÇÕES DE MÉDICOS RESIDENTES SOBRE SUAS PRÁTICAS

**RESUMO.** Este estudo é o resultado de um trabalho pedagógico, realizado com médicos residentes em pediatria em um hospital público no Rio de Janeiro. Durante um mês os residentes se encontraram diariamente com um supervisor para uma conversa sobre as suas consultas ambulatoriais. Os sentimentos que esses atendimentos despertavam nos médicos eram trazidos para os encontros. O foco da consulta era a relação médico-paciente e os padrões defensivos dos médicos. O estudo buscou apreender as estratégias subjetivas, utilizadas pelos médicos pediatras em formação para enfrentar a sua prática clínica cotidiana. Oito residentes do primeiro ano de pediatria foram entrevistados com foco nas questões relacionadas à puericultura. Seguiu-se o Método de Explicação do Discurso Subjacente (MEDS) no campo da pesquisa qualitativa em que as entrevistas são realizadas com uma mescla de perguntas abertas e outras específicas. Observou-se que o zelo apostólico, ou seja, os padrões defensivos dos profissionais, tal como formulado por Michael Balint, se manifesta como uma exigência acentuada sobre as mães, como uma dificuldade de conhecer a dinâmica da família. É possível que esses comportamentos estejam relacionados à excessiva idealização da mãe e da criança, como demonstrou a análise das narrativas. O trabalho direcionado para os conceitos idealizados sobre as mães e as crianças pode ajudar no arrefecimento do zelo apostólico nos profissionais em formação.

**Palavras-chave:** Pediatria; relação médico-paciente; psicanálise.

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<sup>1</sup> Study derivative from PhD final thesis of the first author. Title: Subjectivity of doctors in formation and the pediatric practice. Performed in 2015 at IESC, UFRJ; academic advisor: Lígia Bahia.

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## EL PEDIATRA Y SU FUNCIÓN APOSTÓLICA: PERCEPCIONES DE MÉDICOS RESIDENTES ACERCA DE SU PRÁCTICA

**RESUMEN.** Este estudio es el resultado de un trabajo pedagógico con los médicos residentes en pediatría en un hospital público en Rio de Janeiro. Durante un mes los médicos se reunieron todos los días con un supervisor para comentar lo que había surgido en las consultas ambulatorias. En estas reuniones el tema se centró sobre los sentimientos que se despertaban en los ellos durante las mismas. El foco de la consulta estaba dirigido a la relación médico-paciente y los patrones defensivos de los médicos. El estudio examina las estrategias subjetivas utilizadas por los pediatras en formación para poder cumplir con su práctica clínica diaria. Ocho residentes del primer año de pediatría fueron entrevistados centrándose en cuestiones relacionadas con el cuidado de niños. Se ha seguido el Método de Explicación del Discurso Subyacente (MEDS) en el Campo de la Investigación Cualitativa en el cual las entrevistas se llevan a cabo con una mezcla de preguntas abiertas y otras específicas. Se observó que el celo apostólico, es decir, los patrones defensivos de los profesionales, tal como fue formulado por Michael Balint, se manifiesta como una fuerte exigencia con las madres y como una dificultad de conocer la dinámica de la familia. Es posible que estos comportamientos estén relacionados con la idealización excesiva de la madre y del niño, como lo demuestra el análisis de las narrativas. El trabajo dirigido hacia los conceptos idealizados de las madres y de los niños puede ayudar a reducir el celo apostólico en los profesionales en formación.

**Palabras-clave:** Pediatría; relación médico-paciente; psicoanálisis.

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### Introduction

It can be said that Michael Balint, Hungarian psychoanalyst doctor, settled in England, was the first doctor who was interested and realized researches about the implications of the relationship between doctor and patient on the evolution of diseases. A veteran clinic, before being a psychoanalyst, Balint dedicated his interest to the patients that wandered through walk-in clinics and specialists without a defined clinical condition. For the researcher, the complaints brought from the ill were an expression of an internal disorganization and a call for help to the doctor. The reorganization could be achieved in the doctor-patient intersubjective relation: the doctor would offer a place where the patient would manifest his complaints, and, starting from this listening, the patient would be capable of initiate a process of internal reorganization (Faure, 1978, pp. 222-4). However, the doctors did not think this way. They wanted to classify the patient's complaints and give then a specific name. With the diagnosis, the doctor would know how the patient should behave.

For Balint, the conflicts of the doctor and patient relationship, evident in the day by day of wards and walk-in clinics, has as main reason the difficulties that this last finds to attend the doctor's expectations. The professional starts to demand from the patient an expected behavior for the offered diagnosis (Balint, 1957/2005, pp. 13-14). This gap can be very appreciated in a pediatric ambulatory, especially at childcare. While mothers pour nonspecific complaints (their children doesn't eat, doesn't sleep and misbehave), the doctors pursue to find a diagnosis. Although references of Balint's groups are frequent in many medical areas (Mahoney et al, 2013; Leloir et al, 2013; Bar-Sela, Lulav-Grinwald, & Mitnik, 2013; McKenney & Sullivan, 2016), in pediatrics it is almost inexistent (Biermann, Böhm, & Berz, 1968). Nevertheless, recent literature reviews recommend the realization of new researches (Van Roy, Vanheule, & Inslegers, 2015; Eider, 2015). We initiated a study to cognize the doctor- patient relationship in pediatrics area.

### The motivations for fieldwork

The present work was realized starting from interviews performed with pediatrics doctors during the first year of a program of medical residency. The interest of the authors was to know what those young doctors thought about questions such as maternity, baby development, the role of adults, and others. Further those generic and conceptual subjects, the authors conceived questions to know the young doctor's way of thinking and acting in many situations of clinical practice in an outpatient level. The focus was disjointed for situations perceived as possible conflict generators, that is, situations in which the conduct and orientations recommended by the doctors wasn't attended for patient's responsible.

The interest for present investigation emerged from an experience made in a federal hospital, in Rio de Janeiro (Dickstein, 2015). In the earlier 2000's, one of the authors of this work, a pediatrician and active at preceptor of the referred residency program, started his interest in subjective aspects of medicine, resulting in a redirection of his practice towards psychoanalysis. After many attempts of applying intervention didactic tools that leads the residents to get in touch with less objective elements of their actions, this professional conceived a model inspired in the theories of Michael Balint. This intervention model has been applied in non-group situations, which are different from usual configurations. Starting from this proposal, it was designed a sector to discuss with the residents cases that they assist walk-in clinics, especially in childcare practice.

This proposal had, from his point of view, characteristics very similar to the *balintians* researches: 1. Cases would not be discussed using medical records and notes, but starting from spontaneous reports. 2. Feelings that this assistances would emerge in doctors should be brought to the center of discussion. That is, the sector would be centered on work based on doctor's apostolic zeal (Balint, 2005). The main difference from Balint's researches was the absence of a group. Work was individual: a participant for a leader. For the realization of this experience to be possible, it was necessary creating an environment with as little as possible critics or judgments, where each participating doctor could, according to Balint (2005), "take courage of your own stupidity" (p. 225).

Another particularity of this model was the pediatrics itself. At pediatrics, it is not always simple to identify the one to be treated. Sometimes it is only the child, in other occasions it is clearly the mother or other responsible. However, it can be said that the pediatrician should be always aware of the mother-baby relationship. This was the theoretical view of the sector. The affective development of the baby, such as formulated by Winnicott (Dias, 2003), would be the theoretical basis which should lead the discussions. In other words, starting from 2007 the residents of pediatrics begun to participate of a program in which would be a sector responsible for supervising of ambulatory assistance, based on balintian's experiences of the doctor and patient relation (Balint, 2005) and on Winnicott's theory of affective development of baby (Winnicott, 2000). Over time, the sector achieved stability and was incorporated to the residency program. The present investigation pursued the construction of tools to instrument the continuity of this experience.

### **The apostolic zeal as professional defense**

Once the central theme of this research is the balintian concept of professional defense, before we continue exploring our discoveries, we will perform a recapitulation about this concept, denominated for the psychoanalyst as zeal or apostolic function (Balint 2005).

Balint's researches had as objective studying the role of *doctor's person* as a medicine. In other words, the author had interest in knowing when, in which quantity and how to "apply" the doctor in the relationship with patient. What would be the effect of this "drug" on the evolution of the illness? Was in the study of this kind of "pharmacology" that allowed Balint to formulate the concept of "apostolic function". This concept was formulated when the author realized that doctors had an acting pattern which was repetitive and whereof they won't give up. Therefore, it would be necessary to work with the professional, allowing them to modify certain automatic behavior patterns. During the book *The doctor, his patient and the disease*, published for the first time in 1957, Balint (2005) clarifies what would be those patterns:

The mission or function apostolic means, in first place, that every doctor has a vague, but almost unwavering idea about the way of how should a sick patient behave. Although this concept has little explicitness or concreteness, it is very powerful and influences, as we can verify it, virtually in every detail of the work of a doctor with his patient (pp. 161-2).

Further, the author offers more components of this pattern when affirms that the doctor has to be good and recognized as a good person:

A particularly important aspect of the apostolic function it is the need that the doctor feels to show to the patient, to the whole world, and mostly to himself, that he is good, a kind professional, worthy of trust and capable of helping. Besides it hurts us, we, doctors, know very well that it's about a much idealized image (p. 173).

The chapters sixteen and seventeen of the book are exclusively dedicated to the apostolic function. The author confuses the reader, because he modifies his earlier formulated concept. The expression is no longer limited to the doctor's desire to bring the patient to his faith and to their need to be considered a good person and good professional. Balint extends the concept of apostolic function to reach all the limitations of the "elasticity" in relations with their patients. It is evident the author's care to avoid terms and concepts of psychoanalysis, such as resistance and defense, for example. Balint didn't want to expose the results of his researches to psychoanalysts, but for doctors, lay to psychoanalysis. The term countertransference, for example, it is only used in the appendix dedicated to the group leaders who were, at the time, psychoanalysts. It's evident that the concept of apostolic function gets confused with the conjoint of doctor's defenses against anguish provoked by their practices. Authors who are dedicated to researches and to the diffusion of Balint's groups, such as John Salinsky, Paul Sackin e Michael Courtenay, prefer the expression "defensive standards" to the expression apostolic function (Courtenay, 2000; Salinsky & Sackin, 2000).

## Method

The objective of the study consisted in investigating what was the vision of the residents of pediatrics of a federal hospital in Rio de Janeiro about their work. A qualitative research was conducted, approved by the Researches in Human Being Ethics Committee, protocol number 000.460. The investigation was naturalistic, that is, the interference in sector's routine was restricted to free and consented participation in the research. Pursuing to interview residents with a little more clinical experience, it was selected pediatricians who have been passed by the sector from the second semester of the first year of residence.

We followed the interview method created by Nicolaci-da-Costa (2007, 2013), denominated Underlying Discourse Unveiling Method (UDUM). The UDUM was chosen because it was introduced and applied for more than twenty years in the field of clinical psychology. It has the interviewee speech as its main object of interest and offers, therefore, a particular attention to discursive material, both in interviews and in its analysis. This method is based on assumptions of Foucault, de Berger and Luckmann, and, as Nicolaci-da-Costa (2007) affirms:

When we internalize a language in the contexts where it's naturally used, we internalize all the joint of concepts, rules, values, etc. that characterizes a determined society or social group in a determined period. This process of internalization, in turn, constitutes us as individual subjects (p. 66).

The UDUM incorporated the assumptions of psychoanalysis by understanding that the free informal speech reveals contradictions between the subjectivity of individual and his behavior in front of reality: "Searching for subsidize the research in clinical psychology, it was developed with the principal intent of emerge transformations and psychological conflicts which are, in many times, are not explicitly verbalized by the interviewee because they do not have consciousness about it" (p. 67).

## Participants

In the residency program of the referred hospital, every year, fourteen pediatricians are admitted. Our sample was constituted by eight of these residents with ages between 25 and 30 years, among man and woman. All the residents were in the second semester of the first year of residency.

## Procedures

After establishing the sample, it followed a phase of construction of the interview script. To reach the aim of knowing the free speech of the interviewee, the UDUM predicts a free conduction of this script by the interviewer. In order to simulate a natural and spontaneous talk, the interview is composed by three question modalities: open questions, that start, for example, with: "What do you think?..." or "What it provokes in you?..." questions of deepening: "Why?..." or "Can you explain it better?..." and closed questions such as "Do you like this?", that are clarified with other questions.

After the approving by the Ethics Committee, preparation and signature of the consent form, with authorization for recording the interviews by the residents, it was done a pilot-interview. Adjustments were made and new scrip was prepared.

The formulated questions were directed to know the subjectivity of the participants and were separated in four categories. Primarily, it versed about the motivations, demotivation and expectations about the profession. A second group of questions was idealized to know the concept of residents about techniques subjects of the specialty. We fetched to know about the techniques in situations connected to childcare because it deals with questions that are in the limit between physical health and subjectivity, such as breastfeeding and development of babies. The third stage was constituted of questions about the practice that pursued to know the reactions of doctors in moments of conflicts with their patients and how they deal with cases that involved aspects clearly more behavioral and psychic. The interviewed were stimulated to tell cases their lived in their practice. Finally, there also were questions about personal experiences with personal diseases or in the family and about the professional expectations.

Following, we present the items of the script used:

1. Tell a little about your choice for medicine. / 2. And why pediatrics? / 3. Did you do pediatrics before entering the residency? / 4. What do you like in pediatrics? / 5. And what you don't like or consider difficult in the pediatrics practice? Tell a situation. / 6. In your perception, it depends on what the good development of baby and children? / 7. In your opinion, why breastfeeding is desirable? / 8. How do you address the difficulties in breastfeeding? / 9. Have already happened of a mother that didn't follow the prescriptions? How it was? How did you react? / 10. Which factors influences the mother to follow the doctor's prescription? / 11. Do you think it's important to know about the independent personal life of the parents? Why? / 12. In your conception, there is a relation between emotional diseases and organic diseases? / 13. Have you done a referral to a psychologist or psychiatrist? In which circumstances would you do? / 14. What your pediatrician meant in your life? Do you have memories of your pediatrician? / 15. Have you ever been sick? Or had someone sick in your family? What did you think of the doctor? / 16. How did you choose your doctor? / 17. What kind of pediatrician do you want to be?

As the researcher was also the preceptor of the residents, something that could negatively interfere in the interviews (Seidman, 2013), it were conducted by another researcher, adept to qualitative interviews. The material was fully recorded and transcribed, without changes on the participant's speeches. The transcriptions were available to the researcher only after finishing the last interview. This procedure aimed to avoid the interference in the pedagogical practice in the sector.

In the analysis of the material, according to UDUM, we performed an emic analysis, in other words, we extracted categories starting from the speeches of participants, not having, therefore, pre-established categories when we looked at the material. Still following the method, such categories were extracted from what Nicolaci-da-Costa (2007, 2013) denominates inter-participants analysis. It consists in systematically analyze the speeches of participants item by item of script, in order to be able to establish comparisons, resemblances and differences between the categories that emerge in the speeches of interviewed.

We will present below the results of the analysis of questions more strongly related to the theme of professional defenses.

## Results

From the eight participants that composed the sample, two were male and six were female, and were between 25 and 30 years old. For purposes of this work, we would not have space to present all the material collected in the research. Therefore, it was selected five questions that were more related to professional defenses. Only the material derivate from the answers to these questions was contemplated.

It is important to highlight that, speaking of a very specific group, with the view to preserve the identity of the participants, it was not revealed their ages, and the gender of some of them was changed.

### Difficulties and fears in the specialty choice

If we consider the apostolic zeal as an “assumption of party” of the doctor in the appointment, we can assume that it is in situations in which the residents manifest difficulties that we will find the origins of immediate reactions and of the conflicts in attendance. In other way, if we extend the concept of apostolic zeal not only for the predisposition to conflict, but also to escape it that can occur in relations of much responsibility, we should consider that what is easy and pleasant to the resident can also be the origin of situations evaluated without the due exemption.

The questions were formulated pursuing to know what the resident liked and what he disliked in the specialty. The answers revealed the aspirations and the pleasures on professional activity and also the difficulties and suffering experienced in practice.

The pediatrics manifested that the specialty allows the access to family. The child is the gateway to family and that instigated them. One resident expressed what she liked in the specialty: *“I think that the contact with the child itself, try to understand the family. I think in the consultation of children, for example, you have to try to understand better what is happening behind just ‘Oh, let’s not examine, it’s that, it’s this’...”. Another one demonstrated a similar conception: “You have to know deeper, know the family, which is fundamental for the child. I think it’s even more than in an adult. You have a very strong influence of the family, which still is the universe of child.”*

When asked of what they didn’t like in the specialty, it is interesting to notice that the interest for the family did not conflict with the difficulties in deal with an adult. One of them reports: *“I don’t know; I have never been able to relate very well with adults. I think that the child has a language much simpler, accessible, always had more sincerity.”* And complements her speech when talking about her experiences in emergency shifts at private clinics:

*Normally, the mother has many complaints, the ones I was in touch so far. ‘Oh, my son has a cough’. It’s not the only complaint. ‘He isn’t eating; he’s not doing well at school’. Then start several complaints. It’s complicated to deal with. And the dad sometimes gets aggressive.*

Therefore, it’s possible to conjecture that, for some residents, the child is a gateway to get close to all family, but it will be hard to reach this place without overcome some difficulty in dealing with adults.

The opposition between adult and child was presented associating the child to truth and purity, and the adult to lies, to farce. Many residents did commentaries of this nature. One of the residents says:

*I think children are very truly, more pure, doesn’t lie a lot. I don’t know, you have even more heart, you make effort, end up putting more effort because...you end up donating yourself more, there is a difference inside you when you look for a child, pure, speaking the truth, not lying when is feeling pain, of what you don’t know what really is, because there is many things behind when you deal with an adult.*

The answers helps to consider about some of the difficulties presented to pediatricians at their pursuit of professional activity. The desire is to be closer to the family, but dealing with adults and their demands generates tension, which can be painful. Some of them distanced themselves from medical clinics and searched in pediatrics a place of appeasement inside medicine. Be closer to the child should bring more affection and peace to these residents. The illusion begins with the professional choice, because the adult is an inherent part of medical practice, even in pediatrics. The professional choice can bring serious delusions for those residents.

### Conceptions about childcare

We questioned which would be the factors responsible for a good development of a child. With this question, the interviewed showed their ideas about maternal care, the baby and the mother-baby bond. In the previous question, we conjecture that the bigger or smaller idealizations about the adults and children interfere in the relationship doctor-patient. In the same way, ideas of maternity, the mother and the baby should have a role in the manner how the doctors exercise their practices.

All agreed that the good development of child depends on the acting of parents. For some residents the word “care” gained a general and non-specific connotation, like in the following answer: *“Young*

children needs much care to have all these concerns, adequate hygiene, of food, of minimum education also”.

It draws attention the use of the word “minimum” in the speech, because we will see that the idea of “give the maximum” will show up in other speeches.

In the speech of many residents the term stimulus is frequently used when they talk about the maternal care. It would be like if the stimulus comprehended the essence of the care with child. This is the way that one of the residents expresses herself: *“It doesn’t matter if the child has many toys, a child is very well feed, have everything good and don’t be stimulated by the family. Not only for the parents, right? For all the family. Do not just let: ‘Let her there and she will talk, will learn’. No, it’s not like this”.*

Another colleague has a similar speech: *“It depends on the parents also, on the stimulus... I think it’s a matter of stimulus from the parents. Do not just let: ‘Let her there and she will talk, will learn’.”*

Finally, it draws attention another conception of care in which the parents should pass by many proofs and sacrifices. In the opinion of one of the interviewed, the mother sacrifices herself and can’t fail: *“Well, the mother is emotionally and psychologically prepared and wants that, she has to have affection for the child, a real donation. Do not let anything pass, have a keep up, physical development, motor, of language.”* Another resident presents a similar speech and quotes a case in which a mother did a diet to avoid passing allergens through breastfeeding:

*I think that when the mother wants her child to be well, she won’t matter in giving up some things. The gastroenterologist said: ‘take everything off and you will eat only this’. And for a long time she did just that, because she wanted the child to grow, to develop, did not had a more serious problem. For me, it was an example, besides sometimes I think it’s radical. She lost twenty two pounds.*

We observe by the speeches that few residents bring with them the idea that to take care and breastfeeding the child are pleasant activities both for the mother and the child. The pleasure that the mother has in take care of the baby is, in reality, an excellent instrument of admeasurement to know if the baby is being well maintained, however, this does not seem to be understood by residents. Most of residents, however, associated the maternal care to chores that should be performed or not. Care is very associated to stimulating the child. There are pedagogical tasks such as teaching and cognitive stimulating that, traditionally, would be in charge of the schools, but today, at least in our sample, seems to be very associated to maternal function.

Other residents focused on sacrifice and abnegation of the mother. These two ways of conceiving the maternal function – stimulus and abnegation – have in common the surveillance and tension. The maternal function is not thought out as pleasure or relaxing. For these residents, as put by one of them, the maternity is associated to a constant tension and the relaxing is associated to neglect, in a way that you can’t and you should not be relaxed.

### **The practice and the apostolic zeal**

When emerged questions about the practice, emerge the conflicts inherent to the encounter between doctor and patient. Some struggles can be desirable, others, therefore, are counterproductive – it is the apostolic zeal. We questioned how the doctors react when the mothers don’t follow the prescriptions. We observed that many of the reported cases refer to prophylactic medications or low risk illness, however, the behavior of the doctor is not different when there is risky situations or when is about a healthy child. The indignation of the doctor who can’t co-opt the client appears. The doctor reaction can put in risk not only the relationship doctor-patient, but also the patient. In this first case, reported next, the mother gave a few more days of the antibiotic. This was sufficient to provoke indignation in the colleague.

*Yeah, I get upset, I get really upset, but I try to explain again why is necessary to use the medication. But, what happened a lot to me was: for example, you prescribe the antibiotic. Then, the antibiotic is for seven days. ‘Oh, doctor, I decided to give it for ten days’. Then I try to explain to her why giving more is also bad. Everything which is less, everything which is more it’s bad. But I try to explain what is best for the child. But I get upset, a lot.*

In the following case, it is about vitamins with iron. Prophylactic medications for a healthy baby. The revolt of the doctor seems disproportionate.

*Last week, there was a mother that, exactly what I said. 'How many drops?' 'Oh, I think seven or eight'. 'You use this medication every day, don't you know?' 'Oh, but is not every time I use a spoon'. Me: 'Oh, who puts it?' 'No, it's me, but I don't remember'. I said: 'You don't count?' I was questioning to see if she would assume that she did not really give the medication.*

Those reports have in common the idea that the babies are really unprotected and that the mothers are not capable to take care in the appropriated manner. The doctor would have the right to be indignant, because the mother would have all the conditions of following the prescription. If she did not follow, it's because a lack of zeal for her child and this is revolting!

In the answer below, it would not be the children, but the mothers the unprotected ones. If they did not follow the prescriptions, it's because they didn't have the minimum intellectual or social conditions needed and the resident start to assume a protective position with the mothers. Let's see how a resident expresses:

*I tried to explain again, asked why she didn't do it. Mostly 'Oh, I forgot'. Oh, I don't remember, I didn't remember how it is. Therefore, I always try to write everything in the most detailed way possible. Yesterday, I attended a mother: Oh, how do you prepare the bottle? Is there two measures? I said: Is it full? She said: 'Yeah, I put it full'. But Daniele, didn't I tell you that it doesn't need to be full, that it should be exactly the measure? 'Yeah, right, you told me'... But some of then I think that seems to have a limitations to understand. I don't know if it is because of schooling or something.*

The doctor unceasingly explains until the mother adheres to her mode. Finally, she can't understand why her prescriptions are not followed.

### **The practice and interest in knowing the relationship of the parents**

In this moment of the research, we investigated if the doctors considered important knowing aspects of the personal life of the couple. The question was conceptual, but we knew that in a medical residency the young professional is affected by the experiences by the bed and by the life stories he gets to know. The fact that only one resident remember and report a case suggests that the doctors don't get close enough of their patients for those information acquire relevance in the diagnosis, in the conduct and evolution of the cases. If we think that the mothers face every day the public transportation and the service queues to reach a private space where they can speak of their children and their life, is notorious the lack of stories and clinical cases reported. Only one of the residents reported cases that, as we will see, showed up very interesting for the diagnosis and the proposed conducts.

All the interviewed affirmed that knowing the dynamic of the couple is important to the orientation of their patients, but those affirmations were, in general, accompanied by reservations by the residents. We can exemplify with the following speech: *"Actually if you think that something of the family is influencing, you can try to suggest that the person speak. But I don't have this custom."* Another resident exposes her difficulties:

*Many times this is not passed to us... But I always try, you know, as far as possible, know at least the basics. Everything is ok at home? You know, get in to the family. I think it is very important, but I don't know how to do it very well yet.*

Finally, we transcript the report of the resident who told cases of her own clinical experience. This report is very rich, because it shows how the diagnosis and the conduct are modified when you know the family's life and their dynamics is enriched by the perspective from different elements of the family. We can observe that the initial difficulty presented by the doctor in dealing with the mothers is quickly overcome when she let herself penetrate deeper in the cases:

*I think what most get my attention is that, sometimes, that story of the mother with many complaints, you know, who brings millions complaints of their child and the child is healthy. It's not, there is nothing. I think that, sometimes, the emotional need or... I had one patient, in childcare also, that was a child who put the finger in the throat and vomited. I found it strange and asked. Did something happen in your family? And she: Oh, doctor, I didn't tell you, but my husband was murdered. It has been fifteen days and it was just when she started to do that. I said: Oh, so it can really be something, some form*



*of defense, some form of... And then I started that like... Another teenager that I attended, she had much headaches, but she never got here with headache... Until one day that I asked her mother to leave the room in the last appointment, I said: I'll ask, maybe this girl have something to tell me... So, in this day she came to tell me: Oh, doctor, the truth is because I don't know what to do. Because I don't want to be at home when a so-and-so shows up. And then when he shows up, my mother starts to ask why he is strange. Why the clothes he wears and I don't want to give explanations. Then I prefer not meeting him, so I ask to be taken to the hospital, when I am in much pain, when I know he will show up... Those two stories affected me a lot.*

### **The pediatrician they want to become**

Let's pass to the question in which the doctors talk about the kind of pediatrician they wish to become. Our public health system still privileges the hospital medicine and leads the resident to confuse ambulatory medicine with the private practice. Was outstanding the choice of the residents by the clinic. For them, the pediatrics is associated to an outpatient practice in which the doctor acts taking care of the child and family. This is the place they want to occupy. One resident answers: "I want to have a private practice; I think it's my profile. I like the outpatient consultation; I like to follow the patient. I always wanted it."

In another testimony, the clinic appears associated to the child developmental follow-up. "*And having a right follow-up, I mean, for a good development, growing.*" When the interviewer asks if she is referring to having a clinic, she answers affirmatively: "*Yeah, clinic.*"

The plans of opening or not a pediatric office did not change the desire that the residents expressed – all of them manifested in this manner – to go further of technical questions and be prepared for this. There were those who manifested this desire by what they wanted to be and others who manifested a fear of what they could become. Let's see the answers of the first group. One resident answered:

*What I want is to be a complete pediatrician... Also, a pediatrician who has a good relationship with the patients, with the family. Who can understand other questions involved, not only the physical disease of the child, right? You know, someone who they can count with, I think, in difficulties. Perhaps, not only for that routine of taking to the pediatrician, to weight, of graphs, of development, vaccines etc.*

Why some doctors, still so young, are concerned about "losing the sensibility" during their professional life? Certainly, this event is perceived in older doctors, close to them. They chose the profession for the "willing to help" as we saw, or by the intense affection that children arouse. Nevertheless, they encounter doctors that, in course of time, became brutish, without time for the patients and without pleasure in attending them. There is something that is lost in many of our colleagues and this lost is a threat to the young doctor. Let's see one of these answers. One of the residents says: "*Is important to always have sensibility. Because, sometimes, you see people much older, who end up without sensibility... The sensibility ends, and they remain only with the technical quality.*"

Finally, we would like to highlight one resident who addresses other fears about her professional future. Her answer is not centered in financial aspects or loss of sensibility, like manifested other residents. The doctor brings to our reflection a new question: the fear that the involvement with the families' demands can lead her to lose her individuality. This answer can help us to understand why the doctors, over time, became brutish. Would it be this insensibility a defense against the emotional demand that the doctor feel impelled to expend to deal with the need of mothers and children? Listen to a colleague:

*I hope to be affectionate, attentive, fight a lot for my patients, you know, the maximum they need me. I'm only a little bit scared of getting in the way, you know, I keep thinking in how this could interfere in my life with my children; I have a crazy desire to be a mother.*

## Discussion

### The apostolic function and pediatrics

We can say that one relevant aspect of the apostolic zeal is due to the difficult of doctor in knowing his patients' stories in their familiar dynamics (Balint, 1969). The pediatrics is a complex specialty, because the child is not always the main focus of the appointment. The mother or another member of the family can gain more relevance. What need to be considered is that you can't understand the child away from the familiar context: the relationship mother-baby is always in question. We saw how the residents who interested in knowing the point of view of several members of family and collect stories in a separated way of the children and the parents are capable to comprehend another dynamic of the attendance. When the doctor doesn't fear anymore encountering the mother's fails or of other family members, he reaches other diagnosis and a distinct conduct is imposed.

In other case the resident was interested in deepen the questions about the family's life and only then did know of the father's death and could formulate new diagnosis hypotheses. In our opinion, this dynamic can only be known when the pediatrician is capable of diminish idealizations regarding children and mothers.

Those idealizations must not be acquired in medical formation, but brought by each one to the formation and practice. The research, indeed, suggests that many residents chose the specialty for the difficulties in dealing with adults and for the idealized representations about the child. How is it possible to imagine that this group can be close to the family without a work about subjectivity?

On other hand, the idealization of the baby creates an expectation, by which the mothers should treat their babies perfectly. Many of the residents were relentless when any fail in their prescriptions, no matter how small, was detected. Starting from cultural concepts so ingrained, the apostolic zeal emerges as a phenomenon too natural for a good part of pediatricians.

The jargon frequently used by the residents of the "mother with many complaints", in other words, the ones who require a lot from doctors, can be comprehended by the apostolic zeal of pediatricians: it's the idealization of the baby and the guilt that accompanies this process that leads the pediatrician to demand that the mother watch and follow strictly the prescriptions. Deep inside, the mothers want only the doctors to be available to have an empathic relationship with them. If the professional is available only to hear the complaints and say that there are no reasons for worries, because the clinical exams attest that the child is in good health, the mothers will leave the clinic comforted. We saw that, in many cases, it is the doctors who behave in a very exigent way with mothers.

Another point to be highlighted refers to the idea of mother as a promoter of her child's health. In this conception, the child doesn't develop properly only because belongs to a healthy and affective familiar group. Execution of tasks is required, which are implicitly measured and monitored by pediatricians. A mother who sacrifices herself most and is more vigilant seems to receive more empathy from the professional. There is a lack of appreciation of the pleasure of being with children, of leisure time and relaxation, at long last, of the winnicottian play (Winnicott, 1975). This objectified vision of maternity seems to reflect a difficulty of approaching of subjectivity questions involved in the relationship mother-baby. In a recent work, Moraes, Bronzatto, Lerner and Kupfer (2015) showed that pediatricians can become lighter and have more pleasure in appointments after an intervention of psychoanalysis in the doctors' education.

In short, the idealization about adults and children, by these young pediatricians, seems to be in the basis of the apostolic zeal verified in their practices. The desire of the doctor is not only being a person requested to solve objective questions, but also the one who has the family's trust to give an opinion in many other questions. However, the difficulties in entering in aspects of the personal life of the couple and knowing the family's dynamic, of including the father in the consult, of considering the difficulties of the mother inside her wide social context are imperatives for the doctor to reach the desired place.

Because of the ease with which residents presented their idealized concepts and manifested the apostolic zeal in many occasions during the interviews, we can conjecture that the difficulties showed should not be pointed and discussed by the preceptors, veteran pediatricians. If the preceptors compact with the same concept, we can imagine that those postures won't modify at the end of formation.

We believe that the winnicotian concepts can provoke in the pediatrician a look turned to the mother's pleasure in the relationship with the child and make it less worried about the stimulus and execution of tasks. However, this information cannot just be theoretical. Methods of case discussion as the ones conceived by Balint or modifications of them can help the pediatrician to reformulate his practice.

## Final considerations

By the present article, we searched to know aspects of the subjectivity of residents involved in their practices. The idealizations about child and adult can be related to the anguish of the doctors and to defensive professional reactions. It was not our goal to evaluate the described pedagogical intervention, but we believe that we will need more scope of investigations, capable of give us instruments to the construction of innovative pedagogical practices in the medicine field, which can deepen the seminal intuitions of Balint.

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Received: Jul. 04, 2016  
Approved: Feb. 22, 2017

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