

**Fifth IBF Leadership Conference, Helsinki, Finland
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Bridges and boundaries in Balint Group Leadership

Presentations by

Tove Mathiesen, Denmark

Christian Linclau, Belgium

Mary Wassink, USA

Esti Rimmer, United Kingdom

Here we offer some presentations and reflections from the conference.

After the welcomes, Tove Mathiesen, leader of the task force, gave a brief introduction:

History and context of the Leadership Conference

The first Leadership conference was in Copenhagen. It was prepared by a task force appointed by the board of IBF to help us to understand and learn from the obvious differences in the way Balint groups are led or conducted around the world. Current task force members are Tove Mathiesen (Denmark), Christian Linclau (Belgium), Andre Matalon (Israel), Esti Rimmer (UK) and Mary Wassink (US).

After the first conference the task force was supplemented by a member from the last organising society and one from the coming – in this case Bogus Stelcer from Poland and Martina Torppa from Finland..

The task force has tried to learn from each conference to the next – which might have led to a bumpy road? This time we tried to be clearer about the role of the facilitators. We intended that they would try to contain the groups and to facilitate the work in the group. The facilitators were the members of the task force supplemented by local Balint Group leaders – thank you to Markku Timonen, Aki Rovasalo and Kristiina Toivola for taking on

this job – and to Daniella Cohen for filling in the empty seat. The facilitators met regularly for supervision during the conference, led by Tove (who was not a group facilitator).

This year we wanted to give space for work in the groups, for relaxation and for more spontaneous discussions. So we decided only to have an opening and closing plenary in addition to the group work..

First we wanted to present the members of the task force through our thoughts about bridges and boundaries in Balint groups. Andre Matalon chaired this opening session.

Tove Mathiesen:

I checked what I said in Copenhagen in 2011 – and it was exactly the same heading – so it must be on my mind still...

I'm occupied by the dilemma of the role of leader or conductor in a Balint Group.

I think of the leader as a member in the group by his (her) sheer presence in the circle.

This means that there is a shared social unconscious, which influences and is connected to the group process. When the leader intervenes or interferes (and is there any moment when he doesn't?) the intervention also 'talks' into this shared space and helps to build the group, its values, norms, fears and confidence.

Christian Linclau :

Boundaries and containment in Balint groups.

I was inspired by Balint's book: "The Basic Fault" to think about boundaries and containments.

Balint always tried to be didactic, I am going to rely on his explanation of the different levels of psychological evolution to describe three different natures of boundaries.

The first level he described is the one where the baby doesn't make the difference between himself and the world. The "in and out" process is not acquired. A well-known French psychiatrist called Jean Oury described the psychotics he treated as people who lacked the ability to differentiate what's in and what is out of a mental concept. For psychotics, even a word is not isolated from the general environment (every word has the

same importance as any other element of nature). Oury said that this makes their life very painful in a confused world. But, and this is very interesting, Balint called this level, the **creative level**. Perhaps, we sometimes need to be lost with moments of confusion to be creative. This borderless stage with the omnipotent position can be tempting but is not productive and causes anxiety if we can't reach the other stages, if we can't match this level with the next points.

The second level described by Balint is the one where we integrated the in-out position. Now we can see the difference between us and others. All our creativity will serve to obtain love from the other. Balint with his positive thoughts called it the **primary love** phase. But, here, without rules, the person is ready to do anything to get love. Everything is done to gain attention and love. Most of our therapeutic skills are needed in this stage. And we know how difficult it is.

In the same way as in the first step, this interaction is not productive if we can't accede to the next level. Unfortunately, many of our patients can't go one step further.

The third level is the oedipal one. This means access to triangulation, words, speech and introduction of rules or regulations. Primary love needs these limits to learn how to manage sadness and anger. This level is also about the difficult balance between identity and borders, membership (of a gender, a family, a country, a society...) and enrichment through diversity. Of course, this oedipal level means at the same time some endurance to frustration!

All this led me to propose three kinds of limits and containment:

The first is **love**, the second are the conditions allowing the **in-out position**, and the third are the **rules**.

Indeed, now, we go back to Balint groups and we can say: if we want some creativity, we must tolerate some mistakes and confusion and look at it with love. We must contain imagination with the "in-out" context (i.e. what's in the group and what's out of it). In Balint groups the in-out process is contextualized by clarifying the group's task and the need for confidentiality. But Balint work is not possible without rules such as respect for each other and a non-judgmental position; otherwise anxiety and anger arise.

So, love, in and out of the group, respect and no judgments.

The purpose of this leadership conference is to explore Balint's diversity of leadership all over the world and to learn from it: to build **bridges** between us!

Practically, what will the tasks of the participants be and what will the role of the facilitators be in this conference? What will the **boundaries** be?

Mary Wassink:

Boundaries in Balint Groups

Mary L. Wassink, Ed.D.

Welcome to the beautiful Sofia Retreat Center, on the shores of the Baltic Sea. We are so fortunate to be surrounded with water, forest, peace and calm.

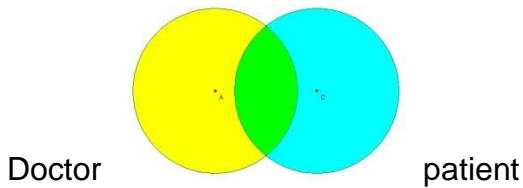
As you are all aware, there is much discussion and debate in the United States and the world about boundaries, borders, and yes, walls. It has caused me to wonder about the concepts of, "Why do we need them?"; "What do we do when they are crossed without permission?"; "How do we maintain them?"; "Who sets them?"; "Do they make us safer?"; "Is the absence of them dangerous?"

I know we are here to discuss Balint Group Leadership and not world politics, but the concept of boundaries is used in both.

In relationships, boundaries are guidelines, rules or limits that a person creates to identify reasonable, safe and permissible ways for other people to behave towards them and how they will respond when someone passes those limits. *It provides limits that allow us to maintain a safe connection.* As was mentioned by Christian, boundaries allow us to integrate the "in-out" context; to see the difference between us and others.

The CASE presented in a Balint Group is the territory we want to stay focused on and defend. The leaders' role will be to maintain the boundaries that will help us stay focused on the case, and that includes the doctor, the patient, and their relationship. We want the boundaries to provide structure and safety, and at the same time allow for them to be permeable, rather than a brick wall. We want to find ways for openings, possibilities, and connections.

Relationship



Uncomfortable emotions stimulate a case to bubble up in a doctor. When shared with the group, emotions bubble up in the group members. It reminds me of a geyser; a hot spring, in which water boils, sending a tall column of water and steam into the air for release. The Balint Group process allows for doctors to present their case to the group and release their emotions to them. As leaders, we want to protect the presenter and the group members from any unsafe effects of the steam or hot water. We ask that members are honest, take ownership of their responses, display respect for others, and maintain confidentiality of the group.

Here are some of the boundaries that can affect a Balint group process:

TIME for a case: The length of a group; starting and stopping on time; how many cases per session? I think the main international variation is the length of time given to a case. One country might have two hours for one case while another might have two cases in one hour. It may not be the actual length of time for a case, but rather that the leaders protect starting and stopping on the agreed length of time that is the boundary.

CASE related boundaries: Having the presenter in and out more than once; using a “push back” technique for the presenter; having the presenter in the group the whole time. Is this a boundary issue or frame- setting? Or, maybe is it a frame issue the leaders have to maintain with boundaries?

CASE SELECTION: Many countries use the “Who’s got a case?” selection process.

Does the leader pick the first person who wants to present, or does the leader continue to ask for cases after one person volunteers? I have attended an international group where the leader called for multiple cases, and then the leader chooses the case to be presented. Is this a style or boundary issue? Are there “good” cases, or “not good” cases? How does the leader decide if the case is appropriate or not?

PLACE: Consistency and suitability of the place (clinical settings, leader’s home, quiet, uninterrupted, phones, pagers, similarity of chairs, chairs in a circle or chairs around a table; food or meals at the same time as group). A whole new “place” has been introduced

with ZOOM Balint groups on a video monitor with members from all over the world or a country. I think the place one holds a Balint group can have unconscious and conscious influence on the types of cases, themes of cases, and cultural influences on the process. We're hoping the calm and serenity of the surroundings at Sofia will encourage a contemplative, meditative, and peaceful effect on our process.

CONFIDENTIALITY: Perhaps one of the cornerstones for a Balint group. The leaders must clarify what can be spoken about outside the group and what remains in the group. We often say, "What happens in Balint, stays in Balint." What are the consequences and safety issues if a confidentiality boundary is crossed or violated? How does a leader handle a confidentiality breach?

CLOSED GROUP MEMBERSHIP OR OPEN ATTENDANCE: A group where the members are not consistent, or whether a member may or may not show up, or where attendance is not mandatory, may cause boundary issues. Some medical training institutions make attendance mandatory for medical students or residents; other groups have the same long standing professional, volunteer members for years. Again, what is important is what the agreement boundary is set and agreed upon by the leadership/institution and group.

LEADER/GROUP MEMBER ROLES: There usually is a clear line (boundary) between who is a group leader and who is a group member, and between roles and responsibilities. The leaders identify the roles, and guide the members to adhere to the rules. In the United States I am aware of a group that has rotating group leaders. They start with "Who would like to be a leader today?" There are founding group leaders who will lead if no one else wants to be a leader. In some places, there is a practice of a primary co-leader and a secondary co-leader and they have different roles and responsibilities. Other places have co-leaders with more equal roles and responsibilities. You and your group leaders at Sofia will decide on these roles and responsibilities and boundaries. You may experiment with a style that is not typical for you, but an international different style with a leader from another country.

GROUP MEMBERSHIP: There are variations in group membership and co-leaders with interdisciplinary members (nurses, doctors, social workers, psychologists, etc). When we were in Helsinki last January, I learned that there are physician only groups without any mental health group members. In the United States, we often have one co-leader who is a

physician and one co-leader who is a mental health provider. We try to balance gender, and professional role. This boundary is often set by availability and where you work.

BOUNDARY BETWEEN THE PROFESSIONAL AND PERSONAL ASPECTS OF THE

WORK: Balint work is to help participants bring their personal responses into their professional function, but for necessary trust and safety, there needs to be a clear boundary to protect intrusion into the personal aspects of the group members. I am aware that this has varied quite strongly in different countries at different times in IBF history.

FRAME , STYLE, AND TECHNIQUE: I think here is where there might be more variation in different individual and national approaches.

- A leader directly asking a member how he/she feels, or why he/she is silent. Or, can the leader notice a member is silent, and inquire if they have an observation they would like to share?
- A leader asking each member to respond to a particular point.
- A leader asking the presenter if the group has answered his/her question presented at the beginning of the group?
- Is an “observer” role part of the group process and how are his/her observations integrated into the group process?

THEORY: Theories of viewing a Balint group case discussion: Some Balint groups use Family Systems, Psychodynamic, or Psychoanalytical theories in their group process. Our training and education may affect the way we view a case and the relationship between the doctor and the patient, or how we react in a group.

In a conversation with Andrew Elder, he mentioned that Balint group work does follow a particular theory, history of development, training and tradition. Then, if we begin to incorporate role play, sculpting and Balint Psychodrama, we immediately “pop over a boundary fence and are grazing in a different field with many practical consequences about how we approach group work.” This could be an interesting follow up discussion in a group here.

We will have more discussions at Sofia about our boundaries in Balint Group work. I’m hoping for lively, respectful, dialogue and creative ways to bridge our differences, honor our diversity, and maintain our boundaries.

Esti Rimmer:

Bridges in Balint leadership

Here in Sofia, Finland we are surrounded by boundaries: the sea and the land, East and West; natural and political borders. But Finland also makes us very aware of bridges: concrete, as in connecting two pieces of land over water; and abstract, bridges between countries and political blocs.

Judith Dupont, a French psychoanalyst and Balint's niece, tells the following anecdote about Michael Balint from his time as a young psychiatrist working in a busy psychiatric hospital in Budapest. For several days, every time Balint would come to the ward on his round, he would notice an old man standing in the corridor making strange movements with his hand as if turning a big wheel and refusing to stop or move away. "What are you doing uncle Janus?", asked Balint. "Making sure the world turns as it should," replied the old man. Balint called over a male orderly and told the old man: "in that case George here will take over your shift and will make sure the world turns around, so that you and I can have a quiet conversation in my office" and the man followed Balint to his office.

This is an anecdote from his early career, which already brings bridges to mind. Bridges are a meeting place, connections between two points or people. Balint was building a bridge between him and the patient, meeting him at his starting point. And the idea of conversation is also significant here, conversation which comes from the Latin *con* (with/ together) and *versare* (to spin or to turn around). So we have the idea of working jointly to turn something around. The mutuality of the doctor patient relationship.

So how to translate this into Balint groups leadership? We would like to focus our attention this weekend on several aspects in the leader's work as a bridge builder and a conversation facilitator. How does the leader meet the group where they are? Meet the presenter and their patient where they are? And build a bridge to enable a meaningful conversation? How does the leader bridge the gaps between him/herself and their co-leader? How does the leader build a bridge between the different and diverse group members so they can enlist the group resources to work jointly with them to facilitate a

CONVERSATION between the group members, the group and the presenter and the presenter and their patient back in the consulting room?

The shared space of the group is the space on the bridge: the meeting point of much more than two points, but of multiple points, ideas, thoughts, fantasies, reflections. The bridge, then, has to hold all these different forces, sometimes over troubled waters and needs to be strong, durable and flexible so it can withstand storms, strong heat and high winds. Is the bridge a suspended bridge like the suspended attention spoken about by the analyst Bion, or a sturdy structure with two foundational columns of leaders?

As always, we raise all these questions for you to explore, experiment and play with and converse about this weekend, while enjoying the beauty and the serenity of our surroundings. Perhaps we may be able, just for the weekend, to allow someone else to take over our shift of turning the world around.

Thank you

Christian Linciau:

You will attend five sessions with the same participants of different nationalities. Each session will be divided into two parts: In the first part, you will choose a leader who will conduct a classic Balint group and share his usual way to lead, with or without a co-leader (if he wishes a co-leader, he will have to choose one). He will also be responsible for the timing. In this first part, the facilitators will sit outside the group without saying anything. In the second part, the facilitators will join the group and help the members to share their thoughts about “**Bridges and boundaries**” that are related to leadership differences in link with the first part. At the same time, the participants will have the opportunity to describe the elements he or she may or may not include in their practice and explain why. Indeed, it is important to know what we can integrate into our framework without violating our own limits. The facilitators will help to share all this, keeping the target with the same rules as in an ordinary group: **respect, non-judgmental position and the importance of the given word!** The facilitators will guarantee respect for each identity and explore enrichment

In the discussion after the presentations the whole group was active and found shared associations i.e.:

To turn the wheel of the world... do the doctors turn the wheel, so they don't have the time for coming to the group with Balint?

To have the courage of your own stupidity (Balint) – to have SISU (a Finnish word expressing their national character –something about grit, determination and bravery)

Breaking the bridges down (sing aloud). To feel invited to join and think.

A Balint group is like a cell with permeable walls. 'Things' can diffuse in and out.

How to communicate the specificity of what we do i.e. when teaching.

To be accepted as a human being. Is it the leaders' job to secure that?

The lines of the floor lead from one to the other - like the MATRIX of the group.

In the **concluding plenary** led by Tove Mathiesen the discussion and reflections centred around:

The task for the leader in the balance between being supportive or explorative.

The parallel processes and realisation that patients are like us.

Tact is to know how far is too far. (Quote from Poland, the American psychoanalyst)

The courage to cross borders into a foreign country and new experiences.

'Push out' had been tried or left out; 'clarifying questions' were found needless or essential.