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INTRODUCTION TALK
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KEEP CALM AND CARRY ON ?
BALINT LEADERSHIP UNDER GLOBAL CONDITIONS OF UNCERTAINTY

In recent times, Balint work has been taking place under constantly changing and challenging conditions. Gone are the happy days of post 2nd war optimism of building a more stable, peaceful and socially just society.

The birth of the NHS in the UK and the progressive approach to family medicine and primary care, in the post-war years, were the facilitative environment in which Enid and Michael Balint pioneered their research into the doctor-patient relationship.

These days the world is facing many conditions of threat, anxiety, and uncertainty: Pandemics, War, Climate crisis and catastrophic weather events as a result, including famine, floods, fire, and mass migration, chaotic and unstable institutions, and political structures, identify and gender ambiguities and fake news and artificial intelligence interventions and confusion between what is real and what is not.

Yet, Balint groups leaders around the world carried on

It is true that the 1950's were also an era of uncertainty and anxiety about the potential of nuclear war and the menacing presence of the cold war.

However, the general atmosphere in Western Europe and the US post war years were characterised by a reconstruction boom, and the development in the UK of social, health and education policies aimed at offering a secure network to look after veterans and their families, the victims of the war and the new generations of baby boomers.

Once these cradle to grave support systems were in place, it was possible to focus the gaze on the quality of the therapeutic/caring relationships and to develop an increased understanding of their value in primary care.

Time and thought were dedicated as to how to increase the observing /reflecting capacity of doctors .

The psychoanalytic model was considered a useful model to apply, to such study, having seen its value during the war in treating shell shocked victims, evacuated children and trauma victims, as well as its useful application to group work.

Michael and Enid Balint, both Psychoanalysts, naturally looked to the psychoanalytic model to inform their set up of the original Balint groups for GPs, using a secure frame, an open agenda and an encouragement to free associate as part of the group work.

These clear and secure rules, a solid framework, and boundaries and borders of the investigation, became corner stones of leaders and trainers of Balint group leadership.

But what happens when the world around us is plunged again into conditions of uncertainties, catastrophes are looming and the medical establishment is in turmoil too?

Do we keep calm and carry on like the band on the Titanic?

Wallace Hartley, The English violinist and band leader of the doomed ship was among the members who stood out distinctly. Hartley, a young devout Christian, refused to abandon his post even as the ship sank, feeling a powerful sense of conviction to continue his duty as bandleader.

When the Titanic collided with an iceberg in the early morning hours of April 15 1912, Hartley gathered his orchestra and bravely made the way to the boat's deck to serenade the panic stricken passengers.

Even as the ship split in half , the band continued to play in an attempt to keep the men, women and children calm .

Charlotte Collyer one of the survivors remembers distinctly the band last tune “nearer ,My God ,to Thee as the last sound before they were engulfed by the sea.

Should we also as Balint group leaders , bound by a sense of duty , courage and commitment to our group members, carry on doing what we know how best to do?

That is to provide a firm structure, a space to reflect, a familiar safe space, holding on too the values and ethics of the caring profession?

But then, what if keeping calm and carrying on may indeed be the more noble approach, but not necessarily the more practical approach to survival?

Should we follow the band leader who kept on while the world around him was drowning , or should we look for some adaptation, a flexibility of our approach , with an emphasis on what’s doable, what is essential for survival?

These are the questions we would like to focus on this weekend.

As Balint groups leaders the tension between carrying on and sticking to our principles ,and the need to be flexible , and adaptable in order to survive?

The dilemma is how do we train Balint leaders to continue working, thinking and protecting a safe and imaginative space under uncertainty and the need then for adaptation and flexibility ?

If the temptation is often to “keep calm and carry on” then how do we integrate “stop, Think, Reflect, Evaluate, adapt , change and then carry on”?

Belgrade , the capital of Serbia has known many conditions of uncertainty and upheaval over its history and recent past, including three major wars in the 20th century, and much trauma and transitions.

Yet, Belgrade is a thriving city, full of life, culture , creativity, delicious food and wine, lively cafe culture and friendly and hospitable people.

We believe it is the perfect location to explore these questions and beyond.

Esti Rimmer September 2023

Philipp Herzog, Germany

IBF Balint Leadership Conference, Belgrade, Serbia, Sep 29 - Oct 1, 2023

What do you do when you can't stop helping...?

Balint Leadership expertise beyond patients and doctors in times of uncertainty

In the fall of 2015 Europe witnessed a „crisis of migration“, which has not yet come to an end. Around the globe we do have hundreds of thousands leaving their countries as a result of war, oppression or famine.

The impulse to help is as impressive in 2023 as it was in 2015. This year (September 2023) the number of people, who came to Germany, amounts to more than 200.000 so far, in addition to the more than 1 Million war refugees from Ukraine since February 2022.

Now, what is the connection to Balint group leadership skills?

Let me explain:

When in 2015 around 2 million people came into the European Union within a few weeks, my country, Germany, faced the problem to integrate almost 1 million “displaced persons” from the Middle East and Africa. Thousands flooded the Hamburg central train station in one day, with no place to go. As much as we do desire a world free of war, hunger, political oppression, and destruction of natural resources and as much as we may criticize the political attitude on this issue in many countries - we do have to cope with reality as it is. And: reality, to this very day, still means that many of the people arriving are in desperation, quite a few of them in traumatized condition. This, no doubt, creates a lot of problems for the welcoming countries. But it also generates a strong impulse to help.

Many people around me in 2015 followed their spontaneous urge to help, yet obviously most of them seemed to have no idea, how “helping” could be done - without exhausting themselves completely.

The helpers at that time met masses of people at the train stations, equipped with food, a suitcase full of clothing, the knowledge, where to stay for the night, medical assistance. The helpers provided a vast variety of support, yet in an unorganized way.

What struck me most after a few weeks was, that more and more helpers themselves, especially those extremely motivated, sometimes seemed to lose track of their own lives.

An example:

A young woman contacted me as a psychotherapist. A teacher by profession, she was providing a shuttle service with her car for a number of people from Africa to their housing, located in the middle of nowhere without public transportation. She took them to appointments with immigration authorities, doctors or odd jobs. In between she tried to do her own job as an elementary teacher. It turned out, that she had twins at the age of 4, and her husband threatened to leave with the kids, if she kept neglecting her duties as a mother and wife. She just couldn't stop helping.

More examples:

- A nurse, in her private free time, was taking care of a young African woman and her baby a few weeks old. She had developed leukemia and had to go through chemotherapy.
- A social worker spoke Arabian. She was flooded with requests.
- A retired secretary tried to establish German lessons in a former military barrack, now housing almost 400 people.

- A landlord had let some of his empty flats to displaced families for free. He set some rules, they did not always follow them. He thus had gotten acquainted with the limits of “being good”.

I knew for sure: many of these idealists would burn out in no time. They were „helpless helpers“.

It was very clear to me that they did NOT need psychotherapy. What they certainly did need was some sort of assistance, some sort of support, to comprehend what they were doing.

I called it “supervision”. My idea was to empower them to act *according to their capabilities*, rather than following a *personal idealistic goal*, exhausting themselves to a degree that sometimes was self-destructive.

So in cooperation with the local committee for support to refugees I published a short text in their local newsletter:

- What does it mean to be a helper?
- What does it mean to go beyond personal boundaries day after day?
- What do the symptoms of traumatization look like?
- And: Do I have to be ashamed about my personal physical and psychological limits?

To begin with, I offered the chance to meet for 2 hours in my office. No theme - just meet. This created some sort of “safe space” and the opportunity to get in contact with other helpers. From now on every few weeks a meeting was scheduled in my group room. Every time 5-10 persons showed up.

I acted as an informal facilitator and leader of the talk in the way that I had practiced many years in leading a Balint group.

The rules were simple: Every participant should have the chance to present his “case”. Every question was an important question. Mutual respect. Free speech. Fresh thinking. Courage to one’s own stupidity. No talking about the group outside the group.

The problems they had were very similar: all questions emerging in their “cases” had to do with their intense relationships with the people in need, combined with the primary absence - or the secondary loss - of their capability of self-reflection and self-restriction. All of them were struggling with unconscious identification, the question of boundaries. Quite a few found themselves tangled up in the traumatic experience of their “clients”. They had given up their self-protection. Throughout the sessions most of them regained perception, acceptance and control of personal affective states like: frustration, fear, aggression, shame, guilt or psychophysical exhaustion.

This experience showed me, that the core skills of a Balint Group leader can be helpful *beyond doctor-patient-relationships*. In critical situations our group leadership expertise can be a relief to non-professional voluntary helpers by facilitating to understand their *helper-client-relationships*. And they can give them support to take care of themselves under moral constraint in times of uncertainty.

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Rosa Sagic, Serbia

Adaptation in global uncertainty

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An intense traumatic experience called PTSD, has been experienced by many of us present here. Even though the war is behind us, many people still suffer consequences of war, As much as that diagnosis was stigmatized in the media, people who come for the first time, still report to this day, that they have evidently developed PTSD. Unfortunately, due to stigma and shame, they have the feeling that they cannot be helped and that they will be able to overcome their ailments on their own. It happens that people come to report with PTSD symptoms even 30 years after the war. I'm actually addressing people who during the war were minors or on the threshold of adulthood. Today, 30 years later, they still suffer from specific traumatic emotions resulting in dysfunction. In addition, their families and children transgenerationally are re-living that experience.

The concept of post-traumatic growth: means (without being pathetic) that a person who underwent a traumatic experience, survives by the means of both his own and environmental factors thus becoming empowered. By helping those people, we empower them to become stronger through the experience they went through, and this journey empowers the mental health providers as well.

In Serbia, 7% of people are diagnosed with depression. Burnout in population of medical professionals is characterized by emotional exhaustion, alienation and, consequently, inefficiency. Care giving professions have some level of protection against of burnout until a certain moment. After that moment of great psychological burden they become risky. Many healthcare workers have had the chance to slide towards burn-out when they are under a lot of psychological stress.

Why are our occupations protective? Because every instance of help given to another person is simultaneously helping ourselves, regardless of who we are, what we are and what tools we use in our work. This takes place through the strengthening of one's own psyche and the stimulation of personal growth and development.

We humans are designed so that we cannot function without our environment. We are designed like a car that won't work without a driver, but it doesn't make sense without other people in the traffic, without a road, without a passenger, it doesn't make sense without other people for whom we will open the door to enter the car and others who will get out. We humans are social beings and in that social interaction, the psyche is somehow under the influence of social interactions, and that's how we help ourselves.

Balint has an intention seeing the traumatic experiences as the construct that has the potential to affect the Primary Love state which refers to infantile potentials of the baby, further presenting the risk factor to the development of the loving capacities of the child. The harmony that is normally seen in mother-child relation differs from the mix-up setting that will contain the frustration and traumatizing that can be experienced and in the end promotes separation, individualization and growth. Sooner or later the infant will experience discrepancies between its needs and the physical and psychological care and affection of the primary object. This "basic fault" is conceptualized as a structural deficiency in the mind and we all have this deficiencies. If the infant's needs are extreme or the environment very insufficient in satisfying them, this will lead to severer deficiencies of the mind which are only partly reversible. The traces of these early experiences will remain or contribute to the person's constitution and determine how the person reacts to all illness as they will be repetitions of the basic fault (negative sensations out-numbering positive sensation). The person comes to the physician in a state of regression, like the desperate infant. In this state of regression the person is vulnerable and in contact with the basic needs for safety. The physician can temporarily take the role of the primary object of the patient and has a unique possibility to mature the patient's process of growing up.

Any doctor who practices somatic medicine has more access than a psychoanalyst, but can project personal basic errors onto patients that affect treatment.

Attachment and relationships should be considered as the frame of Balint work. We could say that the more secure the frame, the more freedom there can be in Balint space. The more trust, safety and effective leadership, the more richness and power there can be from the Balint experience.

The stable frames and safe milieu in the Balint group, maintained by the leader, can probably act as a greenhouse, facilitating the member's growth. Balint group leadership may be conducted in different styles, but it always aims at producing a safe environment for creative reflection on the therapist/ client relationship, where therapist can expose their feelings of insecurity and frustrations, and learn how to interpret and make use of this feelings.

Martina Torppa, Finland :

Balint leadership under global conditions of uncertainty

IBF Leadership Conference

BEOGRAD, Serbia

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It is good to be here in Beograd with all of you! Beograd means literally white city. In my mind white city arises an image of a white paper or canvas, and this associates with the inspiring moment of starting to create something new. Another inspiring thing with Beograd is that it is at the confluence of two rivers. We are in a good place to conflate the wisdom and creativity of us all to explore Balint leadership under global conditions of uncertainty.

UNCERTAINTY

It has been said that the only certainty we have is uncertainty. This is so true. Basically, we never know what is going to be next. We don't know what is behind the next corner. We don't know tomorrow. This essence of life is a bit hard to bear, and we most often do not want to remember it. We avoid awareness of uncertainty because it creates negative emotions in us. Basic emotions like sadness, anger or fear and several unfavorable secondary emotions are associated with uncertainty. Negative emotions arouse the limbic system, they activate the amygdala, the brain cortex, and our whole system. (*Korkeila, J. Stressi, tunteiden säätely ja immunitteetti. Duodecim 2008;124(6):683-92*) Thus, our bodies, and our minds, are in a state of stress. Stressed state of body and mind drain us emotionally. We lose our freedom and creativity.

GLOBAL UNCERTAINTY

In the history there have been wars, pandemics, nature catastrophes like earthquakes, floods, meteorite crashes, volcanic eruptions, wars, economic crises, and pandemics. Global uncertainty has been there in all times. Today we, perhaps, are better than ever informed of the catastrophes around us and everywhere in the world. It is difficult to avoid knowing about wars, accidents, or any crisis in all the corners of the world. Phenomena like covid-19 pandemic or climate change are two examples of today's uncertainties.

Research on psychological reactions to the Covid -19 pandemic (*Sokolowskaja J, Ayton P, Brandstätter E. Editorial. Front. Psychol., 30 Aug 2021*) has shown reactions to risk and affect, lockdown, mask wearing, issues of personal freedom and virtual communications. Risk and affect have caused painful emotions, fear, anxiety, stress responses in the body. Social isolation has been painful on many levels. Socio-emotional tension has been aroused by mask wearing. Isolation has caused stress, anxiety, loneliness, depression, tiredness, boredom, and reactive behaviors. Restrictions of personal freedom and pressure to comply with social politics has not been easy. People have been confronted with political aspects of the pandemic as well as differences in moral decision making between frontline workers and lay people. There have been experiences of tiredness and boredom of isolation, questioning of the interpretations of statistical data on pandemic and global conspiracy theories.

The link between climate change and physical ill health is apparent. It has been stated the link between mental health and climate change is less obvious (*Clayton S. Climate anxiety: Psychological responses to climate change. J Anxiety Disorders, Vol 74, August 2020*). However, scientific research has shown that climate anxiety is common. For example, in a big study among American population reported that people are curious, fearful, anxious, or angry about climate change. And further, one fourth of the responders report feeling very fearful, very anxious, or very angry. (*Speiser M, Hill A N, Catalano K. (May 2022) American Climate Perspectives Survey 2022. Vol II. Part II. Climate Change Sparks Emotional Responses. ecoAmerica. Washington, DC.*) A systematic review on eco-anxiety found that eco-anxiety was associated with depression, anxiety, stress, post-traumatic stress disorder, insomnia, lower self-rated mental health, functional impairment and reluctance to have children. Negative mental health outcomes were more general in younger generations, and in poorer countries. (*Boluda-Verdu I et al. Fear for the future: Eco-anxiety and health implications, a systematic review. J Environmental Psychology Volume 83, December 2022*)

THE TASK OF A BALINT GROUP LEADER

Balint group leaders' task is to provide a safe space for the participants to discuss about cases presented, to reflect on one's own thoughts, emotions, associations, or fantasies. Balint group leader is supposed to help the group to work, to structure the groups process and to keep the group work focused on doctor-patient relationship issues. It is said that the leaders teach by their example. Leading a Balint group well requires sensitivity, intuition, creativity, patience, reason, and analytical mind. It is a delicate process in which much is demanded from the leader. The leader should be well tuned and balanced in this task.

EFFECT ON BALINT GROUP WORK – QUESTIONS

Global uncertainties effect on our lives on many levels, and therefore also on the doctors' work in the consultation rooms, and thus also on Balint group work. There may be new kind of cases presented the groups. Doctors may have difficult relationships with patients who suffer from covid- 19 pandemic or have eco-anxiety. Doctors may be faced with questions that also make themselves worried, anxious, helpless, unsecure.

This rises some questions:

As Balint groups leaders, how do we deal with this in Balint groups?

How do we keep the atmosphere safe and secure in our groups as all the global uncertainties flood into the group?

How do we focus on transference or counter-transference phenomena of doctor-patient relationships in such situations?

Should we restrict the topics or areas of discussions in the groups?

Should we as leaders talk about these issues and share our emotions concerning global uncertainties with each other in the group?

Or should ignore these issues?

Can there be a collective stress mode, low mood mode in the group?

Does the leader have to contain more anxiety and negativity than in less uncertain conditions?

CHALLENGES TO BALINT GROUP LEADERS - QUESTIONS

Balint group leaders are humans, too. We may also be affected by the times of global uncertainty and have negative emotions like all others. We may be stressed, even anxious. Many of us lead Balint groups alone these days. We may be alone with our stress and anxiety.

We may ask:

Are Balint group leaders stressed, burnt out? What do we know about this?

Do we talk about it if we are stressed or anxious?

How does the stressed mental state of the leader affect the group?

Is it ok as a Balint group leader to share own anxieties in the group?

Who listens to the Balint group leader? Is our support system good enough?

In all, during these days here in Beograd, we can explore relieving and empowering ways to support one another in the global Balint family in this uncertain reality we are living in!

Jessica Leao, Brasil

Balint leadership under global conditions of uncertainty

IBF Leadership Conference

Belgrade, Serbia

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Before I start, it is important to create a context.

First, it is important to recall that other people's reality isn't the same as mine. For instance, I come from Brazil, and coming here was a journey. I needed to get some liberation at work that some of you can't understand. Because of work, I needed to come and leave fast, leaving no time to rest, meet the city, or whatever. For some of you, it may be difficult to understand how and why I am here, but I am. For some of you, it may seem bold, brave, or even irresponsible to come so fast without having some time to rest, but here I am, dealing with this uncertainty and the consequences it brings. Knowing my own vulnerabilities and uncertainties somehow makes it easier for me to understand others.

Second, in Brazil, the health system (SUS) provides universal access, equity, and social participation in public healthcare. This health system emphasizes comprehensive and integrated care for all, regardless of socioeconomic status. That seems amazing for many of us, but despite that, little is studied about the impact patients' socioeconomic, political, environmental, and cultural issues have on health professionals. It also provides many cases about the most different and challenging contexts for the Balint Groups. But as Balint leaders, are we capable of dealing with it?

This image, you can see here, was developed by AI as I asked: "an oil painting about Balint Groups in times of uncertainty." as we can see, even the AI understands that the Group stands even in the woods, with wind and climate adversities.

As we know, Balint Groups emerged just after World War II. In the core of Balint Groups, we have socioeconomic and violent issues. The groups emerged as a possible intervention strategy that intends to modify the health professional's behavior patterns and impact professional practice. More than that, Balint Groups can promote a space to explore and discuss social problems that create the context of care, and it's important for us as leaders to learn how to deal with it. The Balints talked about patient-centered medicine, so we must focus on the person and all the contexts he or she brings.

As Balint Group leaders, we may deal with poverty, racism, sexism, violence, climatic anxiety, and the Anthropocene; these subjects may appear in many groups as the core of the discussion. It is important to prioritize active listening and empathy, but it can (and probably will) also be problematic for us. Before being leaders, we are people with feelings and with our prejudices as well. We may not be comfortable working with the issues that are being presented, maybe we disagree with the political views of the participants, maybe we present a fight about some issue inside of the group, or maybe we see people suffering because of their transference, there are a lot of "maybes," but one thing is certain: uncertainty.

Sometimes, it may seem that these events don't belong to us; perhaps some of you have had the privilege and luck not to have faced situations like that in your practice or in your groups.

What about us?

It's easier to think about the transferences we have with the presenter's feelings of
What would you do if racism, machismo, etc., were presented to you in a Balint Group? What would you do if you felt a racist yourself in your group? How can we deal with things that disturb all of us as human beings? How can we do it without making the group lose its relationship focus and become a group focused on social themes? Or, how can we deal with uncertainty without ignoring its existence?

Here, we hope to discuss and explore these thoughts more!

Jessica Leao

Brazil

Isabelle Nouet Martinot, France

**IBF Leadership conference, Belgrade, Serbia
2023**

Adaptation in global uncertainty

I am happy to meet again with international leaders in Belgrade after 6 years,
One of our task is to reflect about leadership under global uncertainty,
And my focus will be to review and reflect about some of the adaptations leaders had to face
in that era of global uncertainty.

Along the Covid crisis, care givers have been facing tough situations from patients, and
sometimes suffering for themselves or their relatives. Pain and fear seem to have broken the
Limits between professional and private life. Both for care givers, and leaders in their
leadership function, practice and professional lives. A need of connection between health
professional has arisen, along and after the lock downs

In that period, a new multifocal challenge has arisen for leaders:

- How to contain that increase of tough situations presented by health professionals in their groups?
- How to address a need of connection arising among health professional, sometimes isolated in their practice, in their area and world wide?

All of these questions emerging in a social and political frame of uncertainty, fear and
sometimes confusion or cleavage between conflicting demands.

This is when two frames of Balint groups were experienced and used to stay connected:

- The usual presential Balint group, perceived as all the more important, to secure holding of the participants when possible
- As well as online groups, which were experienced by some leaders in the context of lock downs, to make it possible for remote health professionals to join a continuous work within a Balint group.

How could the leaders adapt to these requirements?

- This required experiencing and adapting the Balint frame, to ensure the security of the thinking process,
- And on top of reflections on doctor patient relationship, an extra focus on holding, to be able to welcome the burden of the care givers, throughout the presented situations.
- I remember a Balint session with training doctors, when the presenter was invited by her co students to present a painful situation. As they felt she would need a secure frame to share the burden of a very tough situation. She shared to the group about a young girl she had to accompany in her late weeks until she died, in a kids rehabilitation hospital. As soon as she spoke, the group was stuck by the intensity of the situation she had to face, everyone stayed silent for a minute, and I felt our task would also be to share physically part of the burden she had to face. The group facing the surprise she had to experience, with the intensity of the unspoken suffering perceived within the group, which had to welcome and share. This was a cornerstone

within that group, strengthening the feeling of identity of the group, as well as the confidence of participants afterwards.

- As a parallel process the burden sometimes overwhelmed health professionals, through the presented situations. And that question of holding might have been at stake.

The supervision of leaders was all the more important, and an occasion for them to testify the burden that they had to hold.

- As a parallel process, leaders had to face uncertainty within the presented situations
- As well as perceived the task to address negative emotions expressed through the groups.

This definitely highlighted the requirement from leaders to secure or redefine their Base.

- In that perspective the online format was also a new frame to experiment. And those who dared to propose groups online, could experiment how the Balint work could also emerge online. Including silences, sharing of emotions, and comprehensive work on tough situations. Sometimes with a benefit for situations where fusional questions and the question of proper distance were at stake.
- The online format changed the holding mode, yet with a new frame which emerged as an evolution and a confirmation of the importance of a holding device.
- Along the model of leaders or coleaders leading a group in a given room,
- Emerged the pattern of a group displayed on a screen,
- with a symbolic gravity center associated to the location of the co leaders.
- During the session, This required an extra sensitivity to what was presented on the screen, as well as silences and unspoken facial expressions
- One of the leaders task was to invent new ways of connecting within the session,
- As for debriefing, it was sometimes fruitful to propose afterwards debriefing moments, as a way to secure the continuity of the coleading process.
- The facility to plan supervision session with experienced leaders was also a new opportunity to propose distential supervision.
-
- In my perspective, these evolutions seemed to confirm the need of secure frames such as Balint groups, for care givers as participants and leaders, to enable them to work on tough situation striking them in these times of global uncertainty. With a significant focus on securing group dynamic and holding the process of the Balint work.

Isabelle Nouet Martinot