

*7<sup>th</sup> IBF Leadership Conference - Hamburg, Germany, October 24-26, 2025*

*Do we lead Balint Groups in a bubble?" - How do Balint Group leaders deal with dilemmas of inclusion, exclusion and polarization within the group and as a reflection of external reality?*

### **Feeling excluded – my experience from 2 different perspectives**

By Amos Ritter

In a group therapy conference, that took place in Israel a few months after the October 7<sup>th</sup> attack, the discussion in a large group was about the treatment of survivors and relatives of victims of the Hamas attack on Israel. In the middle of the session, an Israeli Palestinian therapist suddenly stood up, overtly upset, and left the room. Another member, who sat next to her, left after her. The group continued working without referring to what had happened.

During the break, I spoke with the therapist who left the room. She told me that the whole family of her sister, who lives in Gaza, was killed by an Israeli air strike, that followed the Hamas attack. She expected the management of the clinic, for which she worked, to express their condolences, the same way they do with Jewish victims of terror or war, but this was refused.

I wondered what would I have done, had I been the leader of this group. Were the leaders aware of the group's composition? Did they prepare themselves to possible conflicts, regarding the Hamas attack and the war that followed it? Were they aware, during the discussion, that we are in a "conflict zone"? Had they made an early intervention, could it have prevented the reaction of the Palestinian therapist? Was it correct to continue the discussion after she left the room, without referring to her action?

When Balint groups are carried out in areas of war or conflict, it is very difficult, or even impossible, to prevent themes related to the conflict, from infiltrating the group's discussion. How can we relate to a case of a Jewish doctor who works as an ER physician, and presents a dilemma of treating a Palestinian terrorist who was brought to the hospital, along with the victims of his attack, without referring to the conflict, from which this situation arose?

In every conflict between 2 groups of people, there are always at least 2 narratives. Every group claims for justice according to the narrative they hold. In many cases, Israel being just one example, there is a conflict between the narrative of the majority, and that of the minority. This inequality may be carried along into the Balint group. Should the leader strive to "balance" this inequality, by promoting the minority's standpoint? Can the leader overcome her own feelings, related to the group she belongs to?

What kind of feelings are evoked in situation of conflict between 2 or more groups of people?

One can surely find hate, blame, disgust, envy, but I think that the strongest of all, that may also be the basis for other emotions, is fear. Fear of the different other, who may look different than us, speak another language, which we don't understand, fear of violence, or fear of becoming similar to the other, thus forming a crack in our own identity.

Is it the role of the leaders, to try to investigate these feelings, to bring them out onto the surface, so the group members can be more aware of the emotional process being carried out in their minds?

Can this be considered as part of dealing with the “Doctor patient relationship”? Or should we strive, as did the leaders of the group in the conference I was in, not to allow the external conflict to penetrate into the group discussion?

Different leaders may have different answers to this question. My own opinion is, that if the conflict is part of the dilemma presented in the case presentation, we cannot, and should not, prevent it from being part of the case discussion. The leaders should strive to provide space for the feelings that arise and their relations with the different narratives, without giving priority to one narrative, be it the one of the group they belong to, or that of the others. Themes related to conflicts should not be excluded from Balint group work, but strong emotions that may arise among group members, should be monitored and discussed in reference to the case presented.

5 years ago, I came to Germany with my wife, with the intention to stay and work there. Michal was a Feldenkrais practitioner, and got a German diploma without any difficulties. I wanted to continue working as a GP and psychotherapist, and also as a Balint group leader. The bureaucratic process for getting an approbation as a physician was unsurmountable, and in spite of German being my mother tongue, I failed the “professional German” test twice. Friends I know in the German system tried to help me by writing letters to the authorities, with no avail. I finally gave up, and we returned to Israel. For the first time in my life, I had the feeling of being in a deprived minority – those without perfect knowledge of the German language. I felt humiliated, unjustifiably deprived of the right and freedom to practice as I did for so many years, with much success and appreciation. Trying to integrate in a foreign country, even when you have the privilege of a double nationality, can be emotionally demanding and exhausting. This feeling of being excluded, can be repeated in different constellation, and may also happen in the context of a Balint group. I have taken part in several Balint conferences in Germany since then, and even though I was always warmly welcomed, I still felt I was in a minority, as a foreigner who does not master the language as well as those who are native German speakers.

I feel that having been in the minority situation, I can now better understand the feelings of Balint group members, who belong to a certain minority – be it related to race, nationality, language, gender, sex orientation or any other. The bare awareness of the leaders to the existence of members who belong to a minority group, and to the possibility of conflict within in group, is a necessary and important part of leadership. The leaders can then decide if they want to orient the group discussion so these issues will emerge to the surface, in relation to the case being presented, or to the relationships between group members, as possible parallel processes to the case presented.

I will now read to you a poem by Audre Lorde, who described herself as “black, lesbian, mother, warrior, poet”

### **A Litany for Survival**

By [Audre Lorde](#)

For those of us who live at the shoreline  
standing upon the constant edges of decision  
crucial and alone  
for those of us who cannot indulge  
the passing dreams of choice

who love in doorways coming and going  
in the hours between dawns  
looking inward and outward  
at once before and after  
seeking a now that can breed  
futures  
like bread in our children's mouths  
so their dreams will not reflect  
the death of ours;

For those of us  
who were imprinted with fear  
like a faint line in the center of our foreheads  
learning to be afraid with our mother's milk  
for by this weapon  
this illusion of some safety to be found  
the heavy-footed hoped to silence us  
For all of us  
this instant and this triumph  
We were never meant to survive.

And when the sun rises we are afraid  
it might not remain  
when the sun sets we are afraid  
it might not rise in the morning  
when our stomachs are full we are afraid  
of indigestion  
when our stomachs are empty we are afraid  
we may never eat again  
when we are loved we are afraid  
love will vanish

when we are alone we are afraid  
love will never return  
and when we speak we are afraid  
our words will not be heard  
nor welcomed  
but when we are silent  
we are still afraid

So it is better to speak  
remembering  
we were never meant to survive.