

*7<sup>th</sup> IBF Leadership Conference – Haburg 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?*

ON NEUTRALITY, COLLUSION AND PERVERSIONS:

By Esti Rimmer, UK

Pitfalls in the life of a Balint group leader.

Opening remarks for the Hamburg leadership conference autumn 2025:

A doctor presents a case in a junior doctor Balint group. The patient is a young woman admitted to a psychiatric ward. The young woman refuses to leave her room on the ward. She is lying on her bed (elevated) with her mother tending to her. The patient is complaining she cannot walk or get off the bed due to extreme weakness of no organic cause.

Dr A. is an international medical graduate. He completed his medical training in an African country and is now doing his advanced training in psychiatry in the UK.

Dr A is a thoughtful, smiley and enthusiastic young doctor.

He described his attempt to engage the patient in an assessment interview which was to include a physical examination (a requirement for any new admission). The patient refused to answer any questions turning her head toward the wall. The mother was hostile and refused to leave her daughter's bed side.

The doctor attempted to continue with his examination and suggested he needs to take a blood test. At this point the mother and daughter started screaming at him to go away and go back to Africa where he belongs. The doctor tries to calm the shouting but they only get louder and more abusive.

Suddenly a senior female nurse bursts in, succeeds in firmly calming the screams and eventually is able to do the blood test.

The doctor leaves the room, feeling humiliated and discouraged and asks himself what could he have done differently.

The group is silent.

The leaders of the group, feel shocked and paralysed.

How to respond?

In this short paper I would like to reflect on three possible positions faced by Balint group leaders, when presented with shocking, conflicting or unacceptable situations.

1. Neutrality - actively do not take sides
2. Collusion - passively (unco.) collude with what feels more comfortable not to address: i.e. denial, avoidance, etc.
3. Perversity- a more active at unconscious Level of reenacting.

### Neutrality:

Freud, in his discussion of the role of the analyst coined the term neutrality of the analyst.

However, what Freud referred to by neutrality is a sense of the analyst taking équi-distant position between the id and the superego: meaning not taking a position in the internal conflicts of the patient in any direction.

This was taken by many psychotherapists to mean a neutral position in relation to any material presented, without any judgement or any expression of emotional reactions or personal resonance to the material and often taken as such by Balint leaders as well.

However, Hanna Segal, one of the prominent members of the British psychoanalytic society, herself a Jewish refugee from Poland who arrived in Scotland as a young medical student, via Switzerland and Paris, took a clear and forceful position way from neutrality. She became a fierce fighter against nuclear disarmaments, war and persecution and an advocate of human right. In her later years and following the Cold War and then 9/11, she spoke and wrote against the dehumanisation of the other.

She says in response to the question what role can psychoanalysts play (in preventing dehumanisation of the other):

“Firstly, we must look into ourselves without turning a blind eye...we must face our fears and mobilize our forces against destruction ....

Secondly, we have a specific contribution to make. Thanks to our clinical work, we are familiar with mechanisms such as denial, splitting and magic omnipotence thinking.

we should therefore be able to contribute to the overcoming of apathy and self deception in ourselves and in others. We who believe in the power of the words and in the therapeutic effect of verbalising truth must not be silent “(JM Quinodoz, 2008).

So back to our paralysed leaders. What should they say or do?

The leaders keep silent, waiting to see what the group does. The group members are very shocked and angry on behalf of Dr A. They identify with his feelings of humiliation and helplessness but the abusive patient and mother are not thought about.

Leader A eventually says he is feeling outraged by the level of racism and hatred coming from the patient and her mother and invites the group to think about what this hatred might be about. The group is then able to think more freely about what the patient experience might have been like for her to behave in the way she was behaving.

The group and Dr A were then able to move beyond the angry outraged and hurt position, to a more thoughtful position which could reflect on the doctor patient relationship.

### Collusion:

In their post group supervision, the leaders were wondering if they found it difficult to think with the group about what was denied.

Leader B felt Dr A was scapegoated by both the patient, her mother and the team which set him up to fail in sending him alone as a young black male to enter what was potentially a

volatile situation. She felt unable to comment on this for fear of offending and further upsetting Dr A.

Balint speaks of the collusion of anonymity in the doctor - patient relationship, where a problem might be referred elsewhere for fear of confronting something uncomfortable in the consultation. (Otten 2018)

The leaders who felt paralysed by fear and discomfort wondered if they also had colluded with the group in avoiding thinking about the possible racism in the team and in the group, due their fear of touching the elephant in the room.

#### Perversity:

Freud refers to perversity as the conflation of sexual satisfaction with aggression: i.e. hate rather than love, or the combination of Eros and Tantos (love and death) - where satisfaction is achieved by expression of hate or destruction.

I would like us to think briefly about perversity in a broader sense, not only the sexual one, but the satisfaction achieved from expression of power, domination, superiority and humiliation of the other as it might be re-enacted in a Balint group.

Dr B, is a caring and conscious GP, she presents a case of a young man, suffering from chronic pain and depression, who is locked in a relationship with a woman who sadistically humiliates and belittles him, constantly criticises him for his inability to earn a high income like herself and his social anxiety.

The doctor feels for her patient, and intensely dislikes the partner who she hasn't met, but finds it difficult to help the patient extract himself from this destructive pattern of the relationship.

The group starts a very animated discussion, the tone of some of the members comments is quite dismissive of both the doctor and the patient's "weak and ineffective "identification".

One group member comments: "I feel like the patient needs a good shaking "another one adds: "I feel like the doctor needs a good shaking too" there is laughter in the group.

The leaders exchange anxious looks with each other. The group is too animated and excited. It is getting out of control.

Leader A. finally comments on the lack of empathy for the patient's or the doctor's feelings. This leads to a more thoughtful reflection about the difficulty of working with A sadistic-masochistic pattern.

Leader B. Wonders if the group might have re-enacted some of this dynamic.

One group member says: "I guess we might have acted a bit like Trump with Zalinsky, trying to bully the doctor to act more decisively"

Dr B. Commented she now felt less alone in her frustration and helplessness with the patient.

Another group member commented: "ah perhaps, like Zelensky we all need the group of allies' European leaders to accompany us, when going to meet the bully. Perhaps the Balint group is some kind of cheer leaders' group to support the doctor in the front line?"

In this conference we would like to think further, how we as Balint leaders, can facilitate the group to confront the bully, both the internal and the external ones, and avoid the pitfalls of reenacting perversities, collusion with denying the uncomfortable truth or remain "silently neutral" in the face of it.

I wish you all a fruitful and enjoyable conference.

Esti Rimmer, Sept 2025

Neutrality (Freud, Segal)

Collusion: anonymity

Perversion: re-enacting