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*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?*

**Aspects of inclusion, exclusion, polarization and the significance of language in Balint work**

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I would like to present a “case”, an incident that occurred during a group session.

I hope to demonstrate three points:

1. The significance of being familiar with our own “bubble” and the “bubble” our group members might come from.
2. The implications of inclusion, if the inclusion is not on a voluntary basis.
3. The impact that the choice of words can have in our group work and the importance of sensitivity for the connotation in language.

Let me start with a few thoughts about the term “bubble”. You all realize that the expression in our topic is used in a metaphorical sense. The connotation in our context stands for a social group that makes a distinction between “themselves” and “others”. Members of a group like this are familiar with their “inside”, but often might feel little necessity to care much about the “outside” of their group. Besides following their “*insider rules*” they also tend to develop an “*insider language*”.

As Balint group leaders we definitely do use our own insider language. Just think of terms like “fish bowl” or “push back”. We thus meet one of the requirements for a “bubble”.

But what about insider language used by our Balint group members? They may use terms familiar in their connotation to members of their social group, but not to other persons they meet for a Balint group session. How sensitive to this aspect are we as group leaders? To which extent are we aware of all aspects of inclusion, exclusion or polarization by the use of language in our groups?

So here comes my case.

In Germany since almost 30 years we have mandatory Balint groups for many doctors in residence on their way to specialization as GPs, Gynecologists, Pediatricians or doctors working for the public health insurance system, providing Psychosomatic Basic Care. They all are required to show evidence of participation in 15 Balint group sessions. This type of mandatory inclusion has a strong influence on motivation, and often initially minimizes the willingness of some of the participants to expose themselves to the group process. The result can be open or hidden aggression. It also means that we welcome residents to the group who do have very restricted capabilities in handling the language, as some have come to Germany just recently. This inclusion is imposed on the group leaders and sometimes can lead to conflicts in the groups, especially when we have this mix of some who struggle with their passive resistance and others who struggle with a language barrier. Most of the groups find solutions to this issue. But on the other hand it can be a challenge for the leaders.

Let me tell you about a group session that happened some years back.

I used to do one of these mandatory groups for the residents in the local hospital. The participants worked in various fields of specialization. Normally this variety is an enhancement as the group members share an insight into different fields of medicine. The groups were scheduled in blocks of six sessions from Friday afternoon to Saturday evening.

On one of these conferences I met a group of young, unexperienced residents. Neither had I met them before nor did I have any influence on the selection of participants. It was Friday afternoon, which means that the following sessions until Saturday took place in addition to their working week, which of course does include night calls. Like everywhere else they had to cope with a heavy work load.

A young female resident was telling the story of a female patient accompanied by her husband. She had seen her one night in the emergency room. She spoke about the patient's ethnic origin: "from somewhere in the Middle East or Africa". The presenter emphasized the patient's scarce knowledge of the German language. The encounter had been exhausting for the doctor because of the difficult communication. The doctor talked about her struggle with this. You could tell the extent of annoyance by her body language, especially her facial expression, rolling her eyes and saying: "Oh you know, she had this typical southern exaggeration in her behavior! She had this typical Mediterranean all-body-pain!".

The group started working on the case. Two more group members contributed similar experiences. In a subtle way the group seemed to share a hostile attitude towards this patient. I in my function as a group leader was wondering

how to deal with this situation. I decided to wait for a group member to take a different position.

Suddenly another young female doctor, who had been sitting right next to me, stood up and left the room. I remembered that during the introduction round she had shown to be not very fluent in German and not experienced in Balint work.

Another group member ran after her. I said something like: "Do we want to wait or shall we continue?". The group was slightly irritated, but decided to continue. The atmosphere was different now. After a while the one who had run after her came back alone. He reported that the colleague worked in his department and that she refused to come back. She had left the conference. She had told him that she had lived through a personal story of escape, language problems, bureaucratic hassles and discrimination. She experienced the group as hostile towards her personally.

A disruption which gave me a hard time to "repair".

So what had happened?

The participants were only in parts familiar with each other, except for working in the same big hospital. Some individuals were new to everybody else. I as a group leader had not met them before. Inclusion of everyone applying was expected. I did not have a co-leader.

The type of language chosen by the presenter obviously had the character of "insider slang". The formulations used by the presenter had multiple connotations, but could have been the type of language the young doctors used amongst each other, because nobody questioned her choice of words. The signal was: "silent agreement".

It was my error to hope for the “wisdom of the group”, because the group did not give a correction until after the colleague had left. She enacted her disagreement and her reaction to the offense.

I could try to get out of this jam and say that “the group went through a parallel process to the case”. But especially in beginners’ groups with members we have not met before, we have to thoroughly balance between the benefit of understanding the case, and the price we pay by allowing that a group member feels offended or like in my example even gets close to be re-traumatized. The young doctor who left had chosen self-exclusion to protect herself

On my part it was a lack of sensitivity for the offense in the language that made me miss the chance to intervene. I did not realize that this group in parts came out of the same bubble with the same “insider slang”, and that at least one member did not belong to this “bubble”. Of course the remaining group including myself learned a lot in this session, but I was very unhappy about the price that had to be paid.

Conclusion: When dealing with the significance of language in Balint work I would like to invite you to recall some basic aspects of communication and semiotics.

- Group communication is not a one-way process. We as leaders address the group, and so do the group members amongst each other.
- Group leaders and group members use insider language of some kind. We never can be sure that we are familiar with all the connotations. They might have their origin in a bubble we are not familiar with.
- The interpretation of words is influenced by the way the phrase is vocalized. The accentuation, the tone of voice, the loudness etc.

- In addition to what we say we *always* communicate by kinetic expression. The body language can underline the spoken words or symbolize the contradiction of the wording. That is how double messages are sent out.
- The meaning of a term is NOT equal to the definition in the dictionary. The meaning is defined by the context in which it is used. The context is especially important when terms are used on a metaphoric level.
- It is the listener and not the speaker who creates the meaning of what has been said.

Only as long as I - in my leading function - am sensitive for connotations, insider slang, derogative phrases or offensive language, I can think about how to intervene. A simple intervention would be to ask for a clarification if I sense a double meaning or a hidden offense.

I am convinced that we will improve the quality of our Balint work if we constantly keep our attention to this issue on a high level. Sensitivity for wording and body language may give a chance to translate connotations that exist in different bubbles.

I wish you all to have the sensitivity of perception and the courage to intervene at the right time.

Thank you!