

7th IBF LEADERSHIP CONFERENCE OCT 24-26, 2025

HAMBURG DISCUSSION

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

The three opening presentations were followed by three discussants:

Andrew Elder, Heide Otten and Michele Paree

I must confess it took me quite a long time before I was able to think about the subject of this conference. I am so used to thinking about Balint Group Leadership from WITHIN the bubble!

Our organisers have been wise to try and focus our attention at the porous interface, what we might call the semi-permeable membrane between the inner world of Balint groups and external reality.

As custodians of the membrane this clearly places Balint Group leaders with an additional layer of awareness and flexibility in both holding the Balint frame but also deciding when and how to adapt to external pressures.

Our three excellent presentations force us to think outside the bubble!

Amos starts off by placing us in a war zone within a deeply divided country where any group must initially take stock of the safety, anxieties and state of mind of the participants before even thinking about proceeding to Balint work. Shai Krontal and Daniella Cohen presented such a group – a trauma-adapted Balint Group - at the last IBF conference in Boulder. There are many other areas of the world where deeply held and divisive feelings may surface (or need to be surfaced) during Balint work.

Amos places us clearly in the first person. With great openness, he has presented not a group but himself. He invites us to do the same. He recounts his own experience of feeling in a minority and asks how he would react as a Balint leader when confronted with a case which exposes this trauma in himself.

He ends by giving us a rather wonderful poem which can be read in part as The Lament of a Balint Group leader! It starts ‘For those of us that live at the shoreline/standing upon the constant edges of decision/crucial and alone...’

With the language of a poet in our minds we turn to Philipp who places his central emphasis on language, and a plea for more sensitivity to the nuances of language and its associated dynamics of belonging and exclusion. With admirable honesty, he recalls a traumatic group experience in which the language moved into the third

person (these patients they're all the same) and when adopted by insiders in the group led to a vulnerable young doctor suddenly walking out.

Philipp asks himself could he have intervened earlier rather than hoping for the 'wisdom of the group'.

In focussing on language, Phillip reminds us of the importance of plain language in the Balint tradition. No fancy medical terms, no euphemisms, no passed away instead of dying and no projections, transference or diagnostic labels.

Esti's presentation takes us into collusion and awkward areas of avoidance through a raw description of racial abuse which leaves everyone (including the leaders) speechless with shock.

Esti offers a framework for thinking about the possible positions taken by Balint Group leaders when presented with such a situation as well as giving a valuable insight into the workings of a co-leadership pair as they try to function as the infrastructure of a group in shock, or as in her second case, when drawn into an unconscious re-enactment of the case.

In thinking about co-leadership, I often think we are over task oriented. 'You look after the time...and I'll do the washing up!' Surely the complex tasks of leadership demand the full conjoint attention of both leaders working as though they were one. Esti's presentation demonstrates that process beautifully.

Both Philipp's and Esti's presentations raise the question of how we think about groups and their defences. It seems to me that groups will often do almost anything but work on their primary task! But perhaps this is a question for discussion.

Clearly a Balint Group itself IS a bubble, a group within a secure boundary voluntarily turning its attention inwards to observe and study things that would be difficult to study in any other way. Groups now take place in many different settings. Is it one size fits all? How do we decide whether a dilemma can be dealt with within the context of the Doctor-Patient Relationship or needs a different approach? Or in an organisational group, whether time and attention need to be directed towards matters of concern within the organisation itself – a traumatic complaint for instance or an accusation of racism or discrimination.

If a group is within an organisation, how adept are we at negotiating favourable circumstances for our work? Or are we a bit craven, being so pleased to get a foot in the door at all? Although we are familiar with thinking about boundaries – time and place mainly, perhaps not so familiar with thinking about the semi-permeable membrane underlying it or the organisational structures that sometimes lie outside the boundary, but which can have a very strong impact on the working of a group.

Plenty to discuss!

Andrew Elder