



Schweizerische Balint- Gesellschaft

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Patricide as a for instance: On the interaction between the dynamism of Balint conferences and the individual sessions.

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Summary: Our memory consists of related elements, that is, stories. During a Balint session we listen to someone's story. This story rouses stories in the memory of the other group members, that provides a basis for their own contributions. In this way the story becomes increasingly rich and more complete. The story is also staged. When this staged presentation is put into words, the group becomes aware of a shared story, which, in turn, gives the presenter's story more depth and provides group members with a sense of direct experience. During Balint conferences the sessions come thick and fast. Stories still up in the air play a part in determining which story is chosen next and the associations of those taking part. In this way subjects already addressed are developed further and the conference itself develops its own story. This is also demonstrated in the staged presentations. If we are successful in putting the conference's own story into words, that is, if we become conscious of this story, those taking part become detached, get an overview and play a more active role. Becoming conscious of the conference's own story also provides a valuable tool in understanding the stories presented in the sessions. I will attempt to demonstrate this using short examples from two Balint conferences.

Dear colleagues,

I am in the leadership team of a Balint conference and now the leader of this team too. As a team, I'm sure that we all agree that the main job of a Balint group leader is to promote understanding of the doctor-patient relationship being presented. Or, to put it in a nutshell, to understand rather than giving advice. Opinion does differ in the team, however, as to whether this kind of Balint work has its limits.

These differences of opinion became apparent following a fishbowl group in which a theologian had presented a patient. The patient had been living in isolation as an asylum seeker, in a close symbiotic relationship to his wife. He had then killed his wife during a psychotic breakdown. The theologian had been providing support in prison. The patient had also entered into a close symbiotic relationship with the theologian, had begun to idealize her and had asked to remain in her care on being released from jail. This Balint group proved rather unsatisfactory. The theologian found herself defending the patient's corner in front of the group, arguing against contentions that he was dangerous. She seemed to be having a great deal of difficulty establishing inner distance to the patient. At the end a certain degree of reflection was achieved about the patient's experience and in this way also a certain amount of distance.

The leadership team subsequently held a meeting in which strong emotions were demonstrated. It was argued that cases such as this about a psychotic murderer go well beyond our kind of Balint work and it was even said that participants such as the theologian are unsuitable for Balint conferences and should be excluded. I was concerned that we leaders were failing to keep track

and failing to interpret and accused my colleagues of not offering enough support in these endeavours. At the end of the meeting, the majority of leaders thought that it would be wise to urge the theologian to stop treating the patient as an out-patient because he was dangerous and unpredictable. During an evening group the leader of this evening discussion wanted to explain this, but ended up entwined in a one-to-one conversation with the theologian, trying to explain a view which she apparently found unconvincing and wholly unacceptable.

I would like to discuss our disagreement on the limits of Balint work using the term "stories" as an aid. During a Balint session a member of the group tells a story. This story rouses stories in the memory of other group members, that provides a basis for their own contributions. In this way, the story becomes increasingly rich. When the group finds itself giving advice to the presenter, when the group wants to persuade him or when the group dislikes the presenter, the group always sees itself as dealing exclusively with the presenter's story. From experience, we all know that Balint work can encompass an additional dimension. It's sometimes possible to put a staged story into words. The effect of this is twofold. On the one hand, it means that we, the entire group, accept that we are sharing a story. It's now about us all and no longer just about the presenter's story. While on the other, it's like one of those moments when everything just falls into place. We see it, we become conscious of it and in this way gain a certain distance.

I would like to illustrate this by drawing on a small group session from the same week as an example. A psychiatrist told the group about one of her schizophrenic patients, who had become catatonic following the death of her father. After letting her introduce the story, the leader of this small group stopped the presenting psychiatrist from participating in the discussion until 10 minutes before the session was due to end. This restriction created unbearable tension in the group. The leader of the group later explained that she had wanted to protect herself by ordering this exclusion. The psychiatrist explained how she had clearly experienced a feeling of helplessness in which the only way of defending herself was to "switch off", in a way to become catatonic. Having experienced this story of the group, the group found it easier to empathize with the patient, who, since her father's death, had felt helpless in the face of her overbearing mother, and with the mother, who had become so bossy out of fear.

In Balint conferences sessions also pave the way for subsequent sessions in which subjects can be addressed further. Stories still up in the air from previous sessions play a part in determining, which story is chosen in the next session. The motive of a close symbiotic relationship e.g. was continued in the next session after the case of the psychotic murderer. This new story involved a female patient with an addiction for Valium who had entered into an "eternal" relationship with her psychiatrist. This session proved to be very liberating because of some lively one-to-one interaction between a male and a female member of the group culminating in a discussion on "cutting the umbilical cord".

This means, then, that the sequence of subjects is embedded into the shared story of the entire conference. If we are conscious of this shared story, it is easier to understand individual cases at a deeper level. The story involving the psychotic murderer was characteristic of a conference that began only a few days after the 11th of September. The threat posed by an unpredictable, crushing danger, represented in the session by the murderer, was a theme that continued throughout the entire week. It was clear that attempts were being continually made to set up "avalanche defence structures". Yet this subject was also being staged in the interaction between the participants of the conference and the leaders. In particular, the leaders had a need to set clear limits, for instance in the setting of clear tasks for the evening discussion or in establishing clear rules for the small groups. Right from the start, it was possible to put the staged story into words. Even those regarding a rule as arbitrary and who were angry that it had been set were prepared to accept this veto from the leadership, this avalanche defence structure, as being understandable given the prevailing uncertainty. It was not until the case of the psychotic murderer that we were no longer able to see the shared story. The conflict in the leadership team was another staged presentation with terrorists and defenders of law and order.

As a terrorist, I was furious because I felt that my development was being hindered. And the educational impetus of my colleagues was another avalanche defence structure as defenders of law and order.

I have long been an ardent advocate of putting as much as possible from the presentations staged at conferences into words and having them understood as a part of our shared story. Increasingly, I have been playing a head role over the last few years and, as a result, have found myself part of a surprising new story. To use the words of Henry Higgins:

I'm a very gentle man, even tempered
And good natured who you never hear complain
Who has the milk of human kindness
By the quart in every vein
A patient man am I, down to my fingertips
The sort who never could, ever would
Let an insulting remark escape his lips
A very gentle man...

But, Let a Balint-week in your life
And patience hasn't got a chance
They will beg you for advice
Your reply will be concise
And they will listen very nicely
and then go out and do exactly what they want

I am a man of grace and polish
Who never spoke above a hush
All at once I'm using language
That would make a sailor blush

While it's true that it wasn't quite as bad as this, it proved very revealing as to how I had come to take up this reproachful stance against my colleagues in the leadership team. My conscious intent had been to help understanding, but it had actually been my feeling of more responsibility in a head role and my wanting to realize my own intentions that had influenced the story. Following an initially disappointing conference, I had become aware of this and was now curious about how the next conference would go. In this next conference the leader of the conference played out his role as leader for the last time. As the leader designate, I asked to be an onlooker and, especially at the beginning of the week, had the feeling that I should keep myself very much in the background. The theme of the conference was clearly patricide. The story was staged first. The outgoing leader introduced the conference. Because his introduction was short, the rules mentioned stood out. The first character in this staged presentation, then, was a controlling authority. He then led the first large group on the following morning. The staged presentation continued in that all the participants seated themselves near to the co-leader and the seats next to him remained empty right to the end. The presenter of the first story told of a treatment that was in danger to become a professional blunder because a non-medical practitioner made demands of additional treatments, for which the presenter could not accept medical responsibility. This had brought about an impasse. During the discussion it was suggested that the presenter might have made contact with the non-medical practitioner, but she vehemently rejected this idea. Bearing in mind the staged presentation, this might have meant that confrontation with a harmful authority was still being avoided both with regard to the conference's story and with regard to this group's case story.

The staged presentation continued later the same day in few participants registering to take part in the small group of the outgoing leader. There were some indications that this was more an unconscious staged presentation rather than it was a debasement of the leader at a personal or professional level, since an unusually high number of participants registered to take part in his relaxation group. The evening discussion this day continued addressing the subject of a harmful authority. The first suggestion was to put things on first-name terms, that is, to break down the hierarchy structure. The last contribution to the discussion came in the form of a massive attack on the leadership because of the insufficient size of one of the small groups.

The stories in both large groups on the following day were remarkable in their similarity. In both cases the presenter began the story by explaining that he/she had set clear limits after being put on the defensive by particularly demanding patients, perhaps meaning they were also playing out the harmful authority. Both of them explained that their patients posed a threat, either the bursting of an anal prolapse or an angry reaction. As far as the staged presentation was concerned, it was interesting that a number of the protagonists from the last evening discussion on authority participated in the inner circle. And, once again, leadership decisions were being called into question: Why were there 10 chairs in the inner circle and not the usual 8, why hadn't the session finished at the expected time.

At the beginning of the next day it was all about friendly authority figures that might have been just a little too active. At the beginning of the first large group the leader wasted no time in offering friendly encouragement to take part in the inner circle. Indeed, the leader remained very active during the first story, taking care to be friendly. This fitted in well with the story of a patient who spent his time sitting and waiting for the psychotherapist to do all the work. The next story was about a doctor who enjoyed a very good relationship with an old lady who carried a pacemaker. He was troubled about his feelings of having power over life and death. He was unsure about whether to replace her pacemaker's battery or whether it would be more merciful to let the patient die quickly. The leader of this session staged a quick death; he ended the session 15 minutes earlier than usual.

During the next evening session there were strong attacks against the leadership because of the one small group, with the leadership also being accused of showing no response and attempting to sit out the problem. A leader explained the procedure and confirmed that mistakes had been made. Discussion about a change in the leadership team began, but only with regards to the departure of a long-serving leader and not about the coming changes in the leadership of the leadership team.

My most enduring memory of the next large group was a family doctor who had referred one of her patients in pain to an orthopaedic clinic with a hand-written note saying: "non operare!"

In the subsequent large group session it became all too clear just how difficult „operare“, taking action, can be. A psychiatrist told the group about a 40-year-old patient of his who had attempted to commit suicide after recognizing, during regression therapy, that she had been sexually abused in her childhood by her father. The presenter became active in suggesting to hold a family discussion. The patient confronted her father with these accusations during this discussion; he was horrified. The patient's sister, two years older than she and having shared a bedroom, also refused to believe that anything of the kind could have taken place. In the family that had always been close in the past, the patient now found herself totally isolated.

The story was staged in that the presenter told the story piece-by-piece, which created a great deal of anger. Other members of the group felt as though they were being taunted and abused by the presenter. One of the female members of group could identify completely with an abused woman. She complained vehemently that the presenter imposed unwanted feelings on her. And she complained that she had always been a great admirer of his (he was also an artist) but that he now falls of a pedestal.

At the end of the session the leader of this session had taken up the active role of a teacher, offering the presenter advice and suggesting he should find help. As in the case of the psychotic murderer, concerns were raised during the leadership team meeting that this sort of case was unsuitable for Balint groups.

During the evening discussion one of the participants asked whether the cases were linked, in particular between this last case and the entire group dynamics of the week with regard to the change in the leadership team. I tried to answer but I was so nervous, perhaps regarding my activities as the future leader as so dangerous that I was unable to make myself understood. The following group sessions continued the story of falling from a pedestal. One patient had been unable to preserve his mother's inheritance. Another patient had worked with a world-famous cook and the group's main suggestion was that he should content himself with cooking in an old people's home. At the end of the week it was possible to put the staged presentation into words. I would especially like to mention the images that participants themselves have brought. The man with "power over life and death" spoke about patricide. The outgoing leader was able to demonstrate that he was still very much alive. The participant, who spoke last year about cutting the umbilical cord, spoke about the conference flying through turbulence, through air pockets. It was praised that the connecting door between the cabin and cockpit had been left open. It was suggested that Balint work is dangerous, but not life threatening or that we should start the conferences with the following warning: "Balint work can affect your emotional balance!" These images show the playful liberated atmosphere that became possible when we were able to look upon the conference's story as a shared story and as an aid to understanding the cases.

I had hoped that this playful distanced stance could be preserved and held this year an introduction in the hope to promote this stance. Now after this next Balint week, I am much more humble. It was this year again very clear that there was a common theme in the cases and the conference as a whole. But I had to learn that this distanced stance can become part of a next surprising story, a story of keeping life out when aggressive conflicts seem to be too dangerous. All the same, I look forward to the next Balint week. Thank you.