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## Postscript to ‘Classic Balint Group Work and the Thinking of W.R. Bion: How Balint Work Increases the Ability to Think One’s Own Thoughts’ by Ulrich Rüth

*Louise de Lambert*

It was a pleasure to sit down to the feast of Ulrich Rüth’s paper (Rüth, 2009) and to savour the combination of ideas and experience in the clear description and demonstration of the Balint method with the applied understanding of Bion’s theory. I like his analogy of the delicious feast provided for the presenting doctor by the group, who worked with the ingredients he shared. In New Zealand we have the ‘pot-luck’ dinner; each guest brings something homemade to the host’s table; all benefit from the variety. The analogy extends to the idea of the group’s work being ‘psychic digestion’ — converting its material from what may be troubling or strange into something useful and satisfying.

My experience of learning in groups began at the Cassel Hospital with Doreen Clifford and with Tom Main who was a close associate of Michael Balint, and who continued and developed his work. The core of the Cassel nurse training was full immersion in clinical work and twice weekly seminars in which we would share and discuss the immediate experience, the challenges and the strain of close contact with patients in the daily work of that therapeutic community. In the residential setting, nurses were closely involved with troubled patients and thus vulnerable to receiving the ‘evacuated intolerable feelings and unbearable aspects of their personalities’. A fundamental principle of the seminars, based on Michael Balint’s method, was to focus

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on the nurse's feelings and the relationships with her patients, rather than on psychopathology or diagnosis. Cassel nurses, over many years, have moved away and used this learning in other settings to help nurses and others reflect on, and make clinical use of, the feelings arising within their work. (This work is described in Barnes et al., 1998).

Dr Rüth highlights the benefit of preventing attack or criticism. This may come indirectly in the form of 'have you thought of?', 'why don't you?' and 'I would have done such and such'. In a group which includes new members, people with less experience or confidence, or different trainings, the Balint method is particularly useful as it protects the presenter and reduces the possibility of anyone being clever or stupid, expert or ignorant. Everybody's contribution is relevant. This way offers invitation rather than challenge, acceptance rather than an interrogation or risk of embarrassment. From a maternal mental health team I learned of the 'ground rules' they devised for their groups.

When a severely distressed new mother is telling her story there are to be: 'no interruptions, no questions, no advice'. I have borrowed these 'rules' to use in my own work.

The group develops its own culture and a store of shared experience is remembered and linked in subsequent discussion. In my experience with regular but infrequent meetings, when the group reconvenes, the previous presenter may offer a follow-up from the last meeting and share how the work and thinking have developed since.

I meet twice a year with a group in the South Island. The members are from diverse backgrounds, united by their isolation in a rural community and a desire to share and discuss work with colleagues. I use the ground rules just mentioned with this group to support the Balint method in which the clinician presents, then sits back and listens to the group work with the story. In the beginning, it is quite a struggle to hold the structure so that the presenter does not get involved with responding to, or joining the discussion. It helps enormously when people experience the benefit of letting the group work for them.

Recently some psychotherapists in Auckland engaged with the article *Weaving Thoughts* (Norman, J. and Salomonsson, B., 2005). Bion's thinking is used to make the helpful distinction between basic assumption and group work functioning in peer group clinical discussion. The authors' reference to encouraging reflection rather than

projection, links with Dr Rüth's ideas about protecting the clinician and making use of the group process.

We often have defences against painful or unacceptable feelings in our work. The process of a group whose focus is the clinician's experience, allows feelings—such as helplessness, self-doubt, irritation or tenderness—to be recognized and shared. (The group's function—to listen, hold and respond—could also be the best response a clinician can offer a patient). With the combined protection and work of the group, members are, I suggest, not only enabled to increase the ability to think their own thoughts but also to feel their own feelings.

In the New Zealand public health service, the drastic reduction of inpatient care for disturbed and chronically ill psychiatric patients (now called clients, consumers, service users) makes work in the community particularly stressful for clinicians dealing with risks of suicide, drug abuse and violence. We have time-consuming paperwork associated with risk assessment to demonstrate that 'proper' processes have been completed. This offers precarious and dubious reassurance. It is hard to measure the value of reflection and understanding of the clinical relationship in an atmosphere of surveillance in which there is pressure to discharge patients quickly and attend to the inevitable demands of the waiting list. In valuing and supporting the effectiveness and well-being of clinicians, the opportunity for reflection is precious.

Whether working twice a week or twice a year, I have found the Balint method, initially developed with General Practitioners, is suited to work with nurses, psychotherapists, tutors, supervisors and mental health workers. The experience of belonging to such a group is taken in, absorbed, and contributes to the learning through experience of 'attributes of relationship' and of careful listening. To be the subject of interest not criticism provides greater hope of being understood. As the paper describes, understanding promotes mental and emotional growth and helps develop the ability to respond rather than react.

Is it Balint or Bion who is quoted as saying 'Don't do something, just sit there!' When the group is encouraged to reflect and explore, rather than to seek solutions, to free-associate rather than to theorize, and when the presenting clinician just sits there and listens, new freedom and understanding may be found. The introduction and development of this way of working in groups will be greatly enhanced by Ulrich Rüth's clear and helpful paper.

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