

Title of the submission: Engaged Surrender

## Engaged Surrender

### What Is Written

In India, there is a saying: “*On every grain of rice is written the name of the person who will eat it.*”

I grew up hearing it in many contexts—half proverb, half cosmology. It speaks of a world quietly governed by destiny, where even the smallest morsel carries a signature of inevitability. Somewhere within me, that belief took root. Perhaps that is why, in my medical practice, I have long felt that the patients I meet are the ones I am meant to meet. The logic is not empirical; it belongs to another order of knowing. Yet it steadies me.

When I began working in the National Health Service, this attitude travelled with me like invisible luggage. Each new patient felt somehow *appointed*. If a case went well, I was grateful; if it went badly, I told myself the outcome, too, was written. Such acceptance allowed me to keep calm and carry on—a phrase that, to my surprise, the British themselves seemed to revere. I realised, with some amusement, that my Indian fatalism and their stoic pragmatism met at the same resting point: equanimity.

But Balint work complicates equanimity. The Balint circle is not a place for closure; it is a place for curiosity. It asks us to inhabit uncertainty rather than explain it away. My philosophy of destiny, though protective, sometimes placed me outside that circle’s emotional current. When a colleague presented a case heavy with guilt or confusion, my first impulse was to offer cosmic reassurance: *What had to happen has happened; learn from it and move on.* It sounded wise in my head but felt hollow in the room. I began to sense a dissonance

between my serenity and the group's searching. The rice-grain belief that had long kept me safe was also keeping me apart.

### **Crossing Thresholds**

I arrived in Britain carrying not only ideas but also hesitations—about accent, idiom, and belonging. In the early months I was acutely self-conscious, as if my very sentences wore foreign clothes. Psychiatry depends on language: its cadence, its pauses, its empathy hidden in tone. Each interaction was a small test of translation. My thoughts, formed in the warmer idioms of the East, sometimes felt too earnest for the British cool. It was during this unsettled period that I met the young woman whose recovery from first-episode psychosis would become a quiet turning point in my understanding of faith, reason, and the limits of both.

### **The Patient Who Would Not Pray**

When she was first admitted, she was almost feral with terror—shouting, kicking, resisting, later secluded for her safety and that of others. Over days the storm subsided. Medication steadied her, and the ward's predictable rhythm began to hold her like scaffolding around a fragile structure. By the time I met her for a follow-up, she was lucid but tentative, like someone stepping onto new ground after a flood.

My task that afternoon was simple in principle: to help her make sense of what had happened, to reassure her that recovery was possible. She listened politely as I explained the nature of psychosis, the importance of treatment adherence, the role of structure and relationships.

Then, almost without thinking, I added, *“And sometimes, praying to God can also help.”*

The words slipped out as naturally as breathing. In my inner world, prayer is not a prescription but a posture—an acknowledgment of limits, a reaching toward meaning when reason falls short. Yet the effect was instantaneous. Her expression stiffened, eyes narrowing not in hostility but disbelief and dismay.

A brief, uncomfortable silence followed. I felt my own words hang in the air, foreign to the space they occupied. In that instant I understood that what comforts me might alienate her. For her, the path to safety lay in tangibility: medication, therapy, family. She sought control, not consolation. If faith is a hand reaching upward into the unseen, hers was a hand gripping the railings of reason. She seemed to say, without saying it, *I will not be rescued by mystery*. The encounter unsettled me more than I expected. I found myself wondering who, between us, was stronger. Was her refusal of faith a sign of resilience or loss? Was my own need for a divine reference point a form of humility—or dependence?

### **The Courage of Disbelief**

Psychosis is among the most bewildering human experiences; it tears the fabric of reality. In India, families often turn instinctively to religion when psychiatry falters. Temples and shrines coexist with clinics, each offering a different kind of hope. To watch someone emerge from psychosis without invoking any sacred agency felt, to me, both admirable and desolate. Gradually I realised that what I had witnessed was not merely disbelief but a different vocabulary of hope. She placed her trust in medication and in the tangible constancy of loved ones—the very things our discipline is built on. In doing so, she demonstrated a form of *grounded faith*: belief not in the invisible but in the human capacity to heal.

I remembered my earlier assumption that every patient is “meant” for me. If so, why this one? Perhaps to confront the limits of my own interpretive reflex—to teach me that faith, too, must evolve. I began to see that my spontaneous mention of God had not been for her benefit at all; it had been for mine, an unconscious attempt to stabilise my own anxiety in the presence of uncertainty. Her refusal quietly returned that anxiety to me, like a mirror. She forced me to hold it rather than hand it upward.

### **Fate and Freedom**

These two experiences—the rice-grain acceptance and the encounter with disbelief—seem at first to belong to different worlds. Yet they are bound by a single thread: helplessness and the human impulse to make meaning out of it.

In the East, helplessness is met with surrender: one yields to the current, trusting the cosmic design. In the West, it is met with agency: one analyses, intervenes, controls. Both responses dignify the human spirit; both can become rigid when taken to extremes. My patient embodied one pole; I, the other. Between us stretched a continuum of faith and reason, each illuminating the other's blind spot.

Working within the NHS has shown me that modern Western medicine, for all its scientific triumphs, carries its own form of faith—the faith in evidence, in progress, in the improvability of systems. It replaces divine providence with institutional competence. Perhaps that is why the language of spirituality sits uneasily in our wards: it risks sounding like regression. Yet in the Balint group, where clinicians are invited to explore not only what happened but how it *felt*, the boundary softens. There, meaning can borrow from both traditions: inquiry tempered by humility, analysis infused with wonder.

### **The Balint Circle**

In Balint meetings, we gather around stories that resist neat resolution. Someone presents a case, another asks a question, silence settles like dust motes in light. Gradually, emotions emerge—guilt, frustration, tenderness—and are examined not as pathologies but as data of relationship. The process can feel spiritual without invoking religion.

At first I found this disorienting. I wanted to name the moral quickly: *It was meant to be; learn and move on*. But the group's rhythm asked for patience. I began to notice my own inner commentary—my urge to close loops prematurely, to tidy the narrative into destiny. Each time I resisted that urge, a new layer of understanding surfaced: the presenter's

vulnerability, my own echoes of helplessness, the shared humanity beneath professional composure.

I came to see that Balint work demands precisely what my life philosophy had neglected: *engagement before surrender*. To engage is to stay with the discomfort long enough to discern its shape; to surrender is to accept that discernment will never be total. Either without the other is incomplete. Pure surrender becomes passivity; pure engagement, control. The art lies in their alternation—like breathing in and out.

One afternoon, during a discussion of a challenging patient, a colleague spoke of feeling useless and ashamed. My mind reached instinctively for reassurance, but I stayed silent. The silence grew thick; someone else spoke, reframing her shame as empathy. The energy in the room shifted. I realised then that silence itself can be a form of prayer—a secular one, accessible to believer and non-believer alike.

### **Engaged Surrender**

The phrase came to me after that session: *engaged surrender*. It describes the delicate balance I am learning to inhabit as a clinician, immigrant, and believer-in-doubt. It is neither detachment nor control but a disciplined openness to what unfolds.

In practical terms, engaged surrender means listening without armouring myself with explanation. It means noticing when my cultural reflexes—whether to spiritualise or to intellectualise—are pulling me away from the raw immediacy of another's pain. It means accepting that the patient who refuses God may still be teaching me something sacred.

The Balint framework offers a vessel for this practice. Its rituals—confidentiality, containment, silence—echo the structure of prayer or meditation. The group becomes a secular temple where belief systems coexist without hierarchy. Each story offered to the circle is both confession and communion, inviting reflection rather than verdict.

## **Faith Revisited**

After a few weeks of working with that young woman, I heard that she had returned to her life, managing well. I wondered whether she ever thought of that conversation about God. Probably not. But I think of it often.

I no longer speak of prayer to my patients unless they raise it first. Instead, I listen for the metaphors *they* use to describe hope—the language of their own faith, however secular. Some speak of routines, others of pets, partners, projects. Each has its own liturgy. My task is not to translate them into my idiom but to honour them in theirs.

Privately, my belief remains: that encounters are fated. Yet fate, I now see, is not a script but a meeting point between forces—mine and theirs, chance and choice. What is written may only be the invitation; how we respond is unwritten still.

## **The Ethics of Not-Knowing**

Medicine trains us to know; Balint reminds us that not-knowing is also ethical. To leap prematurely to explanation—be it diagnostic or spiritual—is to impose coherence where the patient may need accompaniment instead. The humility to remain uncertain is itself a moral act.

My rice-grain philosophy once gave me immunity from uncertainty. Now, Balint work has turned that immunity into permeability. I still believe in what is written, but I also believe in the blank spaces between words—the pauses where empathy germinates. Perhaps those blanks are where free will resides.

## **The Circle and the Grain**

I began this reflection with a proverb about destiny. I end it with a different kind of inscription—the invisible one that forms whenever people meet in awareness. Balint work

has taught me that meaning is not discovered but co-created, like words written simultaneously from opposite sides of a page until they meet in the middle.

Engaged surrender, then, is more than a personal creed; it is a professional ethic. It asks that I remain open to mystery while grounded in method, that I trust both data and doubt. It invites me to see faith and reason not as competing explanations but as alternating breaths of the same compassionate attention.

When I think back to the young woman who would not pray, I no longer feel the urge to reconcile our worlds. Her refusal and my belief are twin gestures toward coherence—hers through agency, mine through trust. Between them lies a shared recognition of helplessness, the common soil from which both science and spirituality grow.

Perhaps, in the end, that is what was written on the grain of rice all along: not the name of who will eat it, but the reminder that we are all, in different ways, hungry for meaning—and that the meal is shared.