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## **Editorial: COVID-19 and the Virtual Group**

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**Raluca Soreanu, Editor<sup>1</sup>**

The first issue of volume 48 of the *Journal of the Balint Society* is published at a time of profound societal change, when the meaning and practice of caring for one another, within and without national health systems, is being reshaped by the COVID-19 pandemic. As the content of our social bonds is shifting, what holds us together in Balint groups is also being reconfigured. The Balint community, with its vibrant thinkers and practitioners, is giving its own account of what it means to move to the frame of a virtual Balint group, what it means to see one's patients, group members, leaders and co-leaders on a screen.

At this time of transformation, the *Journal of the Balint Society* is itself changing by moving online, gaining a new space on the website of the Balint Society and taking steps toward becoming a peer-reviewed publication. We will be initiating new sections of the Journal, thinking about special issues and inviting guest editorship from other disciplines. The *Journal of the Balint Society* was first published in June 1971 and thus we are celebrating the fiftieth anniversary of the Journal with this edition. It is a testament of the commitment of Balint practitioners that there have only been three editors since 1971: Philip Hopkins (1971–2001); John Salinsky (2001–2011) and Tom McAnea (2011–2021). As the new editor, I extend my gratitude for the hard work and dedication of all the former editors and offer particular thanks to Tom McAnea who took over the editorship ten years ago, and oversaw its transformation to A4 size with a pictorial cover in 2014.

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Volume 48(1) is a special issue on the theme *COVID-19 and the Virtual Group*. The first section, 'COVID-19: The Doctor, the Group and the Screen' brings together student voices (including authors who won the Essay Prize in the Balint Society competition of 2020) and experienced Balint practitioners. Our authors are Hosam Elhamoui, Catarina Rodrigues dos Santos, Adam Jaffa, Deberah Davis, and Suni Perera. The second section of the Journal comprises winning essays of the 2020 essay competition, authored by Jenny Jack, Resha Jazrawi and Vikram Kohli. In the conference papers section, Andrew Elder writes on the theme of imagination, bringing us his Opening Address at the 21st International Balint Federation Conference (Porto, 2019), entitled 'Hearing Secret Harmonies: Balint and the Re-imagining of Medicine'.

We aim to maintain the new section 'Voices from around the World' in future volumes of the Journal, and capture experiences across various Balint cultures. In this issue, Homa Rezaee gives an account of a Balint group practice in Iran. In the section 'State of the Field: Commentaries', Monika Gorny, Toby Stevens, Lawrence Congdon, Amy Jebreel co-author a study on doctor burnout. We will maintain the new section 'From the Archive' in future issues, as we aim to explore archival materials and lesser known conversations and exchanges that impact the Balint tradition, and to investigate the intersection between psychoanalysis and medicine. In the current issue, I bring a commentary on a set of letters from psychoanalyst Otto Fenichel to Michael Balint, written in 1940 and 1941, at a time of struggle, displacement and efforts to create a new home. The issue also includes three poems, by Christopher Bu, Rosalie Cattermole and Kai R. Scott-Bridge. Artist Penny Elder has gifted us with four paintings (including the cover image) capturing in a forceful manner the atmosphere of the COVID-19 times.

The creative work done in the pages of this special issue amount to a re-imagining of the 'frontline'. In the past year, this has been one of the words we have

uttered, heard and written hundreds of times: 'frontline'. In a global redistribution of stillness and movement, some spaces that were characterised by flow and circulation (including – or perhaps especially – capitalist circulation) have decelerated or turned still, while other spaces, such as the hospital or the emergency room, have known a powerful movement, of an intensity and with patterns not felt or experienced in recent times. The 'frontline', with its doctors, and nurses, and other kinds of carers, swells up. It is not so much a straight 'line', a linear demarcation, a rim, a clear boundary between those who are suffering and in need of care, and those who are offering the treatment. It is instead, a *mesh*, a tangle of crossings, assemblies, and forms of being alongside.

What is it like to be on the 'frontline', if the frontline is not a line, but a kind of meshwork? In his book *Lines: A Brief History*, anthropologist Tim Ingold (2007) evokes the Inuit's image of movement and travel over land and sea ice, drawing on Rudy Wiebe's (1989) contemplation of the Arctic, *Playing Dead*. For the Inuit, when a person moves, she becomes a line. To encounter another human or animal is a kind of crossing of lines. The entire country is thus perceived as a mesh of interweaving lines, rather than a surface or an area. In Balint groups, the 'frontline' crises of the pandemic are approached as a meshwork and not as an issue of securing or resourcing the definitive rim of the offer of care. The 'frontline mesh' includes unconscious material, the 'stuff' of fantasy, and the doctor-patient relationship. Balint groups make visible some of the threads of the mesh, without pulling it apart. On both 'sides' of the 'frontline' there is suffering, fragmented threads, exhaustion, breathlessness, screen-work, and vulnerability.

In what follows, the Deputy Editor of the Journal, Shameel Khan, and the members of the Editorial Committee, Andrew Elder, Jane Dammers and Anne Patterson, write their reflections on COVID-19 and the virtual group.

**Shameel Khan, Deputy Editor<sup>2</sup>**

COVID-19 has had a paralysing impact on our social togetherness by inoculating fear, uncertainty and alienation into the nucleus of our day to day life. When closeness becomes contagious and threatens the existence of a species, then how does a race evolve in such paranoid-schizoid times? When confinement begins to mutate into sensory malnourishment then how does one resuscitate warmth and hope in isolation? A doctor-patient relationship thrives on a sense of 'being together' with each other in a journey that is undertaken in the pursuit of healing. The pandemic has challenged our ways of undertaking this journey with our patients by bringing technology in between as a transitional object.

Virtual connection offers a safe and effective alternative during the pandemic for continuity of essential treatment for our patients. A remote connection whether over phone or online introduces a whole new dynamic between the doctor and patient. Although it helps in maintaining a sense of 'being together' with our patients, delivering care, holding and containment cybernetically is a relatively new paradigm. Unfamiliarity to technology itself can be a huge source of anxiety in some of our patients. Adjusting to the loss of a physical space i.e. that of a consulting room can be both challenging as well as quite surreal for both doctor and patient. Balint groups can help us make sense of relational, affective or even technological variables that can interplay between the doctor and patient at times of compromised connectedness. Dealing with the burden of the pandemic can potentially lead to burnout and exhaustion within the

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healthcare workforce. Balint groups can help healthcare professionals in processing the burden of providing care especially at a time when public expectations are high. Although online Balint groups had been operating for a long time, these groups acquired a primary role following the pandemic. How can technology influence methodology, group dynamics and leadership variables in online Balint groups? How can we protect the nature and ethos of Balint groups when transitioning into the virtual space? The current issue of the journal begins to address some of these questions in a creative and critical manner.

**Andrew Elder, Editorial Committee Member<sup>3</sup>**

It seems such a long time ago that talk was of clear skies, empty streets, and the clarity of birdsong. My feelings then were of unreality, not grasping the severity of our collective situation. And now my feelings are of weariness, vulnerability, isolation, and loss. When will it ever end? Living in my comparatively safeguarded Zoom Room I feel a sense of guilt and disconnection from the trauma and exhaustion of so many colleagues and my family who work in the Health Service.

Of course, all medical consultations occur in a cultural context. As a result of the COVID-19 pandemic the matrix of all our interactions has changed fundamentally. Underlying the Covid culture is a reversal of our normal patterns of attachment in which proximity brings security as opposed to risk and danger. 'You know, doctor, isn't it funny but I just seem to feel better whenever I see you.' Now, patients and doctors have become a potential threat to each other. Doctors normally have a feeling of confidence that they can be close to a patient when needed, to touch the patient and perform examinations without fear. For both parties, there has been a traumatic rupture in the security usually derived from

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<sup>3</sup> Andrew Elder was an Inner London GP (1972-2008). Honorary Academic Staff Tavistock and Portman NHS Foundation Trust. Balint Group leader. Past President Balint Society (UK) and Co-ordinator of International Balint Federation (IBF) Leadership Taskforce for its first six years. Awarded Honorary Doctorate (2017) for work in primary care and mental health.

their interactions together. And even when restrictions finally end, and the so-called 'new normal' arrives, the physical, mental, and personal after-effects of the pandemic will continue to roll in for many years and will fall mainly on the front-line doctors and nurses of the Health Service.

Can Balint groups help us to observe and think about the doctor-patient relationship in such troubled times? Fortunately, Balint Groups on Zoom have become well established worldwide in the last ten years – pioneered between the American Balint Society and Young Professionals in WONCA as well as in Australia and New Zealand. Just in time! How different are Balint groups on-line? How is leadership and participation affected? This edition of the Journal of the Balint Society examines these important questions.

#### **Jane Dammers, Editorial Committee Member<sup>4</sup>**

In 2020 we advertised two Prizes for the Balint Society Essay Prize, one for undergraduate students and one for everyone else. We had a very good response with 28 entries split more or less evenly between the two categories. I had the pleasure of reading all the submissions – some essays, some poems, some stories, and it was difficult to choose the winners. In the end we, the three readers decided to allocate the prizes equally to two contributions in each category. Hosam Elhamoui and Catarina dos Santos in 'Zeroes and Heroes' give a very thoughtful account of co-leading a Balint group online, raising many issues which will resonate with other leaders, while Jenny Jack tells the story of 'The Junk Lady and the Golden Chain', set in a closely observed Balint group session. In the undergraduate section, Vikram Kohli writes about a difficult consultation accompanying a GP on a home visit exploring his own reactions, sympathies and

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<sup>4</sup> Dr Jane Dammers retired GP, Medical Educator and Appraiser in Newcastle and Gateshead. Past President of the Balint Society UK and currently co-ordinator of the Training and Education Committee.

prejudices towards the patient, and Resha Jazwari describes being entirely new to Balint and how the Balint group came to be an interesting and useful experience. Many of the submissions were influenced by the COVID-19 pandemic and we are pleased to have been able to include some of these in this issue, alongside the prize winners.

**Anne Patterson, Editorial Committee Member<sup>5</sup>**

To paraphrase Winnicott's (1960) famous phrase: 'there is no such thing as an infant,' only an infant within the context of maternal care, one might say that 'there is no such thing as a patient', only a patient within the context of the doctor-patient relationship. The ethics of the doctor-patient relationship is defined within the Hippocratic Oath: 'first, do no harm.' Psychoanalysts following Freud and Klein have understood, however, that, in the unconscious, phantasies of damage and harm abound for both parties. One of the tragedies of the pandemic for the doctor-patient relationship has been the collapse between these unconscious phantasies and the terrifying reality of COVID-19: doctors and patients in close proximity can actually kill each other, in reality, rupturing assumptions of trust and benevolence. Balint groups offer the opportunity to explore the underlying dynamics of this relationship and perhaps it is no surprise that in the early days of the pandemic the groups I led with junior doctors were full of images of trench warfare such as: 'going over the top.' The patient, implicitly, even explicitly, became the enemy and any relationship of trust between juniors and seniors was also felt to have broken down with the seniors experienced as distant field generals, callously sending the young soldiers to their deaths.

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From another perspective, it is also well recognised that both doctors and patients can succumb to the collusive phantasy that the doctor is both omnipotent and omniscient. Further, doctors can project their own mortality and vulnerability into their patients thus bolstering omnipotence with immortality. The COVID-19 pandemic has challenged these illusions and suddenly, brutally, doctors have had to face their own all too human fragility. Linked to this is the shattering of our collective narcissistic illusion/delusion of having 21st century mastery over our individual and collective destinies.

Overwhelmingly, the pandemic has faced us with loss: the loss of loved ones, colleagues and friends and also the loss of our protective illusion, all of which necessitate the long and painful work of mourning. I think it is crucial to follow Freud in his distinction between mourning and melancholia to avoid an over medicalisation of grief and loss: most people in mourning are not ill, it is a universal, healthy response to loss. It is perhaps no coincidence that Freud wrote 'Mourning and Melancholia' in 1917 during the First World War. Balint groups offer an important opportunity to think about and understand these ordinary human emotions and to avoid pathologising either the doctor, the patient or their relationship both during and after the pandemic.

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