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Balint Work Using a Shed, a Cat and an App

Balint Society Essay Prize Submission 2020

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I am part of a Balint Group in a leafy university area of a biggish city[1]. I have been involved with this, my first group for a couple of years now. About a week ago we met virtually for the first time using an app because we couldn't meet safely face to face due to the COVID-19 risk. Lockdown is well established at the time of writing. This essay is about that meeting and how the context, circumstances and format of the meeting affected me, the Group and our ability to communicate and connect with each other and our patients.

The meeting took place at our usual time. There was a series of emails and group chat messages about using an app and how that might work. Our group comprises GPs, therapists, psychiatrists and myself. I am a manager in a healthcare practice. Although I feel very at home in our group I do feel slightly "other" as I am the only man and also (I think) one of two people who work mainly outside of the NHS system. Also, my particular field of healthcare is small compared to say medicine. As such I sometimes feel a bit of an imposter in the group who seem to me to have in some ways more legitimate credentials. We had to exchange emails in order to facilitate the meeting. That was a new step. In our group chat there were a series of messages about the format and there was a possibility the app we would use would limit us to a 40-minute session and then we would have to immediately start a 2nd meeting to make up the time to the expected number of minutes. So there would be a hiatus. I didn't like the idea of that as it could interrupt the flow, but I accepted it as hard to work around. This was agreed by all and shortly before the meeting started, a digital invite to the meeting was circularised. There was another round of chat about acknowledging receiving this. When the meeting finally started there was a period of a number of minutes when we each logged into the meeting, our faces popping up on screen, getting the audio working

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and saying hello. The prep and check in period was much more bitty and disjointed than our normal face to face meetings which have been very smooth. Some of us were familiar with the app and could use it easily. For others including me it was a new experience.

Prior to the meeting I was a bit hesitant about one aspect of it. In my home there is one room that would guarantee me the privacy to do a meeting such as this, my bedroom. I live in a shared house. I knew I would want to be comfortable for the meeting and therefore would be sitting on my bed. I thought about how that would look to the group and it felt a bit weird to have colleagues seeing me in that very private, intimate part of my home. I anticipated that each member of the group would likewise be displaying some of their home by using the app. I sat up on my bed, leant against the headboard and put cushions behind my head. When I checked how this would look on screen, I saw that one cushion which had a picture of a winking face on it was behind my head. The winking eye was peeking out from beside my head! This was not the right image for the meeting, and I laughed to myself about it and was glad I had spotted this before going live. It could have looked provocative and been a distraction.

Also prior to the meeting there had been discussion throughout my profession (online) and within our practice about using video consults for patients. I was wondering if this would be from the practice or sometimes from my home because with the COVID-19 lockdown we can only come to the practice for some kinds of emergency cases. While face-to-face treatment in our practice has stopped now, of course patients still have the need to be able to reach us.

The other aspect of the lockdown was about protection. This means protection for patients possibly contracting the virus from us and vice versa. I thought about the emotionally protective factor of distance. I was wondering how the apps would work for us and for patients and how they would feel about the communication. Would they feel they could be understood? How comfortable

would they be with the new format? There was the benefit of ease of connectivity, but would there be new emotional or practical barriers with apps? What about patients who didn't have the apps? They would be limited to phone calls with more focus on tone of voice and lack the benefit of facial expression and body language. I thought about my cushion and possible inadvertent messages to and from patients and professionals using apps. Would patients start to interpret things they could see in my home to form a different opinion of me and vice versa. Would fantasies and new ideas start to develop? Would people be grateful for the opportunity to communicate or shy to reveal a little of their homes and themselves in this way?

As the virtual meeting started, I noticed how glitchy the technology was at the start when using my phone. You can only see a few of us on screen at any time and who you see changes from time to time dictated by the functionality of the app and who is speaking at any moment. I knew the other participants were present, but I couldn't see all of them at any one time and I couldn't tell who could see me at any moment. This worked ok but was slightly disconcerting and I stopped using eye contact really (because I didn't know exactly who I was looking at) and started just listening to the voices of the group. This might have been weird for the people seeing my face as my expression could have been relatively fixed as I listened. I wasn't sure what they would make of that. There was also a challenge in terms of taking turns speaking as we were lacking some of the visual cues that any group relies on when they are together physically.

Once the group was settled and present, people immediately started commenting on our broadcasting locations. This was quite a subject and one person complimented another on their decor. One person had a screen behind them -was this deliberate and metaphorical I wondered? Someone else sat in front of a wall where a number of pictures were displayed. You could not make out the subject of the pictures, but each was framed identically. The pictures were uniform in size

and hung in a perfectly ordered sequence. Someone else broadcast from what could have been a Study. On one shelf a model aeroplane was mounted as if in mid-flight. This drew my attention for some reason, and I wanted to ask about that plane but held back out of politeness. One person was broadcasting from their garden shed and you could clearly see the wooden walls and eaves. I acknowledged I was in my bedroom and made apologies about my cat who was likely to make an appearance. I love my cat (who happens to be quite beautiful) and was actually keen to show her off for some reason. She is an important part of my life and helps keep me emotionally calm after the intensity of work. I guess I wanted people to see and understand something of that. Indeed, she did come in and lay on my lap as we talked. That was lovely for me.

My immediate impression of some of the faces is that some people looked slightly tired and I wondered had they been overworked because of the COVID-19 pressure in the NHS system? I felt humbled. My efforts have been focused on our patients who have in some cases less serious needs by comparison. I felt empathy for the various clinicians in our group and wondered would patients notice the same thing? The Leader and Co-Leader checked in with the group and we discussed the new set up. We planned to stop the meeting after 30 minutes to Clap for the NHS effort for the pandemic. Then we would explore one case instead of the normal two. I was of split mind on this point. On one hand I have a lot of respect and admiration for the NHS effort and risks the workers are taking in caring for people. It is to me quite wonderful that the public show their support in this way across the nation. More selfishly I regard the Balint Meetings as precious and thought the Clap would interrupt any flow or connection in our meeting. Would it hinder the effectiveness of our group dynamic? I felt a bit of a heel having this thought especially being someone who works in private healthcare and not subject to NHS pressures and risks. The Group agreed to the Clap Intermission and at this stage I was just rolling with all the changes. The familiar comfort of the structure

and simplicity of the Balint Group format was out the window today. I thought about this as I looked out my bedroom window. Also about how we are adapting to the times we live in and how that might be for patients as well. Would they be proud and supportive of their healthcare professionals operating under pressure or would they be frustrated at not being able to access services and have their needs understood and met as they might normally expect. Would they be clapping or not? The next section of the meeting morphed into a pure check-in and discussion of how we are all doing, how COVID-19 has affected us professionally and how we are coping. The discussion was free flowing and there was a lot of energy and a good bit of humour. A wide range of topics were covered including changes in setting, systems and staff levels. Some people were operating with a massive amount of change and with an expectation there would be more to come. There was also an understanding that the uncertain situation would last for a long but indeterminate period of time. I thought that a lot of adaptability, resilience and determination were being displayed. I did not sense any panic within the group although there was a sense of newness, pressure and stress. I was asked about the situation in my field and explained that we were basically locked down and may be redeployed into the NHS effort. Also that to me, patients had been largely very understanding about the changes and I was surprised I had not had more patients in distress or hysterical with worry. It seemed to me that perhaps my patients can cope quite well without me! I added that there were financial issues because we were largely unsupported by government measures.

I asked the others had they had lots of very anxious patients and they said yes to an extent but that it was manageable. There was some comment on this, and the discussion took off rapidly. Overall, it was unusual for our group to have this kind of long, in depth check in period. Normally this would occupy a few minutes of our time (if that). We would spend most of the time on cases. But this session was different. I felt there was a need for the group to nurture itself. It was important

to share understanding of the bigger picture in society and across the NHS system. To see if we really were ok? This seemed to be more important to the group than the relatively micro aspects of communication with individual patients. I noticed this and about the need for the group to in some way push the patient narratives out and to focus on our own needs, a kind of self- care. I wondered about this and now reflect will this need to be a regular part of our group sessions? I wonder how patients would think of their healthcare professionals given the Mega level threat of the COVID-19 virus and would this affect how and if they communicated with us. Would they stand off more because they think we are busy with bigger things or would they approach more readily, anxious to maintain the relationship?

Would their schema of healthcare workers' need alter and reform?

The Clap for the NHS break arrived and most of us took off our headsets and earphones to express ourselves on our doorsteps. It was interesting for me to be standing outside my house clapping along with many neighbours (who were anonymous to me) while inside my house I was in communication with the very NHS workers who were being applauded. People I trust and know intimately. The applause was powerful but there was a curious element of it that was depersonalised, the message was simply "Thank you NHS workers". Inside my house I was hearing specific accounts of individual experiences of what that effort was actually like. I felt like an observer and participant in both groups. It was a stretch for me to connect from the very broad community expression of the clapping into the private environment of the group again. We all did the headset shuffle and got back into our group setting. This was disjointed as we didn't all reconnect at the same moment. Admiration was expressed for the shed but the person there had to change location due to problems with connection or power supply. Patience was required. The shed seemed to me to be an ideal haven. With a gentle nudge we were encouraged to choose and begin our one Patient Case. This

turned out to be revisiting a patient who had been presented in the group before. The case was discussed according to our normal Balint method. There was some bemusement when it came to metaphorically pushing the chair back. This was perhaps because we were all aware that we were already physically separated much more than in normal circumstances. Again, the issues of working with space had surfaced. This patient is not my own case. Therefore, I am not going to go into the details of the case itself except to say I asked the question: "Did the presenter feel the patient would have been anxious to know that the presenter was ok in the midst of the virus?". The answer came back a clear "no". The patient was using the presenter functionally to meet their needs and did not display any anxiety of that kind. Overall, the work on the patient case was carried out in a slightly more perfunctory way than in other sessions. It seemed to me that the first part of our work, before the Clap, had been the more important and meaningful. I felt that we had done something new and that relationships within and across the group had changed and deepened. There was a different kind of solidarity, care and respect between us. I was really glad we had met and was quite proud because there was a sense of progress in difficult circumstances. The group had been resilient and adaptable. I wondered what patients would have made of this if they could have witnessed this? We agreed to meet again, and cross checked our diaries as normal. Our sense of day and date had been slightly affected by the COVID-19 situation and it was important not to accidentally lose track of the next meeting. Afterwards I realised that we had not had the 40-minute hiatus that was expected due to the functionality of the app. The group's Leader and Co- Leader must have paid for a subscription to the app to avoid a break and to maintain the integrity of the group. Nobody had commented on this or maybe I had missed it if they did. The day after the session someone posted a link to alternative software designed for secure and effective patient communication. I checked it out. It looked good to me, but I cannot

utilise it as it is only for NHS workers. My lasting feeling is that our group is perhaps under more pressure and also stronger than ever.

Author Note

This essay was discussed within the author's Balint Group, who agreed to publication.