Homa, R. (2021). The Balint Experience in Iran.
Journal of the Balint Society, 48(1), 115-122.

JOURNAL OF THE BALINT SOCIETY, VOLUME 48, ISSUE 1, FEBRUARY 2021

The Balint Experience in Iran

Homa Rezaee [1]

[1] University of Social Welfare and Rehabilitation Sciences, Tehran: drrezaee.homa@gmail.com

I dreamt[1] that I am in a cemetery sitting over my father's grave. Father has been sleeping under mounds of earth for many years now. The inscription on the cold gravestone reads, "Death due to Corona!". Mehrnaz is sitting by my side reading me the message she has brought from Dr Brown. Next to the grave I see the certificate for Balint Group work marked "excellent" and signed by several teachers. I wondered to myself why Dr Brown's name, who was my supervisor, is missing. On waking, the death of my father and Corona come to my mind. These days coronavirus is playing the trumpet of death and its terrifying shadow is cast over the world. The death of my father confronts me with my own death. My own death and the end of the Balint Group I have been running for 6 months. The dream links these two together. As if, the certificate, not bearing the name of Dr Brown, brings to my mind something I need to do: in the face of the existential anxiety aroused by the ending of the group, I begin writing.

The announcement for the Balint group workshops in the Razee Hospital three years ago, attended by Dr Ray Brown and Mrs Mehrnaz Shahabi, introduced me to the unfamiliar word, "Balint". In a Google search, I found that Balint group work was first introduced in 1950 by Michael Balint in Britain. After a 70-year journey, it has reached the borders of my country. After such a long journey, it is either tired and worn out, or more complete and mature. The two-day Balint workshops and groups in the Razi Hospital (a psychiatric hospital in the south of Tehran) were very well attended and received by varied therapeutic disciplines – psychiatrists, psychiatric trainees, psychologists, nurses, psychotherapists and social workers. It felt like getting into a pool where one has to learn how to swim by swimming. In the four groups which were held, I had the opportunity to have

[1] Dr Homa Rezaee, BA. MA. PhD. Counsellor and Counselling Trainer at the University of Social Welfare and rehabilitation Sciences in Tehran, Iran, and accredited Balint Leader with the Iranian Balint Group, a sub-committee of the Iranian Psychiatric Association.

the experiences of being observer, group member, case presenter and group leader. Amongst these, the role of the presenter was a unique experience for me. With my chair pushed back, I observed my presentation of a case being responded to, interacted with and absorbed by the group members, and with that, of course, parts of my own self. Feelings one by one emerged and reached the level of my awareness. The group exploration and fantasies of my feelings towards the patient was possible to bear because of the sense of safety I experienced, because I felt looked after and supported by the group leaders, and indeed the group. In speaking about my relationship with my patients, I felt a type of development which I think of as similar to the "Aha experience" described by Alfred Adler.

After this workshop, I co-led a group with Dr Mansoureh Kiani-Dehkordi (psychiatrist) for psychiatric nurses, which ran for one year. The nurses' prevalent experience of suffering and stress in their profession continuously veered the group towards discussing general shared problems at work. The most valuable experiences I gained from co-leading this group were seeing the role of the leader in preventing the group from falling into discussing shared professional difficulties and redirecting it into exploring the specific patient-nurse relationships; and seeing the care to be taken in the composition of the group so as to avoid the nursing profession's hierarchical structure (the group was a mix of auxiliary, general, head nurse, and supervisor).

While I was in the process of running this group, I began to work on setting up a second group which was held in a suitable private facility outside the hospital. The attendees for this group worked independently of each other in different locations and had in common that they were all very experienced counsellors and mature women. The group structure then had some similarities to groups run for general practitioners as practiced by Michael Balint. The duration of the group was 90 minutes, held fortnightly, and by agreement from the start, ran for six months.

For the counsellors the Balint group work was a new experience. The group members began with the expectation of finding solutions, diagnoses and making judgements about optimum treatments. This was similar to my own attitude when I first began the Balint group work and in supervision. My group gradually caught on to the exploratory nature of Balint group work and the centrality of the emotional colouring and attitudes in the doctor-patient relationships. I understood that the first quality of a Balint group leader, after having made clear the particular guidelines and behavioural protocol, is patience and tolerance of the pressure from the group to arrive at or to receive a solution. I learnt the seemingly unrelated tunes that little by little come together and in the process of the group find a coordinated song and riverbed. As the group leader, after about 3 months, I no longer felt the same degree of anxiety arising from the pressure from the group members to provide solutions and supervision. I started observing a river flowing with the least intervention and facilitation on my part.

The supportive role of the group leader and the resultant feeling of safety in all group members, particularly the presenter, enabled freer self-revelation. I noted how attention to and understanding of the main theme of the group directs the leader's attention and focus on what the group is avoiding. I believe I acquired skills in mirroring the content and feelings; questioning and commenting on these enabled the group members to notice their avoidances. However, there were times that despite such interventions, avoidance persisted and, at these times, I experienced the anxiety that the group is moving away from its main task but an inner voice invited me to be patient and accept the current that the group had chosen. The queries, explorations, free associations, and personal revelations of group members were helpful to the presenter and also enabled the group members to face and experience their own values, feelings and needs in the group. I thought the group found its own shared current and idiom with the encouragement and

support of the group leader. What the group learnt from this experience was that we did not have to arrive at a correct answer, clear picture, or optimal solution. Here there is no optimal and finite answer getting full marks. Here there is no marking, no grading, and no perfect answer. What happens is an experience of somethings coming to light and some barriers lifted. Like the incidence of having got trapped in the lift with the group members just before starting the group and the familiar experience of claustrophobia which all of us have experienced at least once in our mothers' wombs. The shared claustrophobia in the lift stirred up fears and insecurities which was then reflected in the choice of the narrative by the presenter and her experience of claustrophobia in the relationship with her patient and her mother. This also impacted on my leading the group. In this session, I intervened and talked more than necessary. I was struggling to overcome the salient sense of claustrophobia in the group. I had got frightened!!! Why did the presenter choose this particular narrative? Balint provided an opportunity to experience a sense of freedom from the blockages of logic, rationalisation, and perfectionism. Dr Brown's voice echoes in my ear, completeness depends on the perspective; what might be right from one angle may not be so right from another. Maryam in the group who continuously hid behind logical explanations, offering diagnoses, and detailed exploration of facts, avoiding her spontaneous associations to have a say, provoked a confrontation in the group over logic versus feelings. With the supervision guidance from Dr Brown, she moved closer to and became more harmonious with the group.

Another necessary quality of a Balint group leader is compassion and empathy. Just as the personality of a doctor or therapist is the most important tool of treatment in the therapeutic relationship, so is the personality of the group leader the most important tool or technique in the facilitation and leading of the group. This fact is borne out by research evidence. The feed-back from the group members

at the end of the group was that what they viewed as my supportive and empathic qualities as a leader enabled and guided their experience of the emotional interaction with their patients. However, there was a conflict between one member and others in relation to the question of personal boundaries. She tended to focus on the diagnosis and treatment and was not sufficiently sensitive in relation to the presenter's privacy. Following repeated confrontations, in the fifth session, a change of behaviour occurred and the group became more unified in its work. Another group member though admittedly pleased with the positive impact of the group on her interactions with her patients, had been predominantly silent throughout.

The dream of the end of the Balint group under the supervision of Dr Brown led me to start writing about my Balint group experiences with the hope for my Balint group work to continue. "If we learn to die well, we learn to live well, and vice versa" and I hope that Balint group work will continue to live well in Iran.

Author Note

The author would like to thank Mrs Mehrnaz Shahabi and Dr Ray Brown for their help.

References

Horder, J. (2001). The first Balint group. *Brit J Gen Pract*, 51: 1038–9.

Johnson, A.H., Nease, D.E., Milberg, L.C. & Addison R.B. (2004). Essential characteristics of effective Balint group leadership. *Fam Med* 36: 253–9.

Graham, S., Gask. L., Swift, G. & Evans, M. (2009). Balint-style case discussion groups in psychiatric training: an evaluation. *Acad Psychiatry*, 33: 198–203.

Kjeldmand, D. & Holmstroem, I. (2008). Balint groups as a means to increase job satisfaction and prevent burnout among general practitioners. *Ann Fam Med*, 6:138–45.

Van Roy, K., Vanheule, S., Debaere, V., Inslegers, R., Meganck, R., Deganck, J. (2014). A Lacanian view on Balint group meetings: a qualitative analysis of two case presentations. *BMC Fam Pract* 15(1): 1-9.