

## **BALINT AS AN INVITATION TO PLAY - CONTRIBUTIONS FROM WINNICOTT AND PIAGET\***

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**Abstract:** *While the Balint group process is rooted firmly in psychoanalytic theory and practice, a leader's role, in particular, can be understood from other theoretical perspectives. For example, Winnicott's attachment theory explores the ways children's play form connections with others and in so doing supports the emotional development of individuals in the context of their relationships. Piaget's theory examines the essential role that play has in children's intellectual development. That is, a way the knowledge is developed from interaction with everything in our environment. In this paper, I contend both theories have relevance for Balint group leadership. In it, I describe how understanding each theorist's contribution helps guide Balint leaders in their support of the group's process of exploring each case. More specifically, I explore what play means developmentally for adults.*

**Key words:** *the role of the leader, the attachment theory, play for adults*

The scenario of a Balint group may seem normal to us, but for many others, it may seem unusual! We invite a group of physicians to spend an hour with us every week to talk about the patients who are the most complicated and with whom they have the most difficulty. However, we are not going to focus on the diagnosis or treatment! We will spend our time talking about the relationship between the physicians and their patients. We tell these physicians that if they just express their feelings about these patients in front of their colleagues, it will help them be better doctors for these patients at future appointments .

Our challenge as Balint leaders is to create, support and maintain a group environment that feels emotionally safe enough to group members for them to recognize, to name and ultimately to share with each other the range of feelings they have about their patients - feelings that many physicians often keep buried. However, we have no common rule book that we follow. In fact, we all do this differently - we even differ on how important it is to emphasize an emotionally safe group environment.

Why does this work so well? Why do these doctors keep coming back to their groups just like their patients keep coming back to their doctors? We do not fix the cases that are presented any more than doctors cure chronic illnesses. One might wonder what is going on emotionally for the doctor or between or among the group members.

In this paper, I suggest that an exploration of a key contribution from two of the 20th century's theoretical giants - D. W. Winnicott and Jean Piaget - can help us to understand the task and goal of the group leader in the work of a Balint group. In particular, both Winnicott and Piaget emphasized the role of play in the child's development of the self and in the child's acquisition of knowledge or knowing. Although these two theorists had different emphases to their work - Winnicott was a psychoanalyst and Piaget was an epistemologist - they both addressed the essential role of how we interact with our environments and the impact these interactions have on us from infancy through our childhood, and by implication for us in our adult years.

In general, there is a central role and importance of play in human development. It provides an opportunity to express ourselves, to engage the world, to experiment, to test boundaries, etc.

The world in turn responds to our playful efforts with a wide range of reactions. These reactions range from fully accepting and encouraging our playful efforts to engage on one extreme to totally interrupting, interfering or shutting down our play at the other extreme. The result is that we all learn to play differently, and our ways of playing are shaped by a combination of our innate temperament and our family, society and culture's responses to our activities.

There seems to be a curious decrease in the role that play has in our progression through developmental stages. For too many of us, play becomes overly stylized, structured and rule bound. Examples include sporting activities or board or card games. In addition, it seems that we have artificially separated work and play just as many people separate mind and body.

In a 1991 movie titled *Hook*, based on the Peter Pan story, Peter grew up and became a high power derivatives trader. Peter was so intense in his work that he forgot how to play, and he 'lost' his children who were kidnapped by Captain Hook. The rest of the movie is about Peter's effort to re-learn how to play in order to re-establish his relationship with his children. I used to recommend this movie to fathers who were estranged from their children. *Could seeing this movie be useful for Balint group leaders' training?*

For Winnicott, play is a central theme that impacts a child's emotional development and the nature of his or her attachments. When babies are well cared for, they are free to interact with the environment, to be spontaneous, and to develop an authentic self. For our purposes, most important is being fully in relationship with others, forming a healthy attachment with their primary care giver. Winnicott recognized that the total satisfaction of a baby's needs would not be possible.

However, he recognized that one could be a 'good enough' mother to promote healthy attachments without feeling the burden of total and immediate satisfaction of all of a child's needs. The key, according to Winnicott, is to be able to reasonably respond to my infant's actions without overly intruding based on my own need states. Another way to think about this is the balancing act between fulfilling my own needs to be available to meet my infant's needs. The more needy the mother, the more difficult it would be to meet the child's needs. In this case, it is more likely that the child hides her true self and develops a false self designed to be what others need her to be. The child's play, in turn, may be less spontaneous, less creative, less public or interactive, and her resultant relationships will be less genuine.

For Piaget, play is the essential action by which a child's knowledge of the world and everything in it develops. This is an intellectual or cognitive pursuit. It is the result of a reciprocal interaction of the child acting in their way of being or 'knowing' the world at any one stage and then adjusting those ways of knowing into slightly more organized understandings of their experiences.

Developmentally, this begins with the most basic sensory and motor mechanisms infants are born with. Physical maturation contributes to increasingly more complex capabilities which support more complex mental schemes. This includes physical development and coordination, language, and hypothetical understanding as children grow and progress through sensory-motor, concrete and formal operations stages.

There are sequentially more complex mental schemes that organize a child's experiences and interactions with everything and everyone. As these schemes evolve, so does the nature of a person's capacity to play. The key, at every stage, is that play is an interactive process.

*How can these theorists' ways of describing the role of play in human development inform our leadership of a group process? And, what does play mean in the context of a Balint group?*

I'll suggest that play for Balint group members consists of playing with ideas, playing with possibilities, playing with differing understandings of doctor-patient interactions. Balint groups become an opportunity to experiment, to explore, and to speculate. There is no requirement to be correct or exact. We can consider allowing vulnerability, creating surprise, and even inventing a story. In short, this is a rare opportunity to play at work. *Could it be that this is essentially a developmentally primitive tool resurrected and applied to our most profound and meaningful aspect of our adult work life?*

I attended my first Balint Leader Training Intensive because the leaders of the Family Medicine residency program in which I worked asked me to co-lead the regularly meeting residents' Balint group. I began this training with no idea about the rules, tasks or role of a Balint group or a Balint group leader. I also realized in hindsight that when I began the training, I was struggling with a number of emotional challenges.

I felt emotionally vulnerable because of things going on in my personal life, normally anxious about meeting with a group of experts and I experienced my normal anxiety about being with people I did not know, and unconsciously hoping to impress them in a variety of ways. I must have been a challenge for the group leaders to contain and restrain. I look back now and imagine that my anxiety must have had an impact on the other members of my group. I also wonder what my group leaders thought and how they worked to guide my learning. It took two more very intense Balint leader training programs in the following year for me to get out of my head and into my heart and gut.

I also became very aware of a personal tension between wanting to connect with others on the one hand and anxiety about connecting on the other hand. I wondered about the connections I saw others make, and struggled with feeling disconnected. There is often a tension around silence, how long to tolerate it, learning who is most uncomfortable with the silence and who will probably break it. I paid attention to the ways some group members seemed to have no anxiety at all.

I wondered about the ways some people felt threatened or cautious, and others had the same feelings, but did not show any overt evidence of these feelings. I have since learned that all group members have expectations, even if they are not aware of them. They could have expectations to impress each other or the leaders, to be a good group member or especially to come up with a 'good enough' case.

I had thoughts or worries that the leaders will like one of the other group members better or that others will be smarter or someone else will be the star. In other words, I gave power to others to confirm my OK-ness, to engage me and ultimately to connect with me. This is a lot of power for groups to have - attention, affection, acceptance, approval, etc. - and as leaders we have limited knowledge of the degree to which these forces are active in each individual group member.

In short, not all participants felt free to spontaneously play! To me as a leader, this is both the simplest and the most profound observation or realization, or it might simply be a frame for describing the challenge of being in or leading a group.

*How do I structure this group experience enough to make it safe, yet flexible enough to allow the group members to play with the ideas related to their very serious concerns about patients?*

*What do Winnicott and Piaget describe to guide me in understanding what is present in the group and how I might respond?*

The people in the group are adults - they are not starting like the infants that our theorists are describing.

Is being in a group a re-creation of the original attachment scenarios we all encounter?

*What is the impact for each individual of having survived those original formative developmental experiences?*

*How can a leader know what to do to help a group with a mixture of personal developmental trajectories?* Two additional ways to frame this question are:

*How has this individual learned to play?*

*How do all these individuals in the group play together?*

Balint group members have a remarkable ability to interfere with or interrupt play in many ways. I believe we are not trying to break rules on purpose; rather, we have normal human impulses that are reactions to how we function in groups.

For example, I once colluded with a group member outside of the group to experiment with a next case would be processed without realizing the impact on the group. It felt like an innocent way to play. *Was this my effort to connect or to attach to a fellow group member? Or was I hesitant to invoke the group rules and risk rejecting this group member?*

On another occasion, I witnessed a member of my group stop participating with no explanation and no overt 'insult' that others could know. *What prevented any of us from checking in with her to see if there had been some inadvertent hurt? Was it too early in the group and none of us felt connected enough to inquire?*

I have seen presenters who while listening to the group's discussion, all of a sudden become aware of a childhood or adolescent trauma they had repressed. In one case, the group was new and in the other the group was well established. The group members' reactions were predictably different as was the leaders' response. Many of us have witnessed some group members who dominate the group, or we have heard tangents that became more interesting than or a distraction from the case, or even witnessed a shift to more theoretical questions which have the impact of avoiding the case. It appears that some cases are easier to 'play' with than others. And, for leaders, some situations are easier to anticipate than others.

*How shall I think about being or becoming a "Good Enough" Balint group leader?*

*How can Winnicott and Piaget increase my awareness of a helpful role I serve in support of the group's process and work?*

Piaget clearly supports the role of play as a way to explore differing possibilities of understanding experience. With concepts of the physical world, there is a necessary logic - properties of weight or number or hierarchical categories. With the complexities of relationships and attachments, there is no necessary logic as in concrete operations. Rather, formal operational thinking allows for the hypothetical as well as the integration of emotion. In either case, however, play - the interaction of currently held ideas with new possibilities - is the necessary activity. This is Piaget's reciprocal assimilation - accommodation process that informs new learnings and new ways of understanding our experiences - including healing relationships. The leader's role is to encourage the play of ideas, the consideration of relevant ideas not yet named, the definition of the area of the playground and the return to this playground after the inevitable tangent.

Winnicott also supports the frame of Balint groups as an opportunity to play in service of the doctor-patient relationship in the case presented, and in the attachments that develop among the group members. As the group spends more time together, the guidance of the group leaders can help to encourage and support genuine play. That is, play not encumbered by preconceived notions of expected results, or correct or proper responses or solutions. In short, true play for the sake of playful explorations with the trust that it will ultimately be in service of the presenter's dilemma.

Winnicott also implies caution about clever interventions - *whose needs are being met?*

*How might it disrupt the play of the group?*

*How do I achieve a balance between providing the space to play and directing the play through interventions?*

I do not want to hover; yet, I do not want group members to feel abandoned. It is a delicate balance.

Reframing Balint group leadership to incorporate Piaget's epistemology provides a theoretical understanding of the importance of play as an adult to develop new understandings.

Winnicott reminds us that not everyone has equal access to their own spontaneity or the capacity for genuine play with others.

Within this framework, leaders may now include thoughts and questions about supporting, guiding, empowering and not interfering in the group's ability to play with the case - to play with all the variations of relationships within the struggle presented between doctor and patient.

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