

## Psychosocial aspects of current civilization challenges from the perspective of a Balint group leader

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### Abstract

This study discusses psychosocial aspects of current civilizational changes from the perspective of Balint group leaders. This difficult period of transformation poses difficult challenges for health professionals who require a toolbox of supports, of which an important one is that provided by the Balint movement through its group activities. Leaders, who moderate meetings of health professionals must have an enhanced understanding of the psychosocial aspects of the turbulence within our civilization including those due to the health impact of COVID-19. The author anticipates that some theses may not be fully accepted, because of the relative novelty and complex nature of the material, but it is presented to stimulate critical discussion in the hope that it will facilitate the efforts of Balint group leaders.

**doctor – patient relationship; COVID-19; civilizational changes; depression as defence mechanism; balint group; thanatosis**

In trying to understand the rapid changes affecting our world today, we encounter mental barriers which I have described in several recently published articles [1, 2, 3, 4, 5]. One of the most difficult to overcome at the close of the industrial era is rooted in the myth that the human being is the undivided ruler of the earth, and as such may act unrestrained, and with impunity to exploit its mineral and biological resources. The global impact of the industrial age (now in decline) is the primary cause of a critical weakening (close to collapse!) of critical eco-maintenance regulatory mechanisms. These, (intimately linked with our climate, maintains homeostasis of the living shell surrounding earth – the biosphere, and integrated within it, is the biosystem of the human body. Collapse is manifest in many ways, one of which is the rupturing of

global civilizational ties which extend deep into the social fabric of societies. The existing patterns of mental and behavioural stereotypes become dysfunctional as a result.

As indicated above, human agency during the industrial age (approximately over 250 years) has led to a critical disruption of the ecosystem. This has prompted a “deep reset” of global functioning moving towards what has been termed “the sixth phase of mass extinction”. It includes the first steps towards the extinction of humans as a species and is most dramatically evident in the West where the industrial age has been most transformative.

Our populations have lost the ability to exist independently as their biological and psychological functioning requires constant support. Human agency has resulted in the lowering of immunity to infections by viruses with which we have lived for millions of years, including coronaviruses responsible for the COVID-19 pan-

demic. Let's look at the life trajectory of a human being today, from fertilisation through pregnancy, birth childhood and on to adulthood, old age, and death. At every stage he is subject to constant monitoring and medical interventions. The "engineer" during this journey is designated as the "doctor". But the doctor's trajectory has also changed from being the confidant, and consultant of the patient to that of a technician. In this changed role he maintains life support processes through ever more innovative technology and becomes in a sense a more distant and almost anonymous person, speaking in a register which is incomprehensible to the patient.

Industrial civilization deceives us with an illusory sense of health security for the following reasons: the state, which is the formal guarantor of such security cannot meet the necessary financial and organisational commitments to which the political establishment had agreed, and which can be found in constitutional documentation.

The institutions of power defend themselves against disappointed patients, by devolving responsibility for patient contact on the physicians and other medical staff. The doctor, caring for the patient becomes the addressee for the complaints and alleged injuries, suffered by the patient and his family. The patient is the victim of powerful propaganda trumpeting the wonders of modern medicine. No disease can resist modern medicine, and death "has lost its sting" as life expectancy continues to rise to the amazement of the population.

In his direct contact with the doctor, there is some theatrical jousting in which the patient flatters the doctor by his declarations of trust and confidence only to mention *en – passant* the suggestions of Dr Google who posits another diagnosis or treatment. In the absence of meeting the often completely unrealistic expectations of the patient, strengthened by the mercantile interest of lawyers, the doctor becomes an object of the patient's (and relatives) anger. He is poorly defended by the state – an entity that has overall responsibility for rationalising and allocating the budgets of the health service. He can only depend on the support of the state in his function as a distributor of very much rationed medical services. Within the severely rationed "goods" available – there remains the bureaucratic task

of delivering state sponsored benefits. These include the provision of sick leave certificates, expressing "expert" opinion on entitlement to compensation for injuries, for pensions, for indicating suitability for employment etc. These activities (undertaken at the behest of the state) often conflict with the doctor's vision of being a spokesman for the patient's interests.

In the doctor-patient therapeutic encounter there are increasing differences in how the world is perceived by each party, which tends to create an adversarial climate between them. The resistance encountered in discussions of this type is related to the fact that our vision of the world is a pyramid made of loosely arranged elements, and when we tinker with one of the elements lying at its base, we endanger the entire structure. As a result, we instinctively reject information that violates the stability of the personal vision we have of ourselves, and that of the world around us. This is more likely to result at this time in history, because we exist in a period of radical civilizational change ie during the transition from the industrial to the post-industrial era. The patterns of thinking and acting of the past no longer operate, and new, more stable patterns of thinking and behaviour have not yet been developed to meet the demands of the new age. The instability of social structures related to the specificity of the present period, concerning both individual people and social groups, facilitates reversal to tribal-type behaviour with its associated symbolic thinking. Although this thinking mode is more stable, it is nevertheless primitive [6,7] and is characterised by an increase of aggressiveness. This is accompanied by a dominating attitude and authoritarian actions that are oriented towards conflict, and away from conciliation and rational consideration of differing perspectives. They are not conducive to the degree of openness and effort necessary to establish and if necessary, rebuild ways of understanding oneself and the world. Such negative traits seriously hamper efforts to change engrained ideas and attitudes. The major topic of group Balint meetings is the doctor / therapist – patient relationship. If this breaks down, the effects may linger for prolonged periods as painful, psychological problems for both parties. The doctor's role has taken on a schizophrenic aspect in that

he is an impartial person who is trusted, and in effect is the patient's advocate. However, he is also an agent of institutions rationing medicines and services necessary for the patient, and a conscious or unconscious representative of the interests of pharmaceutical and medical companies committed to advancing their commercial interests, and indeed not infrequently his own. Another expression of this toxic doctor-patient relationship exists in situations related to the diagnosis and treatment of life-threatening diseases, where the doctor must communicate traumatizing information to the patient or his immediate family. This may be in a situation where they are not completely prepared for it, and the sudden disclosure of full knowledge may lead to suicide or significant aggravation of the disease through psychosomatic mechanisms. A doctor working without the support of a psychologist and the patient's family becomes a toxic participant in this personal tragedy. His role stretching over time, and possibly with many patients, includes doling out traumatizing information, which accumulates to impact negatively upon himself. Since the psychological support necessary for a doctor's work and the maintenance of an appropriate work-life balance are infrequent, we frequently are faced with the problem of professional burnout.

Doctors increasingly exhibit defensive tendencies by formalizing and minimizing actual contact with the patient. A contemporary patient of Western civilization is one isolated in his illness and fear. He is overwhelmed by the enormity of specialist medical information and is desperately looking for another to share in his suffering and seeks help in a spirit of solidarity. The partner whom he hopes would realize his great expectations is instead an individual who is also alone, and (if we take the case of Poland) too often thrown to "lions" to be devoured by an authority shirking its responsibility. The doctor, recognising that his own mental balance is threatened, defends himself by becoming ever more defensive and toxic in his relationship with the patient. This leads to the erosion of his own moral persona from which he had chosen his vocation and built his career in medicine. This moral and ethical pediment provides much needed support during the long and difficult career of a medical doctor.

Formerly, the act of communicating information about a life-threatening disease was a unique event in the life of a patient. The cultural standard was a binary perception of health – it was either present or absent! Of late in the "West" however, this picture has started to change dramatically and is being replaced by a system of constant, deep surveillance/monitoring of the human body and constant interference in its functioning. This is resulted in a level of health characterised by constant ailments, induced by a heightened awareness of the current significant threats to health and life.

The implication of our entry into the era of permanent pandemics is that human existence will require gradual cyborgization and coonization, and our existence will necessitate staying mainly in an isolated, artificially controlled environment. This changes the image of medicine, from an intervention-based model to a life support service. This will operate through a technological medium controlling both biological and mental functions of "Man," as well as the parameters of the surrounding environment. Already at this stage of human transformation of Western civilization, it is recognised that the psychological aspect of this process will cause the greatest difficulties and cost the most effort. Research on the European Union population, demonstrated that each year 164.8 million subjects of a total population of 514 million (38.2%) suffered from mental health disorders. Over the next 12 years (the incidence spiked as a result of the pandemic), mental health disorders and their ailments increased significantly. More detailed data on this topic can be found in later publications [1].

The doctor, (in the guise of a technician today) informs the patient of his health trajectory in a language which is more likely to cause cognitive dissonance, than real insight into his condition. This is because of the patient's innate resistance to descriptions alien to his understanding of health – which for him still operates according to the binary system mentioned earlier. The surveyed trajectory of the patient's health odyssey is recognised by the doctor – now a technical expert who can interpret the apparatus. However, his explanation is not understood by the patient who only conceives of health according to that previously discussed Binary, either-or concept – health – illness. The unset-

ting effect of the doctor/technician explanation drives him to seek explanations from the Internet (Dr Google) and further strains the doctor-patient relationship with potentially dangerous consequences.

An additional factor complicating the situation is the phenomenon of acceleration which characterizes the current epoch. Acceleration impacts our civilization in many ways: it collapses the structures of social connectivity which contribute to living a life of meaning and fulfilment. The extent of change over the past decades induced by this process of acceleration exceeds by far those extending over several past generations. The consequences of social structure collapse, reflect the atomization of society which now manifests in extreme loneliness and dysfunctionality of traditional social structures. In tandem with this, an explosion of depressive disorders constitutes a significant civilizational threat. As I have discussed more extensively in previous publications [5] depression originally operated as a protective strategy by mobilizing the patient's defence mechanisms, and attracting the support of his social group. This mode benefited the patient, when homeostasis existed between the internal biocenosis of the body, and the supportive group interaction system operated by society. The toxic influence of our industrial civilization however has disturbed this homeostasis and as a result, the mechanism of the formerly beneficial depressive reaction becomes increasingly pathological. Similar considerations apply to anxiety, a mechanism which originally was one of the basic mechanisms for the social development of an individual. This mutates into a pathological and a civilisational threat in the milieu of industrial society, with its corrosively negative effects.

Another mechanism that has become pathogenic because of civilizational changes is that of Thanatosis, introduced as a species concept by the author [9,9]. The essence of this mechanism is activation of biological auto-elimination mechanisms to relieve the community, by eliminating those units which disturb its functioning. This mechanism is analogous to the Apoptosis mechanism of cellular communities, and to the mechanism by which viruses operate. These have 2 important effects: they stimulate species development due to their mutagenic effect, and they

eliminate poorly functioning weakened individuals which threaten the collective.

Thanatosis can be realized as a fast-paced process of auto-elimination via sudden cardiac death, a phenomenon that existed and survived mainly in primitive cultures. However, today it can also develop sub-acutely or chronically through inhibition of biological defence mechanisms such as the immune response at the humoral and cellular level, which activates disease processes of inflammation and neoplasticity [11]. The process of Thanatosis is exacerbated by depressive symptoms, which when full-blown precipitate despair and a loss of the will to live. This phenomenon and the co-existing angst of coming to terms with departure from life, is exaggerated where the social structure is unstable [6]. The main (and related) factors activating the process of Thanatosis are the loss of the will to live and the reduced motivation to struggle against the perceived inevitability. The human species originally had a strong will to survive crisis situations by mobilizing the body to fight both as a living biological organism, and through the nexus of societal interaction. This has been confirmed by observing the survival ability of concentration camp prisoners subjected to systematic intense efforts to corrupt their moral personae and reduce their will to struggle [8]. The mechanism of Thanatosis in man has survived despite the evolution of society, as have other archaic mechanisms of thinking and behavioural stereotypes revealed in a society undergoing structural destabilization [6,7,9,10,12]. Rapid socio-cultural changes triggered by the transition from the industrial era are associated with the erosion of society's social fabric, which is especially characteristic of Western civilization. This rapidly increases the incidence of depressive and anxiety disorders as well as other civilization-related diseases. A person who loses the scaffolding of support provided by the "living stuff" of the societal "tissue" is forced to rely on his own rapidly depleting store of mental resilience. The main reasons for the pillaging of this store, are stressful situations associated with family, economic or professional problems. They often precipitate emotional disorders with depressive or depressive-drug components, and cause exacerbation of chronic disease. During this tectonic shift of our civilization in which

we are transitioning from an industrial to a post-industrial era, a time when the erosion of the social fabric in Western civilization is widespread, the incidence of depression and anxiety disorders as well as other civilizational diseases increases and become chronic. Western culture became the prime mover in establishing our industrial civilization, and the resulting society is dominated by people with an impaired quality of life characterised by difficulties in their daily work. In addition, there is generally a diminished level of creativity due to negative emotional states, chronic somatic ailments, and constant involvement in health maintenance activities.

The chronic conditions discussed above represent an escape through the medium of disease, providing asylum for those suffering under social pressures and absolving any guilt associated with of non-achievement. The sense of guilt, and an awareness of withdrawal from peers indicate the transition to full-time “sick” employee status.[6]. State Welfare institutions, the ever-expanding technology of diagnostics and therapeutics, and the widespread periodic or chronic occurrence of mental and somatic disorders favour a drift towards general acceptance if not approval, of those electing to be “full – time sick” employees. Sickness dominates their lives, they lay siege to health care institutions, pose a permanent challenge to doctors who are their confidants and advocates. Yet these doctors are also the guardians of the public purse which is insufficient for the demands of the masses.

As a scientist and doctor, I remain moderately optimistic despite the many significant threats to the planet and our species. I still retain hopes that we reduce the divisions which threaten to annihilate us, and for the agreements promoting coordinated planet and species-saving action. Much depends on how the scientific community overcomes those debilitating influences which beset it at present. We need to focus on clarifying the problems and developing strategies and guidelines for action which can be sold to the public. A breakthrough is needed in this respect, because so far, expectations about the world of science have largely failed. Despite the spread of the internet throughout the globe and increased communication connectivity, science has ceased to be a good serving all people equitably. Its effectiveness is currently limited by

several negative phenomena: atomization of science with progressive conceptual and linguistic encapsulation of individual scientific disciplines, politicization of science, militarization, nationalism and commercialization. Science is increasingly subordinated to narrow business and political interests, the range of research subjects is limited, and is increasingly parochial with little focus on pressing global interests. Universities and related research facilities have largely lost their independence, moreover, they are not fit for purpose in terms of their equipment, supplies, human resources and programs. This can be often attributed to persistent outdated employment models which are of the feudal or journeyman type. This mitigates against attracting bright young scientists, creativity is in short supply and research outputs of significance are minimal.

We have deviated very far from the traditional model of a doctor in which the role of the healer had a profound moral component linked with an often-fervent desire to search for and verify new methods and treatments. Instead today, medicine is a smorgasbord of protocols, standards and instructions, all controlled by top-down management of institutions. Care for the patient is haunted by the spectre of compensations claims and defensive practise with all the implications of endless and expensive investigations is increasingly the norm.

I have the dubious satisfaction that the theses of my publications written at the beginning of the COVID-19 pandemic have been confirmed. Already in 2019, before the outbreak of the pandemic, centres monitoring the epidemiological threat within the WHO, and within a number of military structures, warned about the threat of a pandemic and modelled scenarios very similar to its actual course subsequently. In spite of this alert, there was minimal response, and this has been attributed to the delusional belief of political decision-makers about the effectiveness and advantages of the existing tools combating pandemics. As evidenced by the well-known speech of US President Ronald Trump on March 12, 2020, in which he said: “No nation is better prepared or more resilient than the United States. We have the best economy, the most advanced healthcare and the most talented doctors, scientists and researchers around the world “

However, the reality was very different: COVID-19 caused the greatest havoc in the West, ie in those countries with the highest financial and organizational resources, in terms of medical and scientific facilities. They experienced the largest number of deaths compared to other countries, and in the USA (which topped the poll in terms of deaths) there were 900 000. This is not enough to alter the fact that the views of President J. Trump are still shared by many who see the pandemic as the result of criminal manipulation and deem the casualties to be the result of a poorly performing health service. The societal attitude towards doctors and health care workers is increasingly negative. This is in spite of them performing difficult tasks imposed by governmental regulations and enforced by the state using coercive measures. The classical situation is that of an exhausted doctor working long hours in an infected environment, incurring not only the risk of contracting a dangerous disease himself, but also of infecting his family. In this pressure cooker scenario one can imagine the frustration and anxiety which permeates the system. It is in these scenarios that Balint groups and especially leaders, may provide essential support.

The purpose of this publication is to provide a broader range of information on how the current civilizational changes affect the work of physicians and other health professionals. It aims also to highlight how Balint groups, and especially leaders can utilise the methodology to support stressed and disenchanting colleagues.

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